

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

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.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable:	C Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	D Employer identification number 61-1745872
<input type="checkbox"/> Address change	Doing business as	E Telephone number (212) 312-8800
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 LIBERTY STREET, 16TH FLOOR	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10281	
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: ALICE M. GREENWALD SAME AS C ABOVE	
<input type="checkbox"/> Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 82,514,242.
<input type="checkbox"/> Application pending	J Website: ▶ WWW.911MEMORIAL.ORG	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
L Year of formation: 2014		H(c) Group exemption number ▶
M State of legal domicile: NY		

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM AT THE WORLD TRADE CENTER BEARS SOLEMN WITNESS TO		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	53
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	52
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	386
	6 Total number of volunteers (estimate if necessary)	6	369
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	24,639,864.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	11,698,603.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	677,754.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	695,650.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	37,711,871.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	22,153,349.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	561,396.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,476,137.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	62,093,986.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	84,808,731.
19 Revenue less expenses. Subtract line 18 from line 12	0.	-47,096,860.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	636,986,735.	597,927,758.
	22 Net assets or fund balances. Subtract line 21 from line 20	28,140,355.	36,354,575.
		608,846,380.	561,573,183.

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
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Date 11/10/21
	Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 10528-1633	Check if self-employed <input type="checkbox"/> PTIN P00543209
		Firm's EIN ▶ 27-1728945
		Phone no. 914-381-8900

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

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM AT THE WORLD TRADE CENTER BEARS SOLEMN WITNESS TO THE TERRORIST ATTACKS OF SEPTEMBER 11, 2001 AND FEBRUARY 26, 1993. RESPECTING THIS SITE MADE SACRED THROUGH LOSS, THE MEMORIAL & MUSEUM REMEMBERS AND HONORS THE 2,983 VICTIMS OF THESE

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

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

4a (Code:) (Expenses \$ 55,260,488. including grants of \$) (Revenue \$ 1,105,917.) OPERATIONS: AS DESCRIBED IN PART 1, LINE 1, THE 9/11 MEMORIAL EXPERIENCED A CLOSURE DUE TO COVID-19 FROM MARCH 13 THROUGH JULY 3, 2020, REOPENING ON JULY 4, 2020. WITH A ROBUST HEALTH AND SAFETY PLAN IN PLACE, THE INSTITUTION CONTINUED OPERATING A WORLD-CLASS, TOP NYC DESTINATION, OPEN DAILY, YEAR-ROUND. THE MEMORIAL, WHICH OPENED IN 2011, HAS WELCOMED OVER 53 MILLION LIFETIME VISITORS THROUGH THE END OF 2020.

AS DESCRIBED IN PART 1, LINE 1, THE 9/11 MEMORIAL MUSEUM EXPERIENCED A CLOSURE DUE TO COVID-19 FROM MARCH 13 THROUGH SEPTEMBER 10, 2020, REOPENING TO 9/11 FAMILIES ON SEPTEMBER 11, 2020, AND TO THE GENERAL PUBLIC ON SEPTEMBER 12, 2020 WITH CAPACITY LIMITS SET BY THE STATE OF

4b (Code:) (Expenses \$ 11,821,612. including grants of \$) (Revenue \$ 11,698,603.) MUSEUM & PUBLIC PROGRAMS: IN 2020, THE MUSEUM LAUNCHED THE PHYSICAL EXHIBITION "K-9 COURAGE" THAT HIGHLIGHTS THE DOGS WHO SERVED DURING THE RESCUE AND RECOVERY EFFORTS FOLLOWING THE 9/11 ATTACKS, AS WELL AS TWO DIGITAL EXHIBITIONS: ONE FOCUSED ON THE PRE-9/11 HISTORY OF THE WORLD TRADE CENTER AND THE SECOND EXAMINING THE INTELLIGENCE AND MILITARY OPERATIONS THAT LED TO THE KILLING OF OSAMA BIN LADEN NEARLY A DECADE AFTER 9/11. TWO NEW AUDIO TOURS WERE ALSO DEVELOPED AND RELEASED: ONE FOR THE OUTDOOR MEMORIAL PLAZA FEATURING A 45-MINUTE TOUR ABOUT 9/11, THE VICTIMS OF THE ATTACKS, AND THE DESIGN OF THE MEMORIAL; AND A SPECIAL TOUR ACCOMPANYING THE PHYSICAL EXHIBITION "K-9 COURAGE".

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) CONSTRUCTION: WHILE THE INSTITUTION CONTINUED TO PROCEED WITH CRITICAL REPAIRS AND MAINTENANCE IN 2020, THERE WERE NO MAJOR CONSTRUCTION PROJECTS UNDERWAY.

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

4e Total program service expenses 67,082,100.

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SEE SCHEDULE O FOR CONTINUATION(S)

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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

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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 386		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	53		
b Enter the number of voting members included on line 1a, above, who are independent	1b	52		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
ALICE M. GREENWALD, PRESIDENT & CEO - (212)312-8800
200 LIBERTY STREET, 16TH FLOOR, NEW YORK, NY 10281-2103

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) ALICE M. GREENWALD PRESIDENT & CEO	40.00			X			525,344.	0.	39,220.	
(2) ALLISON BLAIS, EVP, DEP. DIR. FOR STRATEGY	40.00				X		298,561.	0.	48,546.	
(3) NOELLE LILIEEN, EVP, GENERAL COUNSEL/SECRETARY	40.00			X			266,170.	0.	50,091.	
(4) CLIFFORD CHANIN, EVP, DEP. DIR. FOR MUSEUM PROGRAMS	40.00				X		271,872.	0.	25,273.	
(5) JOSHUA CHERWIN CHIEF ADVANCEMENT OFFICER	40.00				X		232,720.	0.	40,400.	
(6) DAVID SHEEHAN EVP & CFO	40.00			X			251,087.	0.	6,421.	
(7) JOSEPH WEINKAM, EVP GOVERNMENT & COMMUNITY AFFAIRS	40.00					X	204,438.	0.	46,563.	
(8) BENJAMIN E. MILAKOFSKY CHIEF OF STAFF	40.00					X	208,408.	0.	22,694.	
(9) EDWARD SIDOR SVP, BUILDINGS & GROUNDS	40.00					X	197,203.	0.	22,646.	
(10) MAGGIE CAREY SVP, FINANCE & BUDGET	40.00					X	199,260.	0.	13,383.	
(11) JERMEY FRAZIER, EVP, DEP. DIR. FOR EXTERNAL AFFAIRS	40.00				X		175,073.	0.	28,371.	
(12) JAN RAMIREZ EVP, COLLECTIONS/CHIEF CURATOR	40.00					X	176,528.	0.	24,332.	
(13) NEIL J. LEVY, EVP, DEP. DIR. FOR OPS THRU 06/30/20	40.00				X		172,422.	0.	10,363.	
(14) MICHAEL R. BLOOMBERG CHAIRMAN	3.00	X		X			0.	0.	0.	
(15) ANDREW M. SENCHAK TREASURER	3.00	X		X			0.	0.	0.	
(16) VIRGINIA S. BAUER TRUSTEE	2.00	X					0.	0.	0.	
(17) PAULA GRANT BERRY TRUSTEE	2.00	X					0.	0.	0.	

**NATIONAL SEPTEMBER 11 MEMORIAL AND
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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) FRANK BISIGNANO TRUSTEE	2.00	X					0.	0.	0.	
(19) DEBRA BURLINGAME TRUSTEE	2.00	X					0.	0.	0.	
(20) JOHN P. CAHILL TRUSTEE	2.00	X					0.	0.	0.	
(21) RUSSELL L. CARSON TRUSTEE	3.00	X					0.	0.	0.	
(22) KENNETH I. CHENAULT TRUSTEE	2.00	X					0.	0.	0.	
(23) RIC CLARK TRUSTEE	2.00	X					0.	0.	0.	
(24) H. RODGIN COHEN TRUSTEE	2.00	X					0.	0.	0.	
(25) KEATING CROWN TRUSTEE	2.00	X					0.	0.	0.	
(26) BILLY CRYSTAL TRUSTEE	2.00	X					0.	0.	0.	
1b Subtotal							3,179,086.	0.	378,303.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							3,179,086.	0.	378,303.	

