

Return of Organization Exempt From Income Tax

Form 990

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

2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC. D Employer identification number: 38-3678458. E Telephone number: (212) 312-8800. G Gross receipts \$: 92,335,963. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.911MEMORIAL.ORG. K Form of organization: L Year of formation: 2003 M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Governance and revenue metrics. 8-12 Revenue breakdown. 13-19 Expenses breakdown. 20-22 Net assets or fund balances.

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 ALICE M. GREENWALD, PRESIDENT/CEO. Date. Preparer: GARRETT M. HIGGINS. Date 01/08/19. PTIN P00543209. Firm: PKF O'CONNOR DAVIES, LLP. Address: 665 FIFTH AVENUE, NEW YORK, NY 10022. Phone no. 212-286-2600.

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 64,597,118. including grants of \$ \_\_\_\_\_) (Revenue \$ 5,748,274.)

**OPERATIONS:**

THE 9/11 MEMORIAL CONTINUED OPERATING A WORLD-CLASS, TOP NYC DESTINATION, OPEN DAILY, YEAR-ROUND. THE MEMORIAL HAS WELCOMED OVER 37 MILLION LIFETIME VISITORS THROUGH THE END OF 2017 WITH MORE THAN 6.8 MILLION VISITORS IN 2017 ALONE.

THE 9/11 MEMORIAL MUSEUM WELCOMED NEARLY 3.1 MILLION VISITORS IN 2017, RAISING THE LIFETIME VISITOR TOTAL TO ROUGHLY 11 MILLION PEOPLE THROUGH THE END OF 2017. MUSEUM LIFETIME VISITATION IS EXPECTED TO EXCEED 14 MILLION IN 2018.

VISITORS CONTINUE TO TRAVEL TO THE MUSEUM FROM ALL 50 STATES, AS WELL SEE SCHEDULE O FOR CONTINUATION

4b (Code: \_\_\_\_\_) (Expenses \$ 24,522,395. including grants of \$ \_\_\_\_\_) (Revenue \$ 67,686,373.)

**MUSEUM & PUBLIC PROGRAMS:**

THE YEAR 2017 MARKED THE MUSEUM'S THIRD FULL YEAR OF OPERATION. IN ADDITION TO SERVING MILLIONS OF VISITORS THROUGH ITS CORE EXHIBITIONS, THE MUSEUM PRESENTED A FULL SEASON OF PUBLIC PROGRAMS, AND MAINTAINED CONTINUAL OBJECT AND EXHIBITION ROTATIONS, WHICH WERE NECESSARY DUE TO CONSERVATION REQUIREMENTS AND EXPIRATIONS. OBJECT AND EXHIBITION ROTATIONS ALSO PROVIDED THE OPPORTUNITY TO FEATURE MORE OF THE PERMANENT COLLECTION.

SEE SCHEDULE O FOR CONTINUATION

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

**CONSTRUCTION:**

SOME PUNCH LIST WORK CONTINUED ON BUILDING SYSTEMS THROUGHOUT 2017.

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

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses **89,119,513.**

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

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>X</b>	
<b>3</b> 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>		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>X</b>	
<b>5</b> 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>		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>X</b>	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> 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.		
<b>a</b> 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>	<b>X</b>	
<b>b</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>		<b>X</b>
<b>c</b> 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>		<b>X</b>
<b>d</b> 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>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> 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>	<b>X</b>	
<b>18</b> 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>	<b>X</b>	
<b>19</b> 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>		<b>X</b>

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		<b>X</b>
<b>23</b> 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> .....	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>X</b>	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>X</b>	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> 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> .....		<b>X</b>
<b>33</b> 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> .....		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b> 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> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>X</b>	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	51			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent		50		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

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

**Section C. Disclosure**

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL R. BLOOMBERG CHAIRMAN	2.50 0.10	X		X				0.	0.	0.
(2) ANDREW M. SENCHAK TREASURER	2.50 0.10	X		X				0.	0.	0.
(3) RICHARD H. BAGGER DIRECTOR	2.50 0.10	X						0.	0.	0.
(4) VIRGINIA S. BAUER DIRECTOR	2.50 0.10	X						0.	0.	0.
(5) DAVID BEAMER DIRECTOR THRU 2/21/17	2.50 0.10	X						0.	0.	0.
(6) PAULA GRANT BERRY DIRECTOR	2.50 0.10	X						0.	0.	0.
(7) FRANK BISIGNANO DIRECTOR	2.50 0.10	X						0.	0.	0.
(8) DEBRA BURLINGAME DIRECTOR	2.50 0.10	X						0.	0.	0.
(9) JOHN P. CAHILL DIRECTOR	2.50 0.10	X						0.	0.	0.
(10) RUSSELL L. CARSON DIRECTOR	2.50 0.10	X						0.	0.	0.
(11) KENNETH I. CHENAULT DIRECTOR	2.50 0.10	X						0.	0.	0.
(12) RIC CLARK DIRECTOR	2.50 0.10	X						0.	0.	0.
(13) KEATING CROWN DIRECTOR	2.50 0.10	X						0.	0.	0.
(14) BILLY CRYSTAL DIRECTOR	2.50 0.10	X						0.	0.	0.
(15) ROBERT DE NIRO DIRECTOR	2.50 0.10	X						0.	0.	0.
(16) SAMUEL A. DIPIAZZA, JR. DIRECTOR	2.50 0.10	X						0.	0.	0.
(17) RICHARD EDELMAN DIRECTOR	2.50 0.10	X						0.	0.	0.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTINE A. FERER DIRECTOR	2.50 0.10	X						0.	0.	0.
(19) ANNE M. FINUCANE DIRECTOR	2.50 0.10	X						0.	0.	0.
(20) JENNIFER GLICK DIRECTOR AS OF 11/15/17	2.50 0.10	X						0.	0.	0.
(21) MAURICE R. GREENBERG DIRECTOR	2.50 0.10	X						0.	0.	0.
(22) DR. VARTAN GREGORIAN DIRECTOR	2.50 0.10	X						0.	0.	0.
(23) PATRICIA E. HARRIS DIRECTOR	2.50 0.10	X						0.	0.	0.
(24) LEE A. IELPI DIRECTOR	2.50 0.10	X						0.	0.	0.
(25) ROBERT IGER DIRECTOR	2.50 0.10	X						0.	0.	0.
(26) MONICA IKEN DIRECTOR	2.50 0.10	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,518,434.	0.	508,355.
<b>d Total (add lines 1b and 1c)</b>								3,518,434.	0.	508,355.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **36**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ABM FACILITY SERVICES LOCKBOX 787401, PHILADELPHIA, PA 19178	LABOR AND ENGINEERING SERVICES	13,223,866.
ANDREWS INTERNATIONAL, INC. P.O. BOX 935461, ATLANTA, GA 31193	SECURITY SERVICES	9,574,138.
PRESIDIO NETWORKED SOLUTIONS PO BOX 677638 DALLAS, DALLAS, TX 75267	TECHNOLOGY SERVICES	624,398.
GRAVITY MEDIA 114 W 26TH ST, NEW YORK, NY 10001	ADVERTISING SERVICES	355,813.
MICHAEL AHERN PRODUCTIONS SERVICES, INC. 36 W 56TH ST. # 2C, NEW YORK, NY 10019	PRODUCTION SERVICES TIL	351,614.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **30**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 AT THE WORLD TRADE CENTER FOUNDATION, INC

