

Form **990**

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER</b>	<b>D</b> Employer identification number <b>61-1745872</b>
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number <b>(212) 312-8800</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>200 LIBERTY STREET, 16TH FLOOR</b>	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10281</b>	<b>G</b> Gross receipts \$ <b>128,674,095.</b>
<input type="checkbox"/> Final return/terminated	<b>F</b> Name and address of principal officer: <b>ELIZABETH L. HILLMAN</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. See instructions
<b>J</b> Website: ▶ <b>WWW.911MEMORIAL.ORG</b>		<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2014</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE NATIONAL SEPTEMBER 11 MEMORIAL &amp; MUSEUM AT THE WORLD TRADE CENTER BEARS SOLEMN WITNESS TO</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>52</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>51</b>
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>255</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>344</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 24,639,864.	<b>Current Year</b> 64,406,964.
	<b>9</b> Program service revenue (Part VIII, line 2g)	11,698,603.	18,013,684.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	677,754.	563,795.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	695,650.	6,503,992.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,711,871.	89,488,435.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,153,349.	16,320,918.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	561,396.	692,798.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,982,885.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	62,093,986.	62,644,356.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	84,808,731.	79,658,072.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-47,096,860.	9,830,363.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 597,927,758.	<b>End of Year</b> 601,946,963.
	<b>21</b> Total liabilities (Part X, line 26)	36,354,575.	31,040,096.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	561,573,183.	570,906,867.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>DAVID SHEEHAN, EVP, CFO</b>	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature <b>GARRETT M. HIGGINS</b>
	Firm's name ▶ <b>PKF O'CONNOR DAVIES, LLP</b>	Date <b>11/09/22</b>
	Firm's address ▶ <b>245 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10167</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00543209</b>
		Firm's EIN ▶ <b>27-1728945</b>
		Phone no. <b>212-286-2600</b>

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? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 54,803,019. including grants of \$ 0. ) (Revenue \$ 3,172,277. ) MUSUEM OPERATIONS: WITH A ROBUST HEALTH AND SAFETY PLAN IN PLACE, THE INSTITUTION CONTINUED OPERATING THE 9/11 MEMORIAL AND THE 9/11 MEMORIAL MUSEUM. THE MEMORIAL, WHICH OPENED IN 2011, HAS WELCOMED OVER 54 MILLION LIFETIME VISITORS THROUGH THE END OF 2021.

THE MUSEUM OPERATED ON A FIVE-DAY SCHEDULE IN 2021, WITH CAPACITY LIMITATIONS SET BY A RIGOROUS HEALTH AND SAFETY PLAN. THE MUSEUM HAS WELCOMED MORE THAN 18 MILLION PEOPLE FROM ITS OPENING MAY 2014 THROUGH THE END OF 2021.

4b (Code: ) (Expenses \$ 8,691,246. including grants of \$ 0. ) (Revenue \$ 18,013,684. ) PUBLIC PROGRAMS: 2021 MARKED THE MUSEUM'S SEVENTH FULL YEAR OF OPERATION. IN ADDITION TO SERVING VISITORS THROUGH ITS CORE EXHIBITIONS, THE MUSEUM PRESENTED A WIDE SLATE OF PROGRAMMING, 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. (CONTINUED ON SCHEDULE O)

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

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

4e Total program service expenses 63,494,265.

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**NATIONAL SEPTEMBER 11 MEMORIAL AND  
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**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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	
<b>27</b> 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
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> 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
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		255
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	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 the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	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
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**NATIONAL SEPTEMBER 11 MEMORIAL AND  
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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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	52		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	51		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		<input checked="" type="checkbox"/>	
<b>3</b> 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?	<b>3</b>			<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<input checked="" type="checkbox"/>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<input checked="" type="checkbox"/>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>			<input checked="" type="checkbox"/>

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

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

**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 ▶  
DAVID SHEEHAN, EVP & CFO - (212) 312-8800  
200 LIBERTY STREET, 16TH FLOOR, NEW YORK, NY 10281-2103