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 45

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ABM FACILITY SERVICES PO BOX 419860, BOSTON, MA 02241-9860	LABOR AND ENGINEERING SERVICES	10,811,560.
ALLIED UNIVERSAL COMPANY - SOS INTERMEDIATE PO BOX 828854, PHILADELPHIA, PA 19182-8854	SECURITY & K-9 SERVICES	6,243,456.
MICHAEL AHERN PRODUCTIONS SERVICES, INC., 36 WEST 56TH STREET, APT. 2C, NEW YORK, NY	PRODUCTION SERVICES	411,745.
THE PARKSIDE GROUP, 132 NASSAU STREET, SUITE 400, NEW YORK, NY 10038	MAILINGS SERVICES	331,398.
BARTLETT TREE EXPERTS 2 LAKEVIEW AVE #206, PISCATAWAY, NJ 08854	TREE MAINTENANCE	275,415.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 17

SEE PART VII, SECTION A CONTINUATION SHEETS

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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 DE NIRO TRUSTEE	2.00	X						0.	0.	0.
(28) SAMUEL A. DIPIAZZA, JR. TRUSTEE	2.00	X						0.	0.	0.
(29) RICHARD EDELMAN TRUSTEE	2.00	X						0.	0.	0.
(30) CHRISTINE A. FERER TRUSTEE	2.00	X						0.	0.	0.
(31) ANNE M. FINUCANE TRUSTEE	2.00	X						0.	0.	0.
(32) JENNIFER GLICK TRUSTEE	2.00	X						0.	0.	0.
(33) MAURICE R. GREENBERG TRUSTEE	2.00	X						0.	0.	0.
(34) DR. VARTAN GREGORIAN TRUSTEE	2.00	X						0.	0.	0.
(35) PATRICIA E. HARRIS TRUSTEE	3.00	X						0.	0.	0.
(36) LEE A. IELPI TRUSTEE	2.00	X						0.	0.	0.
(37) ROBERT IGER TRUSTEE	2.00	X						0.	0.	0.
(38) MONICA IKEN TRUSTEE	2.00	X						0.	0.	0.
(39) JEH JOHNSON TRUSTEE	2.00	X						0.	0.	0.
(40) THOMAS S. JOHNSON TRUSTEE	2.00	X						0.	0.	0.
(41) ANTHOULA KATSIMATIDES TRUSTEE	2.00	X						0.	0.	0.
(42) PETER M. LEHRER TRUSTEE	2.00	X						0.	0.	0.
(43) HOWARD W. LUTNICK TRUSTEE	2.00	X						0.	0.	0.
(44) JOEL S. MARCUS TRUSTEE	3.00	X						0.	0.	0.
(45) J. KEVIN MCCARTHY TRUSTEE	2.00	X						0.	0.	0.
(46) JULIE MENIN TRUSTEE	2.00	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) IRA M. MILLSTEIN TRUSTEE	3.00	X						0.	0.	0.
(48) HOWARD MILSTEIN TRUSTEE	2.00	X						0.	0.	0.
(49) JOSEPH MOINIAN TRUSTEE	2.00	X						0.	0.	0.
(50) PAUL NAPOLI TRUSTEE	2.00	X						0.	0.	0.
(51) TERENCE O'TOOLE TRUSTEE	2.00	X						0.	0.	0.
(52) EMILY K. RAFFERTY TRUSTEE	3.00	X						0.	0.	0.
(53) KEVIN M. RAMPE TRUSTEE	3.00	X						0.	0.	0.
(54) SCOTT RECHLER TRUSTEE	3.00	X						0.	0.	0.
(55) TERRI J. RICHARDSON TRUSTEE	2.00	X						0.	0.	0.
(56) THOMAS H. ROGER TRUSTEE	2.00	X						0.	0.	0.
(57) JANE ROSENTHAL TRUSTEE	2.00	X						0.	0.	0.
(58) E. JOHN ROSENWALD, JR. TRUSTEE	3.00	X						0.	0.	0.
(59) AVI SCHICK TRUSTEE	2.00	X						0.	0.	0.
(60) JERRY I. SPEYER TRUSTEE	2.00	X						0.	0.	0.
(61) CRAIG ROBERTS STAPLETON TRUSTEE	3.00	X						0.	0.	0.
(62) JON STEWART TRUSTEE	2.00	X						0.	0.	0.
(63) ANNE M. TATLOCK TRUSTEE	3.00	X						0.	0.	0.
(64) DANIEL R. TISHMAN TRUSTEE	3.00	X						0.	0.	0.
(65) SETH WAUGH TRUSTEE	2.00	X						0.	0.	0.
(66) JEFFREY S. WILPON TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

NATIONAL SEPTEMBER 11 MEMORIAL AND
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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	4,115,016.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	830,352.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	19,694,496.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 829,327.			
	h	Total. Add lines 1a-1f		24,639,864.			
	Program Service Revenue	2 a	MUSEUM ADMISSIONS & SERVICE FEES	Business Code 611710	9,641,030.	9,641,030.	
b		MEMBERSHIP	900099	1,186,424.	1,186,424.		
c		MUSEUM & MEMORIAL TOURS	611710	751,354.	751,354.		
d		CIVIC PROGRAMS & OTHER	900099	119,795.	119,795.		
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		11,698,603.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		654,991.		654,991.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		28,490.		28,490.	
	6 a	Gross rents	(i) Real	88,019.			
			(ii) Personal				
	b	Less: rental expenses ...	6b	0.			
	c	Rental income or (loss)	6c	88,019.			
	d	Net rental income or (loss)		88,019.		88,019.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	43,798,207.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	43,775,444.			
c	Gain or (loss)	7c	22,763.				
d	Net gain or (loss)		22,763.		22,763.		
8 a	Gross income from fundraising events (not including \$ 4,115,016. of contributions reported on line 1c). See Part IV, line 18		0.				
b	Less: direct expenses	8b	526,967.				
c	Net income or (loss) from fundraising events		-526,967.		-526,967.		
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		1,605,877.				
b	Less: cost of goods sold	10b	499,960.				
c	Net income or (loss) from sales of inventory		1,105,917.	1,105,917.			
Miscellaneous Revenue	11 a	ALL OTHER INCOME	Business Code 900099	191.		191.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		191.			
12	Total revenue. See instructions		37,711,871.	12,804,520.	0.	267,487.	

**NATIONAL SEPTEMBER 11 MEMORIAL AND
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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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,441,934.	1,053,246.	944,535.	444,153.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,772,861.	10,413,161.	3,989,782.	1,369,918.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	743,588.	494,815.	186,195.	62,578.
9 Other employee benefits	1,719,459.	1,389,021.	179,652.	150,786.
10 Payroll taxes	1,475,507.	963,927.	372,838.	138,742.
11 Fees for services (nonemployees):				
a Management				
b Legal	273,556.		246,201.	27,355.
c Accounting	116,764.		116,764.	
d Lobbying	150,000.	75,000.	15,000.	60,000.
e Professional fundraising services. See Part IV, line 17	561,396.			561,396.
f Investment management fees	70,393.		70,393.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	836,772.	287,003.	444,486.	105,283.
12 Advertising and promotion	254,386.	214,564.	19,890.	19,932.
13 Office expenses	1,272,337.	857,800.	292,271.	122,266.
14 Information technology	1,867,275.	1,288,131.	468,127.	111,017.
15 Royalties	3,298.	2,346.	635.	317.
16 Occupancy	6,270,749.	4,171,196.	1,952,778.	146,775.
17 Travel	53,949.	40,667.	6,729.	6,553.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	15,882.	9,561.	2,519.	3,802.
20 Interest	69,453.		69,453.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,217,297.	26,222,681.	2,930,067.	64,549.
23 Insurance	3,481,351.	3,339,498.	105,177.	36,676.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a JANITORIAL/ENGINEERING	9,347,424.	7,938,962.	1,404,299.	4,163.
b SECURITY	6,042,349.	6,021,721.	20,628.	
c REPAIRS & MAINTENANCE	1,607,208.	1,371,302.	235,600.	306.
d COMMEMORATIVE EVENTS	791,359.	791,359.		
e All other expenses	352,184.	136,139.	176,475.	39,570.
25 Total functional expenses. Add lines 1 through 24e	84,808,731.	67,082,100.	14,250,494.	3,476,137.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