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT WOOD JOHNSON, IV DIRECTOR THRU 8/7/17	2.50 0.10	X						0.	0.	0.
(28) THOMAS S. JOHNSON DIRECTOR	2.50 0.10	X						0.	0.	0.
(29) ROBERT KASDIN DIRECTOR	2.50 0.10	X						0.	0.	0.
(30) ANTHOULA KATSIMATIDES DIRECTOR	2.50 0.10	X						0.	0.	0.
(31) PETER M. LEHRER DIRECTOR	2.50 0.10	X						0.	0.	0.
(32) HOWARD W. LUTNICK DIRECTOR	2.50 0.10	X						0.	0.	0.
(33) JOEL S. MARCUS DIRECTOR AS OF 2/15/17	2.50 0.10	X						0.	0.	0.
(34) J. KEVIN MCCARTHY DIRECTOR	2.50 0.10	X						0.	0.	0.
(35) JULIE MENIN DIRECTOR	2.50 0.10	X						0.	0.	0.
(36) IRA M. MILLSTEIN DIRECTOR	2.50 0.10	X						0.	0.	0.
(37) HOWARD MILSTEIN DIRECTOR	2.50 0.10	X						0.	0.	0.
(38) JOSEPH MOINIAN DIRECTOR	2.50 0.10	X						0.	0.	0.
(39) PAUL NAPOLI DIRECTOR	2.50 0.10	X						0.	0.	0.
(40) EMILY K. RAFFERTY DIRECTOR	2.50 0.10	X						0.	0.	0.
(41) KEVIN M. RAMPE DIRECTOR	2.50 0.10	X						0.	0.	0.
(42) SCOTT RECHLER DIRECTOR	2.50 0.10	X						0.	0.	0.
(43) DR. JUDITH RODIN DIRECTOR THRU 2/9/17	2.50 0.10	X						0.	0.	0.
(44) THOMAS H. ROGER DIRECTOR	2.50 0.10	X						0.	0.	0.
(45) JANE ROSENTHAL DIRECTOR	2.50 0.10	X						0.	0.	0.
(46) E. JOHN ROSENWALD, JR. DIRECTOR	2.50 0.10	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(47) AVI SCHICK DIRECTOR	2.50 0.10	X						0.	0.	0.	
(48) JERRY I. SPEYER DIRECTOR	2.50 0.10	X						0.	0.	0.	
(49) CRAIG ROBERTS STAPLETON DIRECTOR	2.50 0.10	X						0.	0.	0.	
(50) JON STEWART DIRECTOR	2.50 0.10	X						0.	0.	0.	
(51) ANNE M. TATLOCK DIRECTOR	2.50 0.10	X						0.	0.	0.	
(52) DANIEL R. TISHMAN DIRECTOR	2.50 0.10	X						0.	0.	0.	
(53) SETH WAUGH DIRECTOR	2.50 0.10	X						0.	0.	0.	
(54) CARL WEISBROD DIRECTOR	2.50 0.10	X						0.	0.	0.	
(55) ALICE M. GREENWALD PRESIDENT & CEO	40.00 0.10			X				525,636.	0.	38,997.	
(56) NOELLE LILIE EVP, GENERAL COUNSEL & SECRETARY	40.00 0.10			X				243,252.	0.	50,070.	
(57) IRENE MATH CFO THRU 3/17/17	40.00 0.10			X				240,600.	0.	8,744.	
(58) MARVIN SUCHOFF EVP, CHIEF FIN & ADMIN OFFICER	40.00 0.10			X				72,771.	0.	0.	
(59) ALLISON BLAIS, EVP, DEP DIR. FOR STRATEGY & SECRETARY THRU 02/18	40.00				X			290,245.	0.	54,514.	
(60) ERNIE BLUNDELL, EVP, DEP DIRECTOR FOR OPERATIONS	40.00				X			278,193.	0.	52,101.	
(61) JERMEY FRAZIER, EVP, DEP DIRECTOR FOR EXTERNAL AFFAIRS	40.00				X			227,150.	0.	43,871.	
(62) CLIFFORD CHANIN, EVP, DEP DIRECTOR FOR MUSEUM PROGRAMS	40.00				X			230,043.	0.	33,914.	
(63) JOSHUA CHERWIN CHIEF ADVANCEMENT OFFICER	40.00				X			206,608.	0.	33,002.	
(64) CATHY BLANEY ADVISOR TO PRESIDENT	40.00				X			164,082.	0.	17,176.	
(65) HEIDI HAYDEN CHIEF PEOPLE OFFICER THRU 01/18	40.00					X		251,645.	0.	35,454.	
(66) MARC CIMA CHIEF TECHNOLOGY OFFICER	40.00					X		243,582.	0.	25,654.	
Total to Part VII, Section A, line 1c .....											



**NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM  
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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	3,560,592.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	3,457,350.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	7,971,010.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		358,611.				
	<b>h Total.</b> Add lines 1a-1f .....		14,988,952.				
	<b>Program Service Revenue</b>	<b>2 a</b> MUSEUM ADMISSIONS & SERVICE FEES	<b>Business Code</b> 611710	61,408,626.	61,408,626.		
<b>b</b> MUSEUM & MEMORIAL TOURS		611710	4,873,357.	4,873,357.			
<b>c</b> MEMBERSHIP		900099	1,351,814.	1,351,814.			
<b>d</b> CIVIC PROGRAMS & OTHER		900099	52,576.	52,576.			
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			67,686,373.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		66,679.			66,679.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		77,597.			77,597.	
	<b>6 a</b> Gross rents .....	(i) Real	510,156.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....		409,408.			
		<b>c</b> Rental income or (loss) .....		100,748.			
	<b>d</b> Net rental income or (loss) .....		100,748.			100,748.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	304,277.				
		(ii) Other	15,200.				
		<b>b</b> Less: cost or other basis and sales expenses .....		301,649.	78,191.		
		<b>c</b> Gain or (loss) .....		2,628.	-62,991.		
	<b>d</b> Net gain or (loss) .....		-60,363.			-60,363.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 3,560,592. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	222,940.				
		<b>b</b> Less: direct expenses .....		1,740,335.			
<b>c</b> Net income or (loss) from fundraising events .....			-1,517,395.			-1,517,395.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	8,450,249.					
	<b>b</b> Less: cost of goods sold .....		2,701,975.				
	<b>c</b> Net income or (loss) from sales of inventory .....		5,748,274.	5,748,274.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> FILMING FEES	900099	11,613.			11,613.		
<b>b</b> CASH FOUND ON PROPERTY	900099	1,927.			1,927.		
<b>c</b> .....							
<b>d</b> All other revenue .....	900099						
<b>e Total.</b> Add lines 11a-11d .....		13,540.					
<b>12 Total revenue.</b> See instructions. ....		87,104,405.	73,434,647.	0.	-1,319,194.		