NATIONAL SEPTEMBER 11 MEMORIAL AND  
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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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALICE M. GREENWALD PRESIDENT & CEO	40.00			X			488,259.	0.	14,740.	
(2) ALLISON BLAIS EVP, CHIEF STRATEGY & OPS OFFICER	40.00				X		300,731.	0.	38,958.	
(3) NOELLE LILIEEN, EVP, GENERAL COUNSEL/SECRETARY	40.00			X			247,980.	0.	38,944.	
(4) CLIFFORD CHANIN, EVP, DEP. DIR. FOR MUSEUM PROGRAMS	40.00				X		255,497.	0.	12,116.	
(5) JOSHUA CHERWIN CHIEF ADVANCEMENT OFFICER	40.00				X		225,005.	0.	38,911.	
(6) SALVATORE CARCATERA EVP, SECURITY & SAFETY	40.00				X		254,630.	0.	1,376.	
(7) DAVID SHEEHAN EVP & CFO	40.00			X			238,931.	0.	3,422.	
(8) JOSEPH WEINKAM, EVP GOVERNMENT & COMMUNITY AFFAIRS	40.00					X	191,968.	0.	38,846.	
(9) CHRISTIANA HUUS, SVP EVENTS, BUS. PSHIPS & EMP. ENGMT	40.00					X	171,248.	0.	34,165.	
(10) EDWARD SIDOR SVP, BUILDINGS & GROUNDS	40.00				X		188,697.	0.	13,495.	
(11) MAGGIE CAREY SVP, FINANCE & BUDGET	40.00					X	190,915.	0.	3,430.	
(12) JAN RAMIREZ EVP, COLLECTIONS/CHIEF CURATOR	40.00					X	171,598.	0.	15,270.	
(13) BENJAMIN MILAKOFSKY CHIEF OF STAFF	40.00					X	170,238.	0.	10,710.	
(14) ADMIRAL WILLIAM MCRAVEN TRUSTEE	2.00	X					0.	0.	0.	
(15) ANDREW M. SENCHAK TREASURER	3.00	X		X			0.	0.	0.	
(16) ANNE M. FINUCANE TRUSTEE (THRU 12/2021)	2.00	X					0.	0.	0.	
(17) ANNE M. TATLOCK TRUSTEE	2.00	X					0.	0.	0.	

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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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANTHOULA KATSIMATIDES TRUSTEE	2.00	X					0.	0.	0.	
(19) AVI SCHICK TRUSTEE (THRU 3/2021)	2.00	X					0.	0.	0.	
(20) BILLY CRYSTAL TRUSTEE	2.00	X					0.	0.	0.	
(21) CARYN SEIDMAN-BECKER TRUSTEE	2.00	X					0.	0.	0.	
(22) CHRISTINE A. FERER TRUSTEE	2.00	X					0.	0.	0.	
(23) CRAIG ROBERTS STAPLETON TRUSTEE	2.00	X					0.	0.	0.	
(24) DANIEL R. TISHMAN TRUSTEE	2.00	X					0.	0.	0.	
(25) DEBRA BURLINGAME TRUSTEE	2.00	X					0.	0.	0.	
(26) DR. VARTAN GREGORIAN TRUSTEE (THRU 4/2021)	2.00	X					0.	0.	0.	
<b>1b Subtotal</b>							3,095,697.	0.	264,383.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							3,095,697.	0.	264,383.	

**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 35

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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	10,819,648.
ALLIED UNIVERSAL COMPANY - SOS INTERMEDIATE PO BOX 828854, PHILADELPHIA, PA 19182-8854	SECURITY & K-9 SERVICES	6,757,892.
NYC COMMEMORATION PROJECT. INC., 12400 WILSHIRE BOULEVARD, SUITE 1275, LOS	ANNIVERSARY PRODUCTION SERVICES	705,000.
BLUE STATE DIGITAL, 62187 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693-0621	CAMPAIGN EXECUTION SERVICES	639,000.
HOME FRONT COMMUNICATIONS LLC., 1201 NEW YORK AVENUE, NW, SUITE 900, WASHINGTON, DC	ONGOING MARKETING SUPPORT	620,900.