NATIONAL SEPTEMBER 11 MEMORIAL AND
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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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	8,649,613.	1	5,095,842.
	2 Savings and temporary cash investments	2,444,728.	2	15,587,260.
	3 Pledges and grants receivable, net	13,059,702.	3	13,982,483.
	4 Accounts receivable, net	3,925,779.	4	875,414.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	453,414.	8	471,060.
	9 Prepaid expenses and deferred charges	2,347,699.	9	1,982,872.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 824,700,499.		
	b Less: accumulated depreciation	10b 289,691,959.		
	11 Investments - publicly traded securities	562,312,894.	10c	535,008,540.
	12 Investments - other securities. See Part IV, line 11	40,758,889.	11	23,614,707.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	3,034,017.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	636,986,735.	15	1,309,580.	
		16	597,927,758.	
Liabilities	17 Accounts payable and accrued expenses	17,800,117.	17	13,762,074.
	18 Grants payable		18	
	19 Deferred revenue	2,657,186.	19	1,601,791.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	6,000,000.	22	15,000,000.
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,683,052.	25	5,990,710.
	26 Total liabilities. Add lines 17 through 25	28,140,355.	26	36,354,575.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	597,827,056.	27	547,381,346.
	28 Net assets with donor restrictions	11,019,324.	28	14,191,837.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	608,846,380.	32	561,573,183.
	33 Total liabilities and net assets/fund balances	636,986,735.	33	597,927,758.

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**NATIONAL SEPTEMBER 11 MEMORIAL AND
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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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,711,871.
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,808,731.
3	Revenue less expenses. Subtract line 2 from line 1	3	-47,096,860.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	608,846,380.
5	Net unrealized gains (losses) on investments	5	-176,337.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	561,573,183.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER** Employer identification number **61-1745872**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

NATIONAL SEPTEMBER 11 MEMORIAL AND

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	0.	0.	0.	24639864.	24639864.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					13304480.	13304480.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					37944344.	37944344.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					19743099.	19743099.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b					19743099.	19743099.
8 Public support. (Subtract line 7c from line 6.)						18201245.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6					37944344.	37944344.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					771,500.	771,500.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					771,500.	771,500.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					191.	191.
13 Total support. (Add lines 9, 10c, 11, and 12.)					38716035.	38716035.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	47.01 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	1.99 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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>	Yes	No	
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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>If "Yes" or "No" provide details in Part VI.</i>			
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>			
2a			
2b			
3a			
3b			

NATIONAL SEPTEMBER 11 MEMORIAL AND

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

NATIONAL SEPTEMBER 11 MEMORIAL AND

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

NATIONAL SEPTEMBER 11 MEMORIAL AND

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 III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2020 AMOUNT: \$ 191.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

NATIONAL SEPTEMBER 11 MEMORIAL AND
MUSEUM AT THE WORLD TRADE CENTER

Employer identification number

61-1745872

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>10,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>3,070,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>745,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>635,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>598,235.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>520,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>435,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>345,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ <u>270,144.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ <u>161,402.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ <u>155,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ <u>110,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ <u>105,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ <u>72,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ <u>55,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ <u>47,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 33,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 24,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	_____ _____ _____	\$ 16,920.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
78	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 13,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____ _____ _____	\$ 10,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	_____ _____ _____	\$ <u>7,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
110	_____ _____ _____	\$ <u>7,430.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
111	_____ _____ _____	\$ <u>6,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
112	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>508,235.</u>	<u>12/31/20</u>
15	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>270,144.</u>	<u>09/20/20</u>
77	TEMPERATURE SCANNER _____ _____ _____	\$ <u>16,920.</u>	<u>05/29/20</u>
98	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>10,000.</u>	<u>08/14/20</u>
109	FOLDED MAPS _____ _____ _____	\$ <u>7,500.</u>	<u>03/01/20</u>
110	WEIGHTED PLATES FOR RETAIL CARTS _____ _____ _____	\$ <u>7,430.</u>	<u>03/01/20</u>

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
111	SANITIZING SUPPLIES _____ _____ _____	\$ 6,000.	06/30/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and 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 NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and 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) 2020**

NATIONAL SEPTEMBER 11 MEMORIAL AND

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		25,100.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		150,000.
j Total. Add lines 1c through 1i			175,100.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION HIRED A LOBBYIST TO PROVIDE STRATEGIC AND TACTICAL
 ADVICE, PLANNING, AND ADVOCACY REGARDING FEDERAL FUNDING OBJECTIVES OF
 9/11 MEMORIAL TO INCLUDE ENHANCING THE RELATIONSHIPS WITH THE HOUSE AND
 SENATE LEADERSHIP, AND CONGRESSIONAL COMMITTEE LEADERSHIP OF THE KEY
 COMMITTEES OF JURISDICTION IN THE HOUSE AND SENATE.

Part IV Supplemental Information *(continued)*

THE ORGANIZATION'S EXEC. VP FOR GOVERNMENT & COMMUNITY RELATIONS HAD
DIRECT CONTACT WITH LEGISLATORS AND STAFF, AND THE EXPENSES FOR HIS
PAID TIME ARE INCLUDED ON LINE 1G.

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 for instructions and the latest information.**

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER
Employer identification number 61-1745872

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

NATIONAL SEPTEMBER 11 MEMORIAL AND
MUSEUM AT THE WORLD TRADE CENTER

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 Term 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:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		714,828,958.	202,803,824.	512,025,134.
c Leasehold improvements		37,624,865.	17,365,438.	20,259,427.
d Equipment		38,541,914.	37,442,958.	1,098,956.
e Other		33,704,762.	32,079,739.	1,625,023.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				535,008,540.

**NATIONAL SEPTEMBER 11 MEMORIAL AND
MUSEUM AT THE WORLD TRADE CENTER**

Schedule D (Form 990) 2020

61-1745872 Page **3**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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)		
Total. (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)	
Total. (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	925,555.
(3) DUE TO PORT AUTHORITY OF NY & NJ	431,255.
(4) PAYCHECK PROTECTION PROGRAM LOAN	4,633,900.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,990,710.

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

Schedule D (Form 990) 2020

NATIONAL SEPTEMBER 11 MEMORIAL AND
MUSEUM AT THE WORLD TRADE CENTER

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

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

1	Total revenue, gains, and other support per audited financial statements		1	37,821,685.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-176,337.	
b	Donated services and use of facilities	2b	168,407.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	188,137.	
e	Add lines 2a through 2d	2e		180,207.
3	Subtract line 2e from line 1		3	37,641,478.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	70,393.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		70,393.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	37,711,871.

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

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

1	Total expenses and losses per audited financial statements		1	85,094,882.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	168,407.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	188,137.	
e	Add lines 2a through 2d	2e		356,544.
3	Subtract line 2e from line 1		3	84,738,338.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	70,393.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		70,393.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	84,808,731.

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:

IN ACCORDANCE WITH INDUSTRY PRACTICE, THE VALUE OF THE ORGANIZATION'S COLLECTION IS NOT REFLECTED AS AN ASSET ON THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED AS DECREASES TO NET ASSETS WITHOUT DONOR RESTRICTIONS. PURSUANT TO THE ORGANIZATION'S COLLECTIONS MANAGEMENT POLICY, PROCEEDS FROM DEACCESSIONS ARE TO BE USED TO ACQUIRE OTHER ITEMS FOR THE COLLECTION, AND FOR THE PRESERVATION, PROTECTION, OR CARE OF COLLECTIONS AS APPROVED BY THE BOARD AND ARE RECORDED AS NET ASSETS WITHOUT DONOR RESTRICTIONS DESIGNATED FOR ACQUISITIONS OR CARE OF COLLECTION ITEMS.