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

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,810,970.	1,455,141.	967,716.	388,113.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	17,299,918.	12,181,598.	3,338,724.	1,779,596.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	1,086,992.	722,012.	238,902.	126,078.
<b>9</b> Other employee benefits .....	1,548,335.	1,142,684.	277,070.	128,581.
<b>10</b> Payroll taxes .....	1,665,784.	1,162,917.	328,042.	174,825.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	214,143.	152,160.	44,848.	17,135.
<b>c</b> Accounting .....	642,120.	91,694.	548,279.	2,147.
<b>d</b> Lobbying .....	120,000.	78,000.	6,000.	36,000.
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	64,072.			64,072.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) .....	1,355,293.	669,236.	507,756.	178,301.
<b>12</b> Advertising and promotion .....	1,320,816.	1,152,215.	88,917.	79,684.
<b>13</b> Office expenses .....	3,486,678.	2,380,354.	318,582.	787,742.
<b>14</b> Information technology .....	1,712,305.	1,322,232.	319,569.	70,504.
<b>15</b> Royalties .....	17,640.	14,519.	2,021.	1,100.
<b>16</b> Occupancy .....	6,383,986.	4,425,308.	1,799,152.	159,526.
<b>17</b> Travel .....	277,015.	230,177.	24,569.	22,269.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
<b>19</b> Conferences, conventions, and meetings .....	196,098.	129,970.	33,401.	32,727.
<b>20</b> Interest .....	42,034.		42,034.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	37,217,992.	33,280,747.	3,828,816.	108,429.
<b>23</b> Insurance .....	3,222,718.	3,101,615.	71,264.	49,839.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> JANITORIAL & ENGINEERIN	12,178,808.	10,331,388.	1,834,125.	13,295.
<b>b</b> SECURITY	10,267,056.	10,242,352.	24,704.	
<b>c</b> EQUIP REPAIRS & MAINT	3,481,958.	2,921,376.	541,316.	19,266.
<b>d</b> COMMEMORATIVE EVENTS	928,113.	928,113.		
<b>e</b> All other expenses	1,195,791.	1,003,705.	147,770.	44,316.
<b>25</b> Total functional expenses. Add lines 1 through 24e	108,736,635.	89,119,513.	15,333,577.	4,283,545.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,389,789.	<b>1</b>	5,671,011.	
	<b>2</b> Savings and temporary cash investments .....	30,152,179.	<b>2</b>	37,610,532.	
	<b>3</b> Pledges and grants receivable, net .....	15,587,015.	<b>3</b>	16,876,114.	
	<b>4</b> Accounts receivable, net .....	3,095,362.	<b>4</b>	2,545,335.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....	891,071.	<b>8</b>	534,808.	
	<b>9</b> Prepaid expenses and deferred charges .....	3,057,485.	<b>9</b>	2,195,324.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 811,288,017.			
	<b>b</b> Less: accumulated depreciation .....	10b 189,822,911.	654,257,303.	<b>10c</b>	621,465,106.
	<b>11</b> Investments - publicly traded securities .....	251,621.	<b>11</b>	0.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	1,504,025.	<b>15</b>	2,603,517.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	713,185,850.	<b>16</b>	689,501,747.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	20,237,263.	<b>17</b>	18,057,412.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	2,167,136.	<b>19</b>	2,612,023.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....	7,500,000.	<b>22</b>	7,500,000.	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,347,077.	<b>25</b>	2,200,456.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	32,251,476.	<b>26</b>	30,369,891.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	664,519,013.	<b>27</b>	641,852,362.	
	<b>28</b> Temporarily restricted net assets .....	16,415,361.	<b>28</b>	17,279,494.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	680,934,374.	<b>33</b>	659,131,856.		
<b>34</b> Total liabilities and net assets/fund balances .....	713,185,850.	<b>34</b>	689,501,747.		

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**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	87,104,405.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	108,736,635.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	-21,632,230.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	680,934,374.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	8.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	-170,296.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	659,131,856.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> 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.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b> 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? .....	<b>2c</b>	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b> 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? .....	<b>3a</b>		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....	<b>3b</b>		

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**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	77461405.	87241531.	17044358.	16316460.	14988952.	213052706
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	77461405.	87241531.	17044358.	16316460.	14988952.	213052706
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						5578394.
<b>6 Public support.</b> Subtract line 5 from line 4.						207474312

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	77461405.	87241531.	17044358.	16316460.	14988952.	213052706
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	49,369.	45,879.	267,388.	211,497.	654,432.	1228565.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	410,425.	894,416.	43,962.	84,044.	13,540.	1446387.
<b>11 Total support.</b> Add lines 7 through 10						215727658
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	281,290,462.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	96.17 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	97.53 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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 ..... ►

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**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

FEMA REIMBURSEMENTS

2014 AMOUNT: \$ 888,964.

MEDIA GUIDE FEES

JURY DUTY/EXPENSE REIMBURSEMENTS

2013 AMOUNT: \$ 15,474.

CASH FOUND ON PROPERTY

2013 AMOUNT: \$ 1,332.

2014 AMOUNT: \$ 2,735.

2015 AMOUNT: \$ 999.

2016 AMOUNT: \$ 1,728.

2017 AMOUNT: \$ 1,927.

INSURANCE REIMBURSEMENTS

2013 AMOUNT: \$ 393,619.

REBATES/REIMBURSEMENTS

2015 AMOUNT: \$ 36,459.

2016 AMOUNT: \$ 69,146.

FILMING FEES

2015 AMOUNT: \$ 2,000.

2016 AMOUNT: \$ 5,280.

2017 AMOUNT: \$ 11,613.

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

MISCELLANEOUS

2014 AMOUNT: \$ 2,717.

2015 AMOUNT: \$ 4,504.

2016 AMOUNT: \$ 7,890.

Multiple horizontal lines for supplemental information.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and 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," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

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

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

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

Name of organization <b>NATIONAL SEPTEMBER 11 MEMORIAL &amp; MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC</b>	Employer identification number <b>38-3678458</b>
--------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and 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) 2017**

LHA  
732041 11-09-17

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	162,584.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	162,584.													
<b>d</b>	Other exempt purpose expenditures	104290506.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	104453090.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	102,639.	154,311.	160,763.	162,584.	580,297.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**  
**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" on Form 990, Part IV, line 6.

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		711,771,753.	127,762,237.	584,009,516.
c Leasehold improvements		29,096,734.	10,624,419.	18,472,315.
d Equipment		39,520,660.	27,410,907.	12,109,753.
e Other		30,898,870.	24,025,348.	6,873,522.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				621,465,106.

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

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	1,769,201.
(3) DUE TO PORT AUTHORITY	431,255.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,200,456.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	87,883,309.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	8.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	598,577.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	236,463.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	835,048.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	87,048,261.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	56,144.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	56,144.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	87,104,405.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	109,685,827.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	598,577.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	406,759.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,005,336.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	108,680,491.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	56,144.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	56,144.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	108,736,635.