**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 23

**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) E. JOHN ROSENWALD, JR. TRUSTEE	2.00	X						0.	0.	0.
(28) EMILY K. RAFFERTY TRUSTEE	2.00	X						0.	0.	0.
(29) FRANK BISIGNANO TRUSTEE	2.00	X						0.	0.	0.
(30) H. RODGIN COHEN TRUSTEE	2.00	X						0.	0.	0.
(31) HOWARD MILSTEIN TRUSTEE	2.00	X						0.	0.	0.
(32) HOWARD W. LUTNICK TRUSTEE	2.00	X						0.	0.	0.
(33) IRA M. MILLSTEIN TRUSTEE	2.00	X						0.	0.	0.
(34) J. KEVIN MCCARTHY TRUSTEE	2.00	X						0.	0.	0.
(35) JANE ROSENTHAL TRUSTEE	2.00	X						0.	0.	0.
(36) JEFFREY S. WILPON TRUSTEE	2.00	X						0.	0.	0.
(37) JEH JOHNSON TRUSTEE	2.00	X						0.	0.	0.
(38) JENNIFER GLICK TRUSTEE	2.00	X						0.	0.	0.
(39) JERRY I. SPEYER TRUSTEE	2.00	X						0.	0.	0.
(40) JOEL S. MARCUS TRUSTEE	2.00	X						0.	0.	0.
(41) JOHN P. CAHILL TRUSTEE	2.00	X						0.	0.	0.
(42) JON STEWART TRUSTEE	2.00	X						0.	0.	0.
(43) JOSEPH MOINIAN TRUSTEE	2.00	X						0.	0.	0.
(44) JULIE MENIN TRUSTEE	2.00	X						0.	0.	0.
(45) KEATING CROWN TRUSTEE	2.00	X						0.	0.	0.
(46) KENNETH I. CHENAULT 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) KEVIN M. RAMPE TRUSTEE	2.00	X						0.	0.	0.
(48) LEE A. IELPI TRUSTEE (THRU 3/2021)	2.00	X						0.	0.	0.
(49) MAURICE R. GREENBERG TRUSTEE	2.00	X						0.	0.	0.
(50) MICHAEL R. BLOOMBERG CHAIRMAN	3.00	X		X				0.	0.	0.
(51) MONICA IKEN TRUSTEE	2.00	X						0.	0.	0.
(52) PATRICIA E. HARRIS TRUSTEE	2.00	X						0.	0.	0.
(53) PAUL NAPOLI TRUSTEE	2.00	X						0.	0.	0.
(54) PAULA GRANT BERRY TRUSTEE	2.00	X						0.	0.	0.
(55) PETER M. LEHRER TRUSTEE	2.00	X						0.	0.	0.
(56) RIC CLARK TRUSTEE	2.00	X						0.	0.	0.
(57) RICHARD EDELMAN TRUSTEE	2.00	X						0.	0.	0.
(58) ROBERT DE NIRO TRUSTEE	2.00	X						0.	0.	0.
(59) ROBERT IGER TRUSTEE	2.00	X						0.	0.	0.
(60) ROGER W. FERGUSON, JR. TRUSTEE	2.00	X						0.	0.	0.
(61) RUSSELL L. CARSON TRUSTEE	2.00	X						0.	0.	0.
(62) SAMUEL A. DIPIAZZA, JR. TRUSTEE	2.00	X						0.	0.	0.
(63) SCOTT RECHLER TRUSTEE	2.00	X						0.	0.	0.
(64) SETH WAUGH TRUSTEE	2.00	X						0.	0.	0.
(65) TERENCE O'TOOLE TRUSTEE	2.00	X						0.	0.	0.
(66) TERRI J. RICHARDSON 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			
(67) THOMAS H. ROGER TRUSTEE	2.00	X						0.	0.	0.
(68) THOMAS S. JOHNSON TRUSTEE	2.00	X						0.	0.	0.
(69) VIRGINIA S. BAUER TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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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	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	5,923,358.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	15,664,534.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	42,819,072.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 364,204.				
	<b>h Total.</b> Add lines 1a-1f .....			64,406,964.			
Program Service Revenue	<b>2 a</b> MUSEUM ADMISSIONS & SERVICE FEES	Business Code					
		611710	15,446,049.	15446049.			
	<b>b</b> CIVIC PROGRAMS & OTHER	900099	1,167,857.	1,167,857.			
	<b>c</b> MUSEUM & MEMORIAL TOURS	611710	767,945.	767,945.			
	<b>d</b> MEMBERSHIP	900099	631,833.	631,833.			
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			18,013,684.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		569,447.			569,447.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		45,114.			45,114.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	87,417.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	87,417.				
	<b>d</b> Net rental income or (loss) .....			87,417.		87,417.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	36,722,551.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	36,728,203.				
<b>c</b> Gain or (loss) .....	<b>7c</b>	-5,652.					
<b>d</b> Net gain or (loss) .....			-5,652.		-5,652.		
<b>8 a</b> Gross income from fundraising events (not including \$ 5,923,358. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		0.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	978,781.					
<b>c</b> Net income or (loss) from fundraising events .....			-978,781.		-978,781.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		4,650,953.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	1,478,676.					
<b>c</b> Net income or (loss) from sales of inventory .....			3,172,277.	3,172,277.			
Miscellaneous Revenue	<b>11 a</b> SETTLEMENT AGREEMENT	Business Code					
		900099	4,142,783.			4142783.	
	<b>b</b> REIMBURSEMENTS/REFUNDS	900099	35,182.			35,182.	
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			4,177,965.				
<b>12 Total revenue.</b> See instructions .....			89,488,435.	21185961.	0.	3895510.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,359,389.	1,090,496.	858,700.	410,193.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	11,522,717.	7,795,362.	2,754,522.	972,833.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	1,311,857.	965,788.	260,927.	85,142.
<b>10</b> Payroll taxes .....	1,126,955.	784,685.	240,691.	101,579.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	88,257.		88,257.	
<b>c</b> Accounting .....	189,610.		189,610.	
<b>d</b> Lobbying .....	135,000.	69,005.	42,938.	23,057.
<b>e</b> Professional fundraising services. See Part IV, line 17	692,798.			692,798.