Part XIII Supplemental Information (continued)

PART III, LINE 4:

SIGNIFICANT USE OF COLLECTION ITEMS:

PUBLIC EXHIBITION (I)

THE COLLECTIONS OF THE 9/11 MEMORIAL & MUSEUM COMPRISE A COMPREHENSIVE PHYSICAL, VISUAL, AUDIO, AND ANALYTICAL RECORD OF THE EVENTS, IMPACT, AND LEGACY OF THE SEPTEMBER 11, 2001 TERRORIST ATTACKS ON THE UNITED STATES, INCLUDING MATERIAL RELEVANT TO THE PRECURSOR BOMBING OF THE WORLD TRADE CENTER ON FEBRUARY 26, 1993. THE MUSEUM CURRENTLY DISPLAYS APPROXIMATELY 925 OBJECTS IN ITS PUBLIC EXHIBITION SPACES, WHICH INCLUDES ITEMS ON LOAN AS WELL AS APPROXIMATELY 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 APPROXIMATELY 17 SUBSTANTIVE, EXTERNAL RESEARCH REQUESTS VIA ITS ONLINE CATALOGUE IN 2020 AS WELL AS ACCOMMODATING ADDITIONAL REMOTE ACCESS REQUESTS BY SCHOLARS AND DOCUMENTARY FILM PRODUCERS REQUESTING ACCESS TO THESE RESOURCES UNDER THE SUPERVISION OF COLLECTIONS STAFF. WITH THE CLOSURE OF OUR OFFICES DUE TO THE PANDEMIC, WE FACILITATED REQUESTS FOR COLLECTIONS ACCESS VIA VIRTUAL SECURE CHANNELS, PRIMARILY, MICROSOFT STREAM. IN 2020, WE LAUNCHED FIVE NEW FEATURE GALLERIES TO OUR ONLINE COLLECTION CATALOGUE PORTAL, "INSIDE THE COLLECTION" ([HTTPS://COLLECTION.911MEMORIAL.ORG/](https://collection.911memorial.org/)), CREATING ACCESS TO ANOTHER 400+ OBJECTS. IN ADDITION, PERSONNEL IN THE MUSEUM PROGRAMS DIVISION ADDRESSED NUMEROUS PHONE AND E-MAIL CONSULTATIONS WITH OUTSIDE RESEARCHERS. A SEPARATE E-MAIL SYSTEM IMPLEMENTED IN 2014 FOR ADDRESSING GENERAL

Part XIII Supplemental Information (continued)

COLLECTIONS, EDUCATION, AND EXHIBITIONS QUESTIONS CONTINUES TO FACILITATE
 READY RESPONSES TO MORE COMMONLY POSED PUBLIC INQUIRIES. MEMBERS OF THE
 COLLECTIONS, EDUCATION, AND EXHIBITIONS TEAMS WERE ALSO ACTIVE AS
 PRODUCERS OF RESEARCH IN THEIR RESPECTIVE AREAS OF EXPERTISE, DELIVERING
 TALKS AT NATIONAL PROFESSIONAL CONFERENCES, LECTURING AT VARIOUS COLLEGE
 AND PEER INSTITUTIONAL VENUES, TEACHING ON-SITE AND VIRTUAL CLASSES, AND
 FACILITATING CONTENT-FOCUSED VISITS BY OUTSIDE SCHOLARS, GRADUATE
 STUDENTS, AND PEERS FROM HISTORIC SITES AND MUSEUMS AROUND THE WORLD.

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. ONLY TRAINED AND AUTHORIZED PERSONNEL MAY HANDLE
 COLLECTION OBJECTS. IN 2020, THE MUSEUM'S CONSERVATORS CARRIED OUT
 ROTATIONS OF VULNERABLE OBJECTS IN THE HISTORICAL EXHIBITION TO REDUCE
 DAMAGE THAT LONG-TERM DISPLAY CAN CAUSE. OBJECTS TAKEN OFF VIEW WERE
 REPLACED BY NARRATIVE-APPROPRIATE ALTERNATIVES SELECTED BY THE CURATORIAL
 TEAM. PRIOR TO BEING EXHIBITED, THE CONDITION OF EACH OBJECT WAS CAREFULLY
 ASSESSED AND DOCUMENTED. SOME MINOR CONSERVATION TREATMENT WAS REQUIRED TO
 PREPARE SOME OBJECTS FOR EXHIBITION. CONSERVATORS ALSO CREATED FACSIMILES
 FOR SELECT VULNERABLE COLLECTION ITEMS SCHEDULED TO BE TAKEN OFF VIEW FOR
 CONSERVATION REASONS AND THAT NARRATIVELY COULD NOT BE SUBSTITUTED.

TIED TO AN INDEPENDENT PROJECT FUNDED BY AMERICAN EXPRESS, THE MUSEUM
 CONSERVATORS CONTINUED WITH THEIR IN-DEPTH RESEARCH AND CLOSE EXAMINATION

Part XIII Supplemental Information *(continued)*

OF A LARGE, SURVIVING SEGMENT OF THE SLURRY WALL, A SECTION OF THE PERIMETER WALL THAT PERFORMED AS A WATER-BLOCKING BARRIER BETWEEN THE HUDSON RIVER AND WORLD TRADE CENTER'S ORIGINALLY EXCAVATED "BATHTUB." THIS PROJECT HAS YIELDED IMPORTANT DATA ABOUT THE CORROSION CONDITIONS OF THE SLURRY WALL'S EMBEDDED METALLIC ELEMENTS, THE DEGRADATION MECHANISMS THAT ACCELERATE THESE CONDITIONS, AND DEBONDING BETWEEN CEMENTITIOUS MATERIALS. THE DATA GLEANED WILL BE USED TO DEVELOP MONITORING PROTOCOLS AND PRESERVATION STRATEGIES TO ADDRESS MOISTURE SEEPAGE AND OTHER RISK-BASED INTERVENTIONS TO PROTECT THE INTEGRITY OF THE ARTIFACT.

LOAN OR EXCHANGE PROGRAMS (IV)

IN 2020, THE MUSEUM ORGANIZED ONE LOAN FROM ITS COLLECTIONS TO GRACIE MANSION, THE OFFICIAL RESIDENCE OF THE MAYOR OF NEW YORK CITY FOR AN EXHIBITION TITLED "CATALYST: ART AND SOCIAL CHANGE".

ADDITIONALLY, THE MUSEUM SECURED FOUR NEW INCOMING LOANS FOR DISPLAY IN VARIOUS ON-SITE EXHIBITIONS.

THE ORGANIZATION CONTINUES TO BUILD ITS PERMANENT COLLECTION AND HAS ADOPTED A COLLECTIONS MANAGEMENT POLICY TO DEFINE THE SCOPE AND INTELLECTUAL FRAMEWORK OF ASSETS AND THE PROCEDURES BY WHICH THESE MATERIALS ARE ACCESSIONED, CATALOGUED, AND PRESERVED. THAT DOCUMENT, REVIEWED AND UPDATED AS NEEDED ONCE EVERY FEW YEARS, WAS MOST RECENTLY MODIFIED IN 2018 IN PREPARATION FOR THE MUSEUM'S SUBMISSION OF KEY POLICY AND PROCEDURAL DOCUMENTS FOR ITS FIRST-TIME ACCREDITATION REVIEW BY THE AMERICAN ALLIANCE OF MUSEUMS. THROUGH LEADERSHIP OF THE BOARD AND STAFF, THE ORGANIZATION STRIVES TO ESTABLISH, PRESERVE, AND DOCUMENT PRIMARY RECORDS, MATERIAL EVIDENCE, SPOKEN TESTIMONY, AND OTHER WIDE-RANGING

Part XIII Supplemental Information (continued)

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 THAT HONOR AND COMMEMORATE THE VICTIMS OF THE SEPTEMBER 11, 2001 AND FEBRUARY 26, 1993 TERRORIST ATTACKS AND THEIR LEGACIES. THE ORGANIZATION MAKES ITS COLLECTION AVAILABLE AS LOANS TO OTHER MUSEUMS AND PRESENTING INSTITUTIONS, IN THE U.S. AND ABROAD, THAT MEET OUR SECURITY AND ENVIRONMENTAL CRITERIA. THE COLLECTION IS ALSO AVAILABLE, THROUGH ITS CATALOGUE AND BY APPOINTMENT, TO THE PUBLIC FOR RESEARCH PURPOSES AND IN COOPERATION WITH OUR PROFESSIONAL STAFF AND SCHOOL EDUCATORS FOR THE CREATION OF LESSON PLANS THAT ARE THEN MADE AVAILABLE THROUGH OUR WEBSITE. 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 2020, THE ORGANIZATION SPENT \$76,230 ON ACQUISITIONS OF COLLECTION ITEMS. THIS INCLUDED A PAYMENT FOR A SINGULAR, LIFE-SIZED POLAROID PORTRAIT BY TIME-LIFE PHOTOGRAPHER JOE MCNALLY FROM HIS 2001 SERIES, A SIXTH AND FINAL PAYMENT FOR WOLFGANG STAEHLE'S UNIQUE, TIME-BASED MEDIA ARTWORK THAT WAS PURCHASED IN INSTALLMENTS, 10 PRINT AND DIGITAL PHOTOGRAPHS FROM THE PHOTOGRAPHER ALLEN TANNENBAUM FROM "9/11: STILL KILLING THE HIDDEN VICTIMS SERIES", AND A WOODBLOCK PRINT BY THE ARTIST CHARLES MILEY TITLED "T'WAS RANGDA SET THE BIRDS AFIRE I". THESE PURCHASED ACQUISITIONS WERE FUNDED IN PART BY BOARD-ALLOCATED FUNDS ANNUALLY HELD IN A RESTRICTED, ROLL-OVER ACQUISITIONS LINE.