**Part XIII Supplemental Information.**

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

**PART III, LINE 1A:**

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

**PART III, LINE 4:**

**Part XIII** Supplemental Information (continued)

## SIGNIFICANT USE OF COLLECTION ITEMS:

## PUBLIC EXHIBITION (I)

THE MUSEUM CURRENTLY DISPLAYS APPROXIMATELY 900 OBJECTS IN ITS PUBLIC EXHIBITION SPACES, WHICH INCLUDES ITEMS ON LOAN AS WELL AS AROUND 650 OBJECTS FROM ITS PERMANENT COLLECTION. ANNUAL ROTATIONS OF COLLECTION OBJECTS ARE REGULARLY SCHEDULED FOR VARIOUS INSTALLATIONS THROUGHOUT THE MUSEUM.

## SCHOLARLY RESEARCH (II)

THE MUSEUM WELCOMES RESEARCHERS BY APPOINTMENT AND FACILITATED MORE THAN 20 EXTERNAL RESEARCH REQUESTS IN 2017 WHICH VARIOUSLY INCLUDED ON-SITE VISITS TO THE MUSEUM'S COLLECTIONS, CONSULTATION BY PHONE WITH PROFESSIONAL STAFF, AND STUDY OF ACCESSIONED MATERIALS CATALOGUED IN THE MUSEUM'S COLLECTIONS DATABASE, FACILITATED BY INHOUSE CATALOGUERS. A SEPARATE E-MAIL SYSTEM IMPLEMENTED IN 2014 FOR ADDRESSING GENERAL COLLECTION QUERIES CONTINUES TO FACILITATE RAPID RESPONSES TO MORE READILY ANSWERED PUBLIC INQUIRIES.

IN ADDITION, THE MUSEUM INAUGURATED ITS SCHOLARLY FELLOWS PROGRAM IN 2015, WITH FUNDING PROVIDED BY THE ANDREW W. MELLON FOUNDATION. THE FIRST CLASS OF 9/11 MEMORIAL MUSEUM MELLON FELLOWS (TWO POST-DOCTORAL PROFESSIONALS SELECTED FROM A COMPETITIVE POOL OF 21 APPLICANTS) BEGAN THEIR ON-SITE INDEPENDENT PROJECTS IN THE FALL OF 2015, PURSUING RESEARCH ON THE TOPICS OF COMMUNAL HOSPITALITY IN RESPONSE TO LARGE-SCALE DISASTERS AND MOTIVATIONS FOR MILITARY ENLISTMENT FOLLOWING 9/11. THEY REMAINED AS RESIDENT SCHOLARS THROUGH THE FALL OF 2017. A SECOND CLASS OF 9/11 MEMORIAL MUSEUM MELLON FELLOWS ARRIVED IN SEPTEMBER 2017, PURSUING RESEARCH ON A) THE IMPACT OF WITNESSING AND INTERPRETING DIFFICULT CONTENT

**Part XIII** Supplemental Information (continued)

AT MULTIPLE SITES WHICH COMMEMORATE COMMUNAL TRAUMA INCLUDING THE 9/11 MEMORIAL & MUSEUM; AND B) THE ROLE OF SITE-SPECIFIC MUSEUMS IN TEACHING DIFFICULT HISTORIES LIKE 9/11 AND THE DESIGN THINKING THAT UNDERLIES FORMAL AND INFORMAL CURRICULUM ABOUT HISTORICAL VIOLENCE.

## PRESERVATION FOR FUTURE GENERATIONS (III)

THE MUSEUM ACTIVELY WORKS TO CONSERVE ITS COLLECTION THROUGH PROACTIVE, BEST-PRACTICE STANDARDS FOR THE CORRECT HANDLING AND STORAGE OF MUSEUM COLLECTIONS OF DIVERSE MEDIA. FOR EXAMPLE, NEW ACQUISITIONS ARE REHOUSED AND STORED USING ARCHIVAL MATERIALS. ENVIRONMENTAL AND SECURITY CONTROLS ARE ALSO IN PLACE IN STORAGE AND EXHIBITION SPACES TO ENSURE THE SAFETY OF THE COLLECTION. ADDITIONALLY, ONLY TRAINED AND AUTHORIZED PERSONNEL MAY HANDLE COLLECTION OBJECTS. IN 2017, CONSERVATORS PREPARED THE FLAG OF REMEMBRANCE FOR EXHIBITION, CREATING A STABLE MOUNTING SYSTEM ALLOWING IT TO BE DISPLAYED SAFELY. ADDITIONALLY, IN 2017 THE MUSEUM CONTINUED THE SYSTEMATIC REHOUSING OF ITS LARGE OBJECT HOLDINGS USING ARCHIVAL MATERIALS AND CUSTOMIZED MOUNTS AS PART OF THE WALL-TO-WALL COLLECTIONS INVENTORY CURRENTLY UNDERWAY.

## LOAN OR EXCHANGE PROGRAMS (IV)

IN 2017, THE MUSEUM ORGANIZED TWO LOANS FROM ITS COLLECTIONS, TO THE 9/11 TRIBUTE MUSEUM AND THE NEW YORK STATE CAPITOL. ADDITIONALLY, THE MUSEUM SECURED 25 NEW INCOMING LOANS FOR DISPLAY IN EXHIBITIONS.

THE ORGANIZATION CONTINUES TO BUILD ITS PERMANENT COLLECTION AND HAS ADOPTED A COLLECTIONS MANAGEMENT POLICY (REVISED IN 2016) TO DEFINE THE SCOPE AND INTELLECTUAL FRAMEWORK OF CONTENT ASSETS AND THE PROCEDURES BY WHICH THESE MATERIALS ARE ACCESSIONED, CATALOGUED AND PRESERVED. THAT DOCUMENT IS REVIEWED AND UPDATED AS NEEDED ON A ONCE EVERY TWO-YEAR BASIS. THROUGH LEADERSHIP OF THE BOARD AND STAFF, THE ORGANIZATION STRIVES TO

**Part XIII** Supplemental Information (continued)

ESTABLISH, PRESERVE AND DOCUMENT PRIMARY RECORDS, MATERIAL EVIDENCE, SPOKEN TESTIMONY AND OTHER WIDE-RANGING CULTURAL DOCUMENTATION RELATED TO THE SEPTEMBER 11, 2001 AND FEBRUARY 26, 1993 TERRORIST ATTACKS, THE HISTORICAL CONTEXT LEADING UP TO THEM, AND THEIR AFTERMATH AND ONGOING REPERCUSSIONS. THE ORGANIZATION ALSO COLLECTS ARTIFACTS, SPOKEN REMEMBRANCES AND OTHER MATERIALS WHICH HONOR AND COMMEMORATE THE VICTIMS OF THE SEPTEMBER 11, 2001 AND FEBRUARY 26, 1993 TERRORIST ATTACKS AND THEIR LEGACIES. THE ORGANIZATION MAKES ITS COLLECTION AVAILABLE AS LOANS TO OTHER MUSEUMS AND PRESENTING INSTITUTIONS, IN THE U.S. AND ABROAD, THAT MEET ITS SECURITY AND ENVIRONMENTAL CRITERIA. THE COLLECTION IS ALSO AVAILABLE, THROUGH ITS ONLINE CATALOGUE AND BY APPOINTMENT, TO THE PUBLIC FOR RESEARCH PURPOSES AND IN COOPERATION WITH OUR PROFESSIONAL STAFF AND SCHOOL EDUCATORS FOR THE CREATION OF LESSON PLANS THAT ARE THEN MADE AVAILABLE THROUGH OUR WEBSITE. THE MUSEUM'S COLLECTIONS ARE ALSO USED IN EDUCATIONAL AND PUBLIC PROGRAMS AND WIDE-RANGING, WEB-BASED CONTENT COMMUNICATIONS FOR THE BENEFIT OF VISITORS.

IN 2017, THE ORGANIZATION SPENT \$70,527 ON ACQUISITIONS OF COLLECTION ITEMS. THIS INCLUDED A PAYMENT FOR A SINGULAR, LIFESIZED POLAROID PORTRAIT BY TIMELIFE PHOTOGRAPHER JOE MCNALLY FROM HIS 2001 SERIES, "FACES OF GROUND ZERO," AND A PARTIAL PAYMENT FOR AN ARTIST'S UNIQUE, TIMELAPSED FILM THAT IS BEING ACQUIRED FROM ITS CREATOR OVER SIX INSTALLMENTS, WHICH CONCLUDE IN 2020. THESE ACQUISITIONS WERE FUNDED IN PART BY TEMPORARILY RESTRICTED CASH CONTRIBUTIONS.

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

**Part XIII** Supplemental Information (continued)

REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON INVOLUNTARY CONVERSION OF ASSETS	-170,296.
DIRECT EXPENSES FOR RENTAL INCOME FROM VESEY STREET	406,759.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	236,463.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSES	56,144.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR RENTAL INCOME FROM VESEY STREET	406,759.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSES	56,144.
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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

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 Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE LUKENS COMPANY - 2800 SHIRLINGTON RD. SUITE 900, CAPITOL RESOURCES - 109 WEST FRONT STREET, PO BOX 257,	DIRECT MAIL CONSULTING/MANAGEMENT		X	1,069,475.	48,000.	1,021,475.
	TELEFUNDRAISING		X	9,972.	14,187.	-4,215.
<b>Total</b>				1,079,447.	62,187.	1,017,260.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI**

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BENEFIT DINNER (event type)	5K RUN/WALK (event type)	2 (total number)		
Revenue	1	Gross receipts	3,115,360.	572,672.	95,500.	3,783,532.
	2	Less: Contributions	2,919,780.	572,672.	68,140.	3,560,592.
	3	Gross income (line 1 minus line 2)	195,580.		27,360.	222,940.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	303,186.			303,186.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	822,367.	608,671.	6,111.	1,437,149.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,740,335.
11	Net income summary. Subtract line 10 from line 3, column (d)				-1,517,395.	

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM

- 11 Does the organization conduct gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name Address

Name Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
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

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

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

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

(I) NAME OF FUNDRAISER: THE LUKENS COMPANY

(I) ADDRESS OF FUNDRAISER:

2800 SHIRLINGTON RD. SUITE 900, ARLINGTON, VA 22206

(I) NAME OF FUNDRAISER: CAPITOL RESOURCES

(I) ADDRESS OF FUNDRAISER:

109 WEST FRONT STREET, PO BOX 257, BROOKLYN, IL 52211

**Part IV** Supplemental Information (continued)

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

THE LUKENS COMPANY ("TLC") AND THE ORGANIZATION HAVE A NON-EXCLUSIVE AGREEMENT FOR DIRECT RESPONSE MARKETING CONSULTATION AND MANAGEMENT, THE CREATION AND PRODUCTION OF DIRECT MAIL PACKAGES AND SPACE ADVERTISEMENTS. TLC RECEIVED A MONTHLY RETAINER FEE OF \$4,000 PER MONTH PLUS REIMBURSEMENT OF ALL MAILING, COPY CREATION, AND OTHER SERVICE FEES INCURRED UNDER THE CONTRACT AGREEMENT. THE ORGANIZATION DISTINGUISHES BETWEEN PAYMENT FOR CONSULTING FEES AND EXPENSE REIMBURSEMENT WITH TLC BASED ON SPECIFIC CONTRACT ARRANGEMENTS AND ITEMIZED INVOICING. IN ADDITION TO THE \$48,000 OF CONSULTANT FEES PAID, TLC ALSO RECEIVED ADDITIONAL AMOUNTS OF \$482,274 AS REIMBURSEMENT FOR POSTAGE AND PRINTING EXPENSES INCURRED.

NATIONAL SEPTEMBER 11 MEMORIAL MUSEUM SHALL PAY TO CAPITOL RESOURCES THE FOLLOWING SERVICE FEES:

\$3.15 PER LIVE TELEPHONE CONNECT - HOUSE FILE.

\$2.85 PER LIVE TELEPHONE CONNECT - PROSPECTING.

\$44 PER CALLING HOUR.

\$38 PER CALLING HOUR - EITHER HOUSE FILE OR PROSPECTING.

\$0.99 PER LETTER SENT.

THE MINIMUM CHARGE PER PROJECT IS \$250.

LIST RENTAL COSTS ARE THE RESPONSIBILITY OF NATIONAL SEPTEMBER 11 MEMORIAL MUSEUM.

FORM 990, PART VIII, LINE 8C AND FORM 990, SCHEDULE G, PART II, LINE 11:

THE PROPER COMPLETION OF FORM 990 REQUIRES ORGANIZATIONS TO REPORT THE ACTIVITY FROM FUNDRAISING EVENTS THAT SUBSTANTIALLY FURTHER THE

Schedule G (Form 990 or 990-EZ)

**Part IV** Supplemental Information (continued)

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, 2017 THE MEMORIAL CONDUCTED THREE SUCCESSFUL FUNDRAISING  
 EVENTS GENERATING CONTRIBUTION REVENUE TOTALING \$3,560,592. 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. DIRECT EXPENSE TOTALED \$1,740,335 AND AFTER ADDITIONAL  
 REVENUE OF \$222,940, PART VIII, LINE 8C AND SCHEDULE G, PART II, LINE  
 11 SHOWS NET DIRECT EXPENSES OF \$1,517,395.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

**NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM  
AT THE WORLD TRADE CENTER FOUNDATION, INC 38-3678458**

Schedule J (Form 990) 2017

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALICE M. GREENWALD PRESIDENT & CEO	(i)	519,276.	0.	6,360.	27,000.	11,997.	564,633.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NOELLE LILLEN EVP, GENERAL COUNSEL & SECRETARY	(i)	242,943.	0.	309.	22,500.	27,570.	293,322.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) IRENE MATH CFO THRU 3/17/17	(i)	59,611.	0.	180,989.	6,084.	2,660.	249,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALLISON BLAIS, EVP, DEP DIR. FOR STRATEGY & SECRETARY THRU 02/18	(i)	289,982.	0.	263.	27,000.	27,514.	344,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERNIE BLUNDELL, EVP, DEP DIRECTOR FOR OPERATIONS	(i)	277,918.	0.	275.	26,985.	25,116.	330,294.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JERMEY FRAZIER, EVP, DEP DIRECTOR FOR EXTERNAL AFFAIRS	(i)	226,942.	0.	208.	18,810.	25,061.	271,021.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CLIFFORD CHANIN, EVP, DEP DIRECTOR FOR MUSEUM PROGRAMS	(i)	228,729.	0.	1,314.	23,169.	10,745.	263,957.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOSHUA CHERWIN CHIEF ADVANCEMENT OFFICER	(i)	206,424.	0.	184.	8,602.	24,400.	239,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CATHY BLANEY ADVISOR TO PRESIDENT	(i)	163,765.	0.	317.	16,500.	676.	181,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) HEIDI HAYDEN CHIEF PEOPLE OFFICER THRU 01/18	(i)	251,398.	0.	247.	25,318.	10,136.	287,099.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARC CIMA CHIEF TECHNOLOGY OFFICER	(i)	243,390.	0.	192.	25,000.	654.	269,236.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JOSEPH WEINKAM, EVP, GVMT AND COMMUNITY AFFAIRS	(i)	191,610.	0.	263.	19,600.	25,103.	236,576.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CHRISTINA HUUS, SVP, SPECIAL EVENTS BUS PARTNERSHIP	(i)	162,762.	0.	131.	16,715.	24,981.	204,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) EDWARD SIDOR, SVP, BUILDINGS & GROUNDS	(i)	189,203.	0.	658.	19,127.	9,332.	218,320.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2017

**Part III** Supplemental Information

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

PART I, LINE 4A:

IRENE MATH, CHIEF FINANCIAL OFFICER, RECEIVED A SEVERANCE PAYMENT OF  
\$180,769 IN 2017.

THIS AMOUNT IS REPORTED IN COLUMN (B)(III) OF PART II.





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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	2,227		
3 Art - Fractional interests				
4 Books and publications	X		100.	COST
5 Clothing and household goods	X		158,961.	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	49,425.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	1	56,700.	COST
19 Food inventory	X	4	58,582.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>EQUIP/SUPPLIE</u> )	X	6	34,843.	COST
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2017

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

SCHEDULE M, PART I, COLUMN (B):

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

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

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

THE NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM, A NONPROFIT ORGANIZATION  
LOCATED AT THE WORLD TRADE CENTER IN NEW YORK CITY, BEARS SOLEMN  
WITNESS TO THE TERRORIST ATTACKS OF SEPTEMBER 11, 2001 AND FEBRUARY 26,  
1993. THE ORGANIZATION HONORS THE 2,983 VICTIMS OF THESE ATTACKS, THOSE  
WHO RISKED THEIR LIVES TO SAVE OTHERS AND ALL WHO DEMONSTRATED  
EXTRAORDINARY COMPASSION IN THE AFTERMATH THROUGH COMMEMORATION,  
EXHIBITIONS AND EDUCATIONAL PROGRAMS THAT TELL THE STORY OF THE ATTACKS  
AND EXPLORE THE CONTINUING GLOBAL IMPACT OF 9/11 AND THE CONSEQUENCES  
OF TERRORISM ON INDIVIDUAL LIVES AND COMMUNITIES.

IN 2017, THE 9/11 MEMORIAL & MUSEUM CONTINUED TO WELCOME VISITORS FROM  
ACROSS THE SPECTRUM, INCLUDING WORLD LEADERS, AND INFLUENTIAL  
POLITICAL, MILITARY, AND CULTURAL FIGURES THROUGHOUT THE WORLD.

ADDITIONALLY, THE 9/11 MEMORIAL & MUSEUM CONTINUED ITS SURVIVOR TREE  
SEEDLING DISTRIBUTION PROGRAM WHICH WAS INAUGURATED IN 2013. EACH YEAR,  
SEEDLINGS FROM THE SURVIVOR TREE ON THE 9/11 MEMORIAL PLAZA ARE GIVEN  
TO THREE COMMUNITIES THAT HAVE ENDURED TRAGEDY, AS AN EXPRESSION OF  
SOLIDARITY AND COMPASSION AND AN AFFIRMATION OF THE POTENTIAL FOR  
RECOVERY AND RESILIENCE. A TOTAL OF 15 CITIES HAVE BEEN SELECTED AS  
PART OF THE SEEDLING DISTRIBUTION PROGRAM SINCE SEPTEMBER 2013.

IN 2017, SEEDLINGS WERE GIVEN TO THE COMMUNITIES OF MANCHESTER, UNITED  
KINGDOM, IN MEMORY OF THE 22 PEOPLE, INCLUDING YOUNG ADULTS AND  
CHILDREN, KILLED BY A TERRORIST BOMBING AT AN ARIANA GRANDE CONCERT IN  
MANCHESTER ON MAY 22, 2017; CHARLESTON, SOUTH CAROLINA, IN MEMORY OF  
THE NINE PEOPLE KILLED IN A SHOOTING AT EMANUEL AFRICAN METHODIST  
EPISCOPAL CHURCH IN CHARLESTON ON JUNE 17, 2015; AND, HAITI, IN MEMORY

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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 THE NUMEROUS DEATHS AND OVERWHELMING DESTRUCTION HAITI SUFFERED AS A RESULT OF HURRICANE MATTHEW IN OCTOBER 2016. THE EMBASSY OF HAITI IN WASHINGTON D.C. HAS ACCEPTED, AND WILL PLANT THE SEEDLING ON BEHALF OF ITS COUNTRY.

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

THE NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM, A NONPROFIT ORGANIZATION LOCATED AT THE WORLD TRADE CENTER IN NEW YORK CITY, BEARS SOLEMN WITNESS TO THE TERRORIST ATTACKS OF SEPTEMBER 11, 2001 AND FEBRUARY 26, 1993. THE ORGANIZATION HONORS THE 2,983 VICTIMS OF THESE ATTACKS, THOSE WHO RISKED THEIR LIVES TO SAVE OTHERS AND ALL WHO DEMONSTRATED EXTRAORDINARY COMPASSION IN THE AFTERMATH THROUGH COMMEMORATION, EXHIBITIONS AND EDUCATIONAL PROGRAMS THAT TELL THE STORY OF THE ATTACKS AND EXPLORE THE CONTINUING GLOBAL IMPACT OF 9/11 AND THE CONSEQUENCES OF TERRORISM ON INDIVIDUAL LIVES AND COMMUNITIES.

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

WITH VISITORS HAILING FROM EVERY CORNER OF THE WORLD AND OVER 160 COUNTRIES, THE 9/11 MEMORIAL MUSEUM RANKED SIXTH ON TRIP ADVISOR'S LIST OF TOP MUSEUMS IN THE WORLD IN 2017 AND SECOND ON US NEWS & WORLD REPORT'S "BEST THINGS TO DO IN NEW YORK CITY" BEHIND CENTRAL PARK. AS OF THIS WRITING, THE 9/11 MEMORIAL & MUSEUM WAS RANKED NUMBER ONE IN THE UNITED STATES AND NUMBER TWO IN THE WORLD ON TRIP ADVISOR'S LIST FOR 2018.