PART X, LINE 2:

Part XIII Supplemental Information (continued)

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASS SPECIAL EVENT EXPENSES REPORTED ON PART VIII 188,137.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS SPECIAL EVENT EXPENSES REPORTED ON PART VIII 188,137.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER** Employer identification number **61-1745872**

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 PARKSIDE GROUP - 131 NASSAU STREET, SUITE 440, NEW BLUE STATE DIGITAL - 41 FLATBUSH AVE, 8TH FLOOR,	DIRECT MAIL SERVICES		X	771,979.	318,426.	453,553.
	DIGITAL FUNDRAISING		X	254,807.	242,970.	11,837.
Total				1,026,786.	561,396.	465,390.

- 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, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

NATIONAL SEPTEMBER 11 MEMORIAL AND

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))	
		ANNUAL BENEFIT (event type)	SUMMIT ON SECURITY (event type)	1 (total number)		
Revenue	1	Gross receipts	3,331,766.	512,500.	270,750.	4,115,016.
	2	Less: Contributions	3,331,766.	512,500.	270,750.	4,115,016.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	345,545.	80,470.	100,952.	526,967.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				526,967.
11	Net income summary. Subtract line 10 from line 3, column (d)				-526,967.	

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 AND MUSEUM AT THE WORLD TRADE CENTER

Schedule G (Form 990 or 990-EZ) 2020

61-1745872 Page 3

- 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

- 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

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 PARKSIDE GROUP

(I) ADDRESS OF FUNDRAISER:

131 NASSAU STREET, SUITE 440, NEW YORK, NY 10038

(I) NAME OF FUNDRAISER: BLUE STATE DIGITAL

(I) ADDRESS OF FUNDRAISER: 41 FLATBUSH AVE, 8TH FLOOR, BROOKLYN, NY 11217

Part IV Supplemental Information (continued)

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

THE PARKSIDE GROUP WAS PAID A TOTAL OF \$318,426 AS A REIMBURSEMENT FOR POSTAGE, PAYMENT FOR PRODUCTION, AND MAILING OF COLLATERAL. CHARITY REIMBURSED CONSULTANT FOR ALL EXPENSES REASONABLY INCURRED IN CONNECTION WITH ITS SERVICE.

THE AGREEMENT PROVIDES FOR THE PAYMENT OF PROFESSIONAL FUNDRAISING SERVICES RENDERED BY BLUE STATE DIGITAL AT \$25,000 PER MONTH, AND TRAVEL EXPENSE REIMBURSEMENTS BILLED ON A MONTHLY BASIS AS INCURRED.

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

THE PROPER COMPLETION OF FORM 990 REQUIRES ORGANIZATIONS TO REPORT THE ACTIVITY FROM FUNDRAISING EVENTS THAT SUBSTANTIALLY FURTHER THE ORGANIZATION'S EXEMPT PURPOSE IN PART VIII, LINE 8C AND FORM 990, SCHEDULE G, PART II, LINE 11. FUNDRAISING EVENTS OFTEN GENERATE BOTH CONTRIBUTIONS AND INCOME, SUCH AS WHEN AN INDIVIDUAL PAYS MORE THAN THE RETAIL VALUE FOR THE GOODS OR SERVICES FURNISHED. DURING THE YEAR ENDED DECEMBER 31, 2020, THE MEMORIAL CONDUCTED THREE SUCCESSFUL FUNDRAISING EVENTS GENERATING CONTRIBUTION REVENUE TOTALING \$4,115,016. 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 EXPENSES TOTALED \$526,967, PART VIII, LINE 8C AND SCHEDULE G, PART II, LINE 11 SHOWS NET LOSS OF \$526,967.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER**

Employer identification number
61-1745872

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

NATIONAL SEPTEMBER 11 MEMORIAL AND
MUSEUM AT THE WORLD TRADE CENTER

61-1745872

Schedule J (Form 990) 2020

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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)	522,564.	1,000.	1,780.	26,001.	13,219.	564,564.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALLISON BLAIS, EVP, DEP. DIR. FOR STRATEGY	(i)	297,312.	1,000.	249.	15,126.	33,420.	347,107.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NOELLE LILLEN, EVP, GENERAL COUNSEL/SECRETARY	(i)	264,801.	1,000.	369.	15,008.	35,083.	316,261.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CLIFFORD CHANIN, EVP, DEP. DIR. FOR MUSEUM PROGRAMS	(i)	267,777.	1,000.	3,095.	14,748.	10,525.	297,145.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOSHUA CHERWIN CHIEF ADVANCEMENT OFFICER	(i)	231,493.	1,000.	227.	5,317.	35,083.	273,120.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID SHEEHAN EVP & CFO	(i)	249,733.	1,000.	354.	0.	6,421.	257,508.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOSEPH WEINKAM, EVP GOVERNMENT & COMMUNITY AFFAIRS	(i)	203,157.	1,000.	281.	11,480.	35,083.	251,001.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BENJAMIN E. MILAKOFSKY CHIEF OF STAFF	(i)	207,237.	1,000.	171.	11,577.	11,117.	231,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) EDWARD SIDOR SVP, BUILDINGS & GROUNDS	(i)	195,452.	1,000.	751.	10,756.	11,890.	219,849.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MAGGIE CAREY SVP, FINANCE & BUDGET	(i)	198,103.	1,000.	157.	10,462.	2,921.	212,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JERMEY FRAZIER, EVP, DEP. DIR. FOR EXTERNAL AFFAIRS	(i)	173,820.	1,000.	253.	5,297.	23,074.	203,444.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JAN RAMIREZ EVP, COLLECTIONS/CHIEF CURATOR	(i)	174,537.	1,000.	991.	9,804.	14,528.	200,860.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) NEIL J. LEVY, EVP, DEP. DIR. FOR OPS THRU 06/30/20	(i)	142,228.	0.	30,194.	0.	10,363.	182,785.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

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:

PURSUANT TO THE TERMS AND CONDITIONS STIPULATED IN EVP, DEPUTY DIRECTOR FOR OPERATIONS: NEIL J. LEVY'S SEVERANCE AGREEMENT, THE ORGANIZATION PAID A SEVERANCE PAYMENT TO HIM IN THE AMOUNT OF \$30,000 IN 2020. THIS PAYMENT WAS TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT.

PART I, LINE 7:

THE FOLLOWING EMPLOYEES RECEIVED A \$1,000 BONUS DURING FY2020, WHICH IS REPORTED ON SCHEDULE J, PART II IN COLUMN B (II).

- ALICE M. GREENWALD, PRESIDENT & CEO
- DAVID SHEEHAN, EVP & CFO
- NOELLE LILIEEN, EVP, GENERAL COUNSEL
- ALLISON BLAIS, EVP, DEP. DIR. FOR STRATEGY
- CLIFFORD CHANIN, EVP, DEP. DIR. FOR MUSEUM PROGRAMS
- JOSHUA CHERWIN, CHIEF ADVANCEMENT OFFICER
- JERMEY FRAZIER, EVP, DEP. DIR. FOR EXTERNAL AFFAIRS
- JOSEPH WEINKAM, EVP, GOVERNMENT & COMMUNITY AFFAIRS
- BENJAMIN E. MILAKOFSKY, CHIEF OF STAFF
- MAGGIE CAREY, SVP, FINANCE & BUDGET

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.

- EDWARD SIDOR, SVP, BUILDINGS & GROUNDS

- JAN RAMIREZ, SVP, EVP, COLLECTIONS/CHIEF CURATOR

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization **NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER** Employer identification number **61-1745872**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
SEE PART V	PART V	PART V	X		15000000.	15000000.		X	X		X	
Total						▶ \$ 15000000.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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 for instructions and the latest information.

Name of the organization **NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER** Employer identification number **61-1745872**

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	651		
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	788,379.	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				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>EQUIP/SUPP.</u>)	X	7	40,948.	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 V, Donee Acknowledgement **29** **0**

	Yes	No
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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 CONTRIBUTIONS 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 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization	NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number 61-1745872
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE TERRORIST ATTACKS OF SEPTEMBER 11, 2001 AND FEBRUARY 26, 1993. RESPECTING THIS SITE MADE SACRED THROUGH LOSS, THE MEMORIAL & MUSEUM REMEMBERS AND HONORS THE 2,983 VICTIMS OF THESE ATTACKS AND ALL THOSE WHO RISKED THEIR LIVES TO SAVE OTHERS. IT FURTHER RECOGNIZES THE THOUSANDS WHO SURVIVED AND ALL WHO MANIFESTED EXTRAORDINARY COMPASSION AND LEADERSHIP IN THE WAKE OF THE ATTACKS. DEMONSTRATING THE CONSEQUENCES OF TERRORISM ON INDIVIDUAL LIVES AND ITS IMPACT ON COMMUNITIES AT THE LOCAL, NATIONAL, AND INTERNATIONAL LEVELS, THE MEMORIAL & MUSEUM ATTESTS TO THE TRIUMPH OF HUMAN DIGNITY OVER HUMAN DEPRAVITY AND AFFIRMS AN UNWAVERING COMMITMENT TO THE FUNDAMENTAL VALUE OF HUMAN LIFE.

"MAY THE LIVES REMEMBERED, THE DEEDS RECOGNIZED, AND THE SPIRIT REAWAKENED BE ETERNAL BEACONS, WHICH REAFFIRM RESPECT FOR LIFE, STRENGTHEN OUR RESOLVE TO PRESERVE FREEDOM, AND INSPIRE AN END TO HATRED, IGNORANCE AND INTOLERANCE."

THE NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM (9/11 MEMORIAL & MUSEUM) BEGAN JANUARY ON A STRONG FOOTING THAT WAS SUSTAINED THROUGH THE BETTER PART OF THE FIRST QUARTER, EXCEEDING PROJECTIONS ON BOTH ATTENDANCE AND EARNED REVENUE AND CONTINUING TO OFFER ROBUST EDUCATIONAL PROGRAMMING.

THEN CAME COVID-19, AND LIKE SO MANY OTHER CULTURAL ORGANIZATIONS, THE 9/11 MEMORIAL & MUSEUM FACED THE UNIMAGINABLE REALITY OF HAVING TO CLOSE TO THE PUBLIC IN MID-MARCH. THROUGH FOUR MONTHS OF MEMORIAL

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CLOSURE AND SIX MONTHS OF MUSEUM CLOSURE, THE ORGANIZATION LIVED ITS BUSINESS CONTINUITY PLAN IN REAL TIME AND NAVIGATED UNCHARTED WATERS, LEARNING HOW TO WORK REMOTELY AND CONVERT ON-SITE PROGRAMMING TO VIRTUAL FORMATS, ALL THE WHILE FACING UNPRECEDENTED FINANCIAL CHALLENGES AS THE PRIMARY SOURCE OF OPERATING SUPPORT REVENUE GENERATED BY THE MUSEUM COLLAPSED ENTIRELY.

THE INSTITUTION IMPLEMENTED NECESSARY BUDGET CUTS IN MARCH, WITH FURTHER SIGNIFICANT AND DIFFICULT REDUCTIONS IN JUNE. TO ACHIEVE THE BUDGETARY REDUCTIONS, SENIOR MANAGERIAL AND EXECUTIVE STAFF TOGETHER WITH THE BOARD OF TRUSTEES ASSESSED ALL OPERATIONAL AND PROGRAMMATIC AREAS, CLASSIFYING EACH AS RETAINED, REDUCED, OR SUSPENDED. THE INSTITUTION STROVE TO MAINTAIN ALL CORE OPERATIONAL AND PROGRAMMATIC COMMITMENTS. WHEREVER POSSIBLE, DEPARTMENTS ADAPTED ACTIVITIES AND INITIATIVES NOT CONDUCIVE TO PRODUCING IN THE CURRENT PANDEMIC ENVIRONMENT BY CONVERTING PREVIOUSLY IN-PERSON EVENTS AND PROGRAMS TO VIRTUAL OFFERINGS. THIS ENABLED THE INSTITUTION TO ENSURE IT WAS STILL SERVING ITS MISSION AS WELL AS ENGAGING WITH KEY STAKEHOLDERS AS MUCH AS POSSIBLE, WITH THE ADDED BENEFIT OF OFTEN REACHING A LARGER AND MORE GEOGRAPHICALLY DIVERSE AUDIENCE IN EDUCATIONAL PROGRAMMING.

THANKS TO THE EXCEPTIONAL LEADERSHIP OF THE MEMORIAL & MUSEUM'S CHAIRMAN, MICHAEL R. BLOOMBERG, AND THE COMPASSIONATE GUIDANCE OF THE BOARD OF TRUSTEES, FUNDING WAS RAISED TO SUSTAIN THE INSTITUTION. THIS BOARD SUPPORT COUPLED WITH OTHER PRIVATE FUNDRAISING ALLOWED THE MEMORIAL AND MUSEUM TO OPERATE SAFELY AND SECURELY FOR THE REMAINDER OF 2020 AND THE NEXT CALENDAR YEAR.

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THE MEMORIAL REOPENED TO THE PUBLIC ON JULY 4, 2020, AND THE MUSEUM ON SEPTEMBER 11, 2020. THE ORGANIZATION DEVELOPED AND ADOPTED A ROBUST AND COMPREHENSIVE HEALTH AND SAFETY PLAN, WHICH IS REGULARLY UPDATED AND GOES ABOVE AND BEYOND GUIDANCE ISSUED BY THE CDC, NEW YORK STATE, AND NEW YORK CITY, AND WITH WHICH ENFORCEMENT AND COMPLIANCE HAS BEEN EXEMPLARY.

FOR THOSE UNABLE TO VISIT IN PERSON IN 2020, THE INSTITUTION CONTINUED TO OFFER AND EXPAND ITS VIRTUAL PROGRAMMING. IN ADDITION TO ONLINE PUBLIC PROGRAMS, OUR LIVE, VIRTUAL TOURS OF THE MEMORIAL AND THE MUSEUM PROVIDED AN EASILY ACCESSED, INTERACTIVE EXPERIENCE FOR INDIVIDUALS, FAMILIES, AND GROUPS. THE INSTITUTION ALSO LAUNCHED VIRTUAL FIELD TRIPS FOR STUDENTS IN GRADES 3-12 AND ONLINE PROFESSIONAL DEVELOPMENT PROGRAMS FOR EDUCATORS AND FOR CIVIC AGENCIES.

THE MUSEUM'S ABILITY TO KEEP ITS COLLECTIONS SAFE AND SECURE, ROUTINELY MONITORED, AND PROPERLY CLEANED ON SITE IN THE MUSEUM AND AT OUR TWO OFFSITE COLLECTIONS STORAGE FACILITIES, REMAINED UNCHANGED, DESPITE THE MONTHS OF CLOSURE. STAFF REMOTELY MONITORED FOR BOTH CLIMATE CONTROL AND SECURITY AND CONTINUED OUR MONTHLY PEST INSPECTIONS WITH EXPERT VENDORS AT THE MUSEUM, MANA FINE ARTS, AND OUR STORAGE FACILITY IN ROTTERDAM, NY. DESPITE BUDGET CUTS ELSEWHERE, THE MUSEUM MAINTAINED ITS COLLECTIONS INSURANCE AND RISK MANAGEMENT POLICIES AS PRIORITY COMMITMENTS, WITHOUT INTERRUPTION AND WITHOUT CHANGES TO THE COVERAGE.