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

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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THE 9/11 MEMORIAL & MUSEUM ALSO HOSTED MORE THAN TWO THOUSAND NYPD RECRUITS, FDNY PROBIES AND FDNY EMERGENCY MEDICAL TEAM PROBIES AS A PART OF THEIR TRAINING IN ADDITION TO HOSTING OVER 200 MILITARY RE-ENLISTMENTS, RETIREMENTS AND PROMOTIONAL CEREMONIES FOR THE UNITED STATES MILITARY ON THE 9/11 MEMORIAL PLAZA.

DURING 2017, MUSEUM VISITORS HELPED TO GROW THE DIGITAL RESOURCES USED IN THE CORE EXHIBITIONS WITH APPROXIMATELY 1,400 NEW VIDEO RECORDINGS OF REFLECTIONS ABOUT 9/11, NEARLY 2,000 AUDIO RECORDINGS ABOUT THEIR DAY-OF-9/11 OR AFTERMATH EXPERIENCES, MORE THAN 150 AUDIO RECORDINGS FOR THE "IN MEMORIAM" MEMORIAL EXHIBITION, NEARLY 212,000 SIGNATURES AND MESSAGES IN THE DIGITAL GUEST BOOK, AROUND 1,350 NEW PROFILES IN THE REGISTRY OF RESCUE AND RECOVERY WORKERS, AND APPROXIMATELY 60 NEW PROFILES IN THE REGISTRY OF PUBLIC MEMORIALS CREATED AROUND THE WORLD IN COMMEMORATION OF 9/11. DRAWING FROM THESE VISITOR CONTRIBUTIONS, THE MUSEUM CONTINUALLY ADDED TO THE EXHIBITIONS, INCLUDING AROUND 25 NEW VOICES IN THE INSTALLATION "REFLECTING ON 9/11" AND MORE THAN 180 UPDATED PROFILES IN THE MEMORIAL EXHIBITION. THANKS TO DONATIONS FROM THE FAMILY, FRIENDS, AND COWORKERS OF THE VICTIMS OF THE TERRORIST ATTACKS OF SEPTEMBER 11, 2001 AND FEBRUARY 26, 1993, THE MUSEUM UPDATED 40 IMAGES IN THE MEMORIAL EXHIBITION'S "WALL OF FACES" THAT PRESENTS PORTRAITS OF THE VICTIMS.

IN 2017, THE MUSEUM INSTALLED A NEW EXHIBITION, "COVER STORIES: REMEMBERING THE TWIN TOWERS ON THE NEW YORKER." THE MUSEUM ALSO CONTINUED TO HOST ITS FIRST SPECIAL EXHIBITION "RENDERING THE UNTHINKABLE: ARTISTS RESPOND TO 9/11", WHICH FOCUSED ON ARTISTIC RESPONSES TO THE TERRORIST ATTACKS BY 13 NEW YORK CITY ARTISTS. NEW EXHIBITS IN THE MUSEUM'S TRIBUTE WALK FEATURED THE "FLAG OF REMEMBRANCE", A QUILT STITCHED INTO THE DESIGN OF AN AMERICAN FLAG 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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DEPICTS PORTRAIT IMAGES OF THE VICTIMS OF 9/11, AS WELL AS A FOUR-STORY-TALL CANVAS PAINTING TITLED "LOOKING SOUTH" THAT ILLUSTRATES THE PANORAMIC VISTA OF NEW YORK HARBOR AND LOWER MANHATTAN AS SEEN FROM THE WORLD TRADE CENTER PRIOR TO THE 9/11 ATTACKS. FOR THE 16TH ANNIVERSARY OF THE 9/11 ATTACKS, THE MUSEUM AGAIN PRODUCED THE "TRIBUTE IN LIGHT", THE ICONIC ANNUAL MEMORIAL THAT DOMINATES THE LOWER MANHATTAN SKYLINE FROM DUSK ON SEPTEMBER 11 TO DAWN ON SEPTEMBER 12. PUBLIC PROGRAMS AND EDUCATIONAL OFFERINGS GREATLY INCREASED DURING THE THIRD FULL YEAR OF THE MUSEUM'S OPERATION. NEARLY 130,000 VISITORS TOOK GUIDED TOURS OF THE MUSEUM. TOURS OF THE MEMORIAL SERVED NEARLY 45,000 VISITORS. WEEKLY YOUTH AND FAMILY PROGRAMS SAW OVER 5,510 PARTICIPANTS IN 99 PROGRAMS, AND 144 YOUTH & FAMILY TOURS WERE OFFERED FOR 2,494 VISITORS. A TOTAL OF 7,851 STUDENTS TOOK PART IN 338 STUDENT WORKSHOPS AND TOURS IN THE EDUCATION CENTER. TWO FULL SEASONS OF EVENING PUBLIC PROGRAMS IN THE MUSEUM'S AUDITORIUM FOCUSED PRINCIPALLY ON DEEPENING UNDERSTANDING OF CURRENT EVENTS IN THE MIDDLE EAST AND THEIR CONNECTION TO TERROR THREATS, AND IN TOTAL THE MUSEUM HOSTED 25 PROGRAMS AND 2,859 ATTENDEES IN 2017. ATTENDANCE AT MULTIPLE DAILY SCREENINGS OF THE MUSEUM-PRODUCED FILMS "FACING CRISIS: AMERICA UNDER ATTACK" AND "FACING CRISIS: A CHANGED WORLD" TOTALED 470,757 VISITORS, AND 187 LIVE, WEEKDAY TALKS BROUGHT 17,557 VISITORS TO THE AUDITORIUM. THE MEMORIAL & MUSEUM CONTINUED ITS CIVIC TRAINING PROGRAMS, WHICH PROVIDES AN IN-DEPTH EXPLORATION OF 9/11 FOR OFFICERS AND AGENTS FROM LAW ENFORCEMENT, INTELLIGENCE AND MILITARY GROUPS TO RECOGNIZE THE SPECIAL CONNECTIONS BETWEEN 9/11 AND THEIR WORK. EACH PROGRAM IS GEARED TOWARD MEETING THE UNIQUE NEEDS AND INTERESTS OF THE AGENCY IN ATTENDANCE. IN 2017, WE HOSTED 30 OF THESE PROGRAMS FOR 1,406 INDIVIDUAL PARTICIPANTS.