IN HONORING ITS FOUNDATIONAL MISSION AND CONSISTENT WITH THE STRATEGIC PLAN, THE 9/11 MEMORIAL & MUSEUM CONTINUED ITS COMMITMENT IN 2020 TO ADVANCING INSTITUTIONAL IMPACT IN FOUR KEY PROGRAMMATIC AREAS:

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- HONORING THROUGH COMMEMORATION BY HOSTING ANNUAL ANNIVERSARY REMEMBRANCE CEREMONIES PAYING TRIBUTE TO THE VICTIMS OF THE ATTACKS OF SEPTEMBER 11, 2001 AND FEBRUARY 26, 1993, AS WELL AS OBSERVING THE CONCLUSION OF RESCUE AND RECOVERY EFFORTS IN THE AFTERMATH OF 9/11, AND THROUGH YEAR-ROUND, FREE ACCESS TO THE MEMORIAL, A SACRED SITE OF REMEMBRANCE AND REFLECTION; BY HOSTING OUR ANNUAL 5K VIRTUALLY AND ENCOURAGING BROADER PARTICIPATION THROUGH A NATIONWIDE RUN/WALK; AND BY ASSISTING OTHER COMMUNITIES AFFECTED BY EXTREME VIOLENCE AND MASS LOSS OF LIFE THROUGH SHARING PRACTICAL EXPERTISE IN THE DEVELOPMENT OF MEMORIALS, COMMEMORATION, COLLECTIONS AND EXHIBITIONS;

- UNDERSTANDING THE ONGOING REPERCUSSIONS OF 9/11 THROUGH THE COLLECTION, PRESERVATION, EXHIBITION AND DISSEMINATION OF MATERIAL CULTURE THAT TESTIFIES TO THE ONGOING IMPLICATIONS OF THE ATTACKS AND THEIR AFTERMATH (E.G., HIGHLIGHTING THE PUBLIC HEALTH ISSUES AFFECTING TENS OF THOUSANDS STRICKEN WITH 9/11-RELATED ILLNESSES, WHO ARE NOW ESPECIALLY VULNERABLE TO COVID-19);

- EDUCATING A NEW GENERATION WITH NO LIVED MEMORY OF THE 9/11 ATTACKS WHO NEED THE TOOLS AND PERSPECTIVE TO NEGOTIATE A WORLD DEFINED IN MANY WAYS BY THE ATTACKS AND THEIR CONSEQUENCES; AND,

- BUILDING A MORE SECURE WORLD BY INCREASING PUBLIC AWARENESS OF POST-9/11 THREATS AND LEVERAGING OUR INSTITUTIONAL CONVENING POWER TO PROVIDE EDUCATIONAL, NETWORKING, AND PARTNERSHIP OPPORTUNITIES FOR THOSE CHARGED WITH ENSURING PUBLIC SAFETY AND SECURITY.

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THE EXTRAORDINARY EVENTS OF 2020 PRESENTED UNIQUE CHALLENGES FOR AN ORGANIZATION WHOSE MISSION IS SO INTRINSICALLY LINKED TO A HIGHLY SPECIFIC PHYSICAL LOCATION. EVEN THROUGH MONTHS OF CLOSURE, STAFF'S COMMITMENT TO SHARING STORIES OF INSPIRATION AND HOPE, REMEMBERING THOSE WHO WERE KILLED, AND EDUCATING THE NEXT GENERATION HAD NEVER BEEN MORE RELEVANT.

THE COMMEMORATION OF THE 19TH ANNIVERSARY OF THE 9/11 ATTACKS IN SEPTEMBER 2020 DREW 344,146 PARTICIPANTS TO THE ANNUAL ANNIVERSARY IN THE SCHOOLS WEBINAR, FROM ALL 50 STATES, TWO U.S. TERRITORIES, AND OVER 35 COUNTRIES. THE COLLECTIONS TEAM ACQUIRED MORE THAN 600 ITEMS, RAISING THE COLLECTION HOLDINGS TO MORE THAN 73,000. PUBLIC PROGRAMS, BOTH ONSITE PRE-PANDEMIC AND ONLINE SINCE CLOSURE AND AFTER REOPENING, REACHED MORE THAN 2,300 PEOPLE.

THE 9/11 MEMORIAL & MUSEUM CONTINUED TO ADAPT AS NECESSARY IN THE FACE OF UNEXPECTED CHALLENGES, BUT THE INSTITUTIONAL COMMITMENT TO MISSION, ADHERENCE TO PROFESSIONAL MUSEOLOGICAL STANDARDS, AND DEDICATED STEWARDSHIP OF BOTH FINANCIAL AND COLLECTIONS RESOURCES REMAINED UNCHANGED THROUGH THE CRUCIBLE OF THE CORONAVIRUS PANDEMIC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ATTACKS AND ALL THOSE WHO RISKED THEIR LIVES TO SAVE OTHERS. IT FURTHER RECOGNIZES THE THOUSANDS WHO SURVIVED AND ALL WHO MANIFESTED EXTRAORDINARY COMPASSION AND LEADERSHIP IN THE WAKE OF THE ATTACKS. DEMONSTRATING THE CONSEQUENCES OF TERRORISM ON INDIVIDUAL LIVES AND ITS IMPACT ON COMMUNITIES AT THE LOCAL, NATIONAL, AND INTERNATIONAL LEVELS, THE MEMORIAL & MUSEUM ATTESTS TO THE TRIUMPH OF HUMAN DIGNITY OVER

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HUMAN DEPRAVITY AND AFFIRMS AN UNWAVERING COMMITMENT TO THE FUNDAMENTAL VALUE OF HUMAN LIFE.

"MAY THE LIVES REMEMBERED, THE DEEDS RECOGNIZED, AND THE SPIRIT REAWAKENED BE ETERNAL BEACONS, WHICH REAFFIRM RESPECT FOR LIFE, STRENGTHEN OUR RESOLVE TO PRESERVE FREEDOM, AND INSPIRE AN END TO HATRED, IGNORANCE AND INTOLERANCE."

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

ON DECEMBER 31, 2019, THE ORGANIZATION WAS GRANTED A PERMANENT CHARTER BY THE NEW YORK STATE BOARD OF REGENTS. ON THAT SAME DAY, THE NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC. (THE "FOUNDATION") MERGED WITH THE ORGANIZATION. THE ORGANIZATION REMAINS AS THE CONTINUING ENTITY AFTER THE MERGER. ALL PROGRAMS FROM THE FOUNDATION WERE TRANSFERRED TO THE ORGANIZATION: OPERATION, MUSEUM & PUBLIC PROGRAMS AND CONSTRUCTION.

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

NEW YORK. THE MUSEUM HAS WELCOMED MORE THAN 17 MILLION PEOPLE FROM MAY 2014 THROUGH THE END OF 2020.

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

FOR THE 19TH 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. THE YEAR 2020 MARKED THE MUSEUM'S SIXTH YEAR OF OPERATION, DESPITE THE CHALLENGE OF A GOVERNMENT MANDATED CLOSURE. IN ADDITION TO SERVING VISITORS THROUGH ITS CORE EXHIBITIONS, THE MUSEUM PRESENTED PUBLIC

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PROGRAMS, AND MAINTAINED CONTINUAL OBJECT AND EXHIBITION ROTATIONS, WHICH WERE NECESSARY DUE TO CONSERVATION REQUIREMENTS AND LOAN EXPIRATIONS. OBJECTS AND EXHIBITION ROTATIONS ALSO PROVIDED THE OPPORTUNITY TO FEATURE MORE OF THE PERMANENT COLLECTION.

WE HOSTED VIRTUAL MUSEUM TOURS FOR THE MILITARY AND VETERAN COMMUNITY ON VETERANS DAY.