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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SUPPORTING THE PUBLIC-FACING ACTIVITIES OF THE MUSEUM WERE ONGOING EFFORTS TO BUILD, MAINTAIN, CATALOGUE, AND MAKE ACCESSIBLE ARTIFACTS FROM THE PERMANENT COLLECTION. THROUGH DONATIONS, STRATEGIC PURCHASE, AND PROFESSIONALLY CONDUCTED INTERVIEWS, THE MUSEUM CONTINUED ACTIVE GROWTH OF ITS PERMANENT COLLECTION WITH NEW OBJECTS, DOCUMENTS, AND ORAL TESTIMONIES. BY THE END OF 2017, THE MUSEUM'S ACQUISITIONS NUMBERED MORE THAN 15,000 THREE-DIMENSIONAL OBJECTS, 43,600 PRINT AND DIGITAL IMAGES, 340 MOVING IMAGES, AND 3,500 ORAL HISTORIES. NOTABLE INCOMING GIFTS IN 2017 INCLUDED: A 2001 LOS ANGELES KINGS HOCKEY JERSEY, TO BE FEATURED IN THE EXHIBITION "COMEBACK SEASON, (OPENING IN 2018)", SIGNED BY MEMBERS OF THE FDNY, NYPD AND NEW YORK RANGERS PLAYERS FOLLOWING 9/11; A TEA SET BELONGING TO LOWER MANHATTAN RESIDENTS ONCE COVERED IN 9/11 DUST AND FEATURED IN A NEW YORK TIMES ARTICLE CHRONICLING THE AFTERMATH OF 9/11, ENTITLED "A NATION CHALLENGED"; AND A TAPESTRY CREATED IN MEMORY OF 9/11 VICTIM HOWARD L. KESTENBAUM BY HIS SISTER, SUSAN SAFFER, DEPICTING A TREE WITH YELLOW AND ORANGE FLOWERS BUDDING FROM THE BRANCHES.

TWO OUTGOING LOANS ORGANIZED IN 2017 INCLUDED A RECOVERED GUN AND CITY OF NEW YORK POLICE SHIELD BELONGING TO 9/11 VICTIM JOHN WILLIAM PERRY, LOANED TO THE 9/11 TRIBUTE MUSEUM, AND A SELECTION OF OBJECTS BELONGING TO 9/11 VICTIMS FOR AN EXHIBITION TITLED, "A STATE OF IMMIGRANTS - E PLURIBUS UNUM: OUT OF MANY ONE NEW YORK" AT THE NEW YORK STATE CAPITOL.

ADDITIONALLY, 16 INCOMING LOANS WERE SECURED FROM INDIVIDUALS AND COLLECTING INSTITUTIONS FOR THE MUSEUM'S SECOND SPECIAL EXHIBITION, "COMEBACK SEASON", (OPENING IN 2018), WHILE SEVERAL OTHER INCOMING LOANS WERE FINALIZED FOR ROTATION INTO THE MUSEUM'S PERMANENT AND TEMPORARY DISPLAYS.

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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"INSIDE THE COLLECTION", THE MUSEUM'S ONLINE COLLECTIONS CATALOG (LAUNCHED IN NOVEMBER 2016) MORE THAN DOUBLED IN SIZE BY THE END OF 2017 WITH 1,314 OBJECT ENTRIES. IN ADDITION TO NEW CONTENT, MORE THAN 20 RESEARCH QUERIES WERE FIELDDED THROUGH THE SITE, COMING IN FROM GRADUATE STUDENTS AS WELL AS CASUAL VISITORS. THE MUSEUM RECEIVED BOTH FEEDBACK ON RECORDS AND SPECIFIC RESEARCH QUESTIONS, IN ONE CASE, CULMINATING IN A SITE VISIT.

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

MICHAEL BLOOMBERG AND PATRICIA HARRIS HAVE A BUSINESS RELATIONSHIP.

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

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

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

SINCE ITS INCEPTION, THE ORGANIZATION HAS ENFORCED AND ACTIVELY MONITORED ITS BOARD-APPROVED CONFLICT OF INTEREST POLICY. IN 2014, THE MEMORIAL'S EXISTING POLICY WAS UPDATED TO COMPLY WITH THE REQUIREMENTS OF THE NEW YORK NONPROFIT REVITALIZATION ACT OF 2013. THE POLICY MANDATES THAT ALL EMPLOYEES AND MEMBERS OF THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST QUESTIONNAIRE AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. EMPLOYEES AND MEMBERS OF THE BOARD HAVE BEEN REQUIRED TO

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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COMPLETE CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRES ANNUALLY SINCE THE ORGANIZATION'S INCEPTION. THE QUESTIONNAIRE MUST ALSO BE COMPLETED ON AN INTERIM BASIS, IF NECESSARY, DUE TO EMERGING CONFLICTS. THE MEMBERS OF THE GOVERNING BODY'S SIGNED CONFLICT OF INTEREST QUESTIONNAIRES ARE FILED WITH THE GENERAL COUNSEL. EMPLOYEES' CONFLICT OF INTEREST FORMS ARE FILED WITH HUMAN RESOURCES. COPIES OF THE DIRECTORS' COMPLETED CONFLICT OF INTEREST QUESTIONNAIRES ARE PROVIDED TO THE MEMBERS OF THE AUDIT AND NOMINATING, COMPENSATION AND GOVERNANCE COMMITTEES. IF A CONFLICT IS REPORTED, THE GENERAL COUNSEL IS CONSULTED. IN THE EVENT A RELATED-PARTY TRANSACTION IS CONTEMPLATED, THE TRANSACTION IS EVALUATED AND APPROVED BY A MAJORITY OF THE INDEPENDENT MEMBERS OF THE NOMINATING, GOVERNANCE, AND COMPENSATION COMMITTEE BEFORE ANY SUCH CONTRACT CAN BE EXECUTED BY THE MEMORIAL. THE AFFECTED MEMBER OF THE GOVERNING BODY IS NOT ENTITLED TO VOTE, DELIBERATE OR OTHERWISE USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER IN QUESTION.

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

THE ORGANIZATION HAS ESTABLISHED A COMPENSATION POLICY FOR ITS NOMINATING, GOVERNANCE, AND COMPENSATION COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR THE PRESIDENT/CEO AND TOP MANAGEMENT OFFICIALS. THE APPROVING COMMITTEE, WHICH IS FREE FROM CONFLICTS OF INTEREST, REVIEWS APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF COMPENSATION BEING CONSIDERED. THE COMMITTEE USES A VARIETY OF INFORMATION TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO ITS EXECUTIVES. THE COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT, INCLUDING THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE DECISION, THE FULL TERMS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABLE DATA USED AND RELIED UPON TO MAKE THE DECISION. THE PROCESS WAS LAST UNDERTAKEN IN 2017.

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

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

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

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON INVOLUNTARY CONVERSION OF ASSETS -170,296.

FORM 990, PART XII, LINE 2C:

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WTC - 61-1745872, 200 LIBERTY PLAZA, 16TH FLOOR, NEW YORK, NY 10281	TO OWN AND MAINTAIN A MUSEUM AT THE MEMORIAL SITE	NEW YORK	501(C)(3)	LINE 10	N/A		X

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

Schedule R (Form 990) 2017

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

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

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

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

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

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

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>NATIONAL SEPTEMBER 11 MEMORIAL &amp; MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC</b>	Employer identification number (EIN) or  <b>38-3678458</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>200 LIBERTY STREET, 16TH FLOOR</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10281</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MARVIN SUCHOFF, CFAO**

• The books are in the care of ▶ **200 LIBERTY STREET, 16TH FLOOR - NEW YORK, NY 10281**  
Telephone No. ▶ **212-312-8800** Fax No. ▶ **212-227-7929**

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

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2017** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**