PUBLIC PROGRAMS AND EDUCATIONAL OFFERINGS WERE GREATLY IMPACTED BY THE PANDEMIC, AS PROGRAMMING WAS SUSPENDED FOR A TIME BEFORE BEING MOVED ONLINE. APPROXIMATELY 20,000 INDIVIDUALS TOOK PART IN OUR ONSITE AND VIRTUAL TOURS OF THE MEMORIAL AND MUSEUM IN 2020. WEEKLY YOUTH AND FAMILY PROGRAMS SERVED OVER 500 PARTICIPANTS IN 14 PROGRAMS BEFORE BEING SUSPENDED IN MARCH. DURING THE COURSE OF THE YEAR, OVER 3,200 STUDENTS TOOK PART IN OUR ONSITE AND VIRTUAL SCHOOL PROGRAMS. NEARLY 300 TEACHERS TOOK PART IN OUR VIRTUAL PROFESSIONAL DEVELOPMENT WORKSHOPS AND EVENTS. OVER 344,000 STUDENTS, FROM ALL 50 STATES AND AROUND THE WORLD, PARTICIPATED IN OUR ANNUAL ANNIVERSARY IN THE SCHOOLS WEBINAR WHICH CONTINUES TO SERVE AS ONE OF OUR SIGNATURE ANNUAL PROGRAMS.

OUR PUBLIC PROGRAMS, WHICH ARE FOCUSED PRINCIPALLY ON DEEPENING UNDERSTANDING OF 9/11'S CONNECTION TO CURRENT EVENTS AND THE ATTACKS' ONGOING CULTURAL IMPACT, MOVED ONLINE AS WELL IN THE LATE SPRING. IN TOTAL, OVER 3,200 PARTICIPANTS TOOK PART IN 2020.

THE 9/11 MEMORIAL & MUSEUM CONTINUED ITS PROFESSIONAL TRAINING PROGRAMS, WHICH PROVIDE AN IN-DEPTH EXPLORATION OF 9/11 FOR OFFICERS

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AND AGENTS FROM LAW ENFORCEMENT, INTELLIGENCE, AND MILITARY GROUPS AND SERVE TO HIGHLIGHT THE SPECIAL CONNECTIONS BETWEEN 9/11 AND THEIR PROFESSIONAL AFFILIATIONS. EACH PROGRAM IS GEARED TOWARD MEETING THE UNIQUE NEEDS AND INTERESTS OF THE AGENCY IN ATTENDANCE. IN 2020, THIS PROGRAM SERVED 1,355 INDIVIDUAL PARTICIPANTS.

SUPPORTING THE PUBLIC-FACING ACTIVITIES OF THE MUSEUM WERE ONGOING EFFORTS TO BUILD, PRESERVE, CATALOGUE, AND MAKE ACCESSIBLE ARTIFACTS FROM THE PERMANENT COLLECTION, THEREBY ENHANCING PUBLIC UNDERSTANDING OF THE 9/11 ATTACKS AND THEIR ONGOING CONSEQUENCES. THROUGH DONATIONS, STRATEGIC PURCHASES, AND INTERVIEWS CONDUCTED BY THE MUSEUM'S ORAL HISTORIANS, THE MUSEUM CONTINUED ACTIVE GROWTH OF ITS PERMANENT COLLECTION WITH NEW OBJECTS, DOCUMENTS, AND ORAL TESTIMONIES. (THE ADVENT OF THE COVID-19 PANDEMIC REQUIRED TEMPORARY SUSPENSION OF THE LATTER IN-PERSON RECORDING PROGRAM, HOWEVER.) BY THE END OF 2020, THE MUSEUM'S ACQUISITIONS NUMBERED MORE THAN 21,100 THREE-DIMENSIONAL OBJECTS, 45,400 PRINT AND DIGITAL IMAGES, 360 MOVING IMAGES, AND 3,700 ORAL HISTORIES.

NOTABLE ACQUISITIONS IN 2020 INCLUDED: 312 DIGITAL PHOTOGRAPHS OF THE 9/11 RESPONSE EFFORTS FROM THE U.S. DEPARTMENT OF JUSTICE, BUREAU OF ALCOHOL, TOBACCO, FIREARMS, AND EXPLOSIVES; A MOTORIZED WHEELCHAIR USED BY RAY PFEIFER, RETIRED FDNY RESPONDER AND CONGRESSIONAL HEALTH CARE ACTIVIST, UNDERSCORING THE DIRE HEALTH EFFECTS ISSUES SUFFERED BY 9/11 RESCUE AND RECOVERY WORKERS; AND 121 HIGH RESOLUTION DIGITAL PORTRAIT IMAGES COMPRISING AN ARCHIVE OF PEOPLE DEPICTED IN JOE MCNALLY'S 2001 "FACES OF GROUND ZERO" COLLECTION.

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ONE NOTABLE OUTGOING LOAN IN 2020 WAS THE PRESENTATION AT HISTORIC GRACIE MANSION OF COLLAGES CREATED IN LATE 2001 BY STUDENTS FROM THE CALHOUN SCHOOL IN NEW YORK CITY AND DRAWINGS OF VOLUNTEERS AND EVERYDAY CITIZENS INVOLVED IN THE AFTERMATH RESPONSE EFFORTS BY CANADIAN ARTIST JOHN COBURN. MOUNTED IN THE OFFICIAL RESIDENCE OF THE MAYOR OF NEW YORK CITY, THE EXHIBITION "CATALYST: ART AND SOCIAL CHANGE" FEATURED APPROXIMATELY 40 WORKS EXPLORING HOW CONTEMPORARY ARTISTS CREATIVELY INTERROGATE THE POSSIBILITIES FOR EQUALITY, EQUITY, AND FREEDOM ACROSS RACE, CLASS, AND GENDER LINES. ALSO IN 2020, COLLECTIONS STAFF COLLABORATED WITH OVER 10 COLLECTING INSTITUTIONS TO PLAN OUTGOING LOANS FOR EXHIBITIONS RELATED TO THE 20TH ANNIVERSARY OF 9/11.

FOUR INCOMING LOANS WERE NEGOTIATED AND SECURED FROM INDIVIDUALS AND COLLECTING INSTITUTIONS FOR ROTATION INTO THE MUSEUM'S CORE AND TEMPORARY DISPLAYS. IN 2020, APPROXIMATELY 400 OBJECTS WERE ADDED TO "INSIDE THE COLLECTION", THE MUSEUM'S ONLINE COLLECTIONS CATALOG. FIVE NEW FEATURE GALLERIES WERE CREATED, HIGHLIGHTING OUR K-9 COURAGE EXHIBITION, WORLD TRADE CENTER SOUVENIRS, AND THE RAGSDALE EEPHEMERA COLLECTION. WE ALSO LAUNCHED FRONTLINE RESPONDERS AND FACES OF GROUND ZERO GALLERIES IN RESPONSE TO THE COVID-19 PANDEMIC. INSIDE THE COLLECTION HAS BEEN FUNCTIONING WELL AS A RESEARCH TOOL, PROVIDING A VALUABLE RESOURCE FOR PERSONNEL ACROSS DEPARTMENTS, STAFF AT OTHER MUSEUMS, STUDENTS, SCHOLARS, AND EDUCATORS. APPROXIMATELY 17 EXTERNAL RESEARCH QUERIES WERE FIELDDED THROUGH THE SITE IN 2020.

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

MICHAEL BLOOMBERG AND PATRICIA HARRIS HAVE A BUSINESS RELATIONSHIP.

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

A DRAFT OF THE 990 IS SHARED ELECTRONICALLY WITH THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. THE AUDIT COMMITTEE IS RESPONSIBLE FOR APPROVING THE 990 IN ADVANCE OF FILING. PRIOR TO FILING, ELECTRONIC 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 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 THE SVP-DIRECTOR OF HUMAN RESOURCES. COPIES OF THE TRUSTEES' COMPLETED CONFLICT OF INTEREST QUESTIONNAIRES ARE PROVIDED TO THE MEMBERS OF THE AUDIT AND NOMINATING, GOVERNANCE & COMPENSATION COMMITTEE. 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 & COMPENSATION COMMITTEE BEFORE ANY SUCH CONTRACT CAN BE EXECUTED BY THE MEMORIAL. THE AFFECTED MEMBER OF THE GOVERNING BODY IS NOT ENTITLED TO

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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 AN ESTABLISHED COMPENSATION POLICY FOR ITS FOR THE PRESIDENT/CEO AND TOP MANAGEMENT OFFICIALS. THE NOMINATING, GOVERNANCE & COMPENSATION COMMITTEE 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 2020.

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 XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

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OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.