<b>f</b> Investment management fees .....	68,554.		68,554.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,202,691.	995,363.	182,647.	24,681.
<b>12</b> Advertising and promotion .....	1,517,132.	385,748.	75,457.	1,055,927.
<b>13</b> Office expenses .....	1,085,182.	694,744.	256,973.	133,465.
<b>14</b> Information technology .....	1,674,146.	1,042,683.	424,317.	207,146.
<b>15</b> Royalties .....	18,019.	11,090.	6,028.	901.
<b>16</b> Occupancy .....	5,675,576.	3,688,835.	1,847,322.	139,419.
<b>17</b> Travel .....	15,501.	7,542.	7,175.	784.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	3,168.	1,542.	1,466.	160.
<b>20</b> Interest .....	77,882.		77,882.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	28,269,492.	25,358,577.	2,864,217.	46,698.
<b>23</b> Insurance .....	3,785,172.	3,636,135.	110,120.	38,917.
<b>24</b> 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.)				
<b>a</b> JANITORIAL/ENGINEERING	8,971,756.	7,625,993.	1,345,763.	
<b>b</b> SECURITY	6,910,523.	6,895,733.	14,790.	
<b>c</b> REPAIRS & MAINTENANCE	1,818,651.	1,457,959.	343,604.	17,088.
<b>d</b> COMMEMORATIVE EVENTS	901,783.	901,783.		
<b>e</b> All other expenses	236,261.	85,202.	118,962.	32,097.
<b>25</b> Total functional expenses. Add lines 1 through 24e	79,658,072.	63,494,265.	12,180,922.	3,982,885.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,095,842.	<b>1</b>	23,052,097.
	<b>2</b> Savings and temporary cash investments .....	15,587,260.	<b>2</b>	20,187,126.
	<b>3</b> Pledges and grants receivable, net .....	13,982,483.	<b>3</b>	12,350,540.
	<b>4</b> Accounts receivable, net .....	875,414.	<b>4</b>	1,377,025.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	471,060.	<b>8</b>	475,786.
	<b>9</b> Prepaid expenses and deferred charges .....	1,982,872.	<b>9</b>	1,912,211.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 825,199,071.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 317,961,451.	535,008,540.	<b>10c</b> 507,237,620.
	<b>11</b> Investments - publicly traded securities .....	23,614,707.	<b>11</b>	33,596,976.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,309,580.	<b>15</b>	1,757,582.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	597,927,758.	<b>16</b>	601,946,963.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	13,762,074.	<b>17</b>	8,676,097.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,601,791.	<b>19</b>	2,366,021.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....	15,000,000.	<b>22</b>	15,000,000.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	5,990,710.	<b>25</b>	4,997,978.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	36,354,575.	<b>26</b>	31,040,096.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	547,381,346.	<b>27</b>	560,659,795.
	<b>28</b> Net assets with donor restrictions .....	14,191,837.	<b>28</b>	10,247,072.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	561,573,183.	<b>32</b>	570,906,867.
	<b>33</b> Total liabilities and net assets/fund balances .....	597,927,758.	<b>33</b>	601,946,963.

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	89,488,435.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	79,658,072.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	9,830,363.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	561,573,183.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-496,679.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	570,906,867.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2021)

**SCHEDULE A**  
**(Form 990)**

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

OMB No. 1545-0047

**2021**

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).)
- 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 on 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		
<b>Total</b>						



NATIONAL SEPTEMBER 11 MEMORIAL AND  
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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	0.	0.	0.	24639864.	64406964.	89046828.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....				24639864.	64406964.	89046828.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						40033582.
<b>6 Public support.</b> Subtract line 5 from line 4.						49013246.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....				24639864.	64406964.	89046828.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....				771,500.	701,978.	1473478.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				191.	4177965.	4178156.
<b>11 Total support.</b> Add lines 7 through 10						94698462.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	35,969,117.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	51.76 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	46.26 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	47.01 %

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	1.99 %

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

NATIONAL SEPTEMBER 11 MEMORIAL AND  
MUSEUM AT THE WORLD TRADE CENTER

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on 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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

NATIONAL SEPTEMBER 11 MEMORIAL AND  
MUSEUM AT THE WORLD TRADE CENTER

Schedule A (Form 990) 2021

61-1745872 Page 6

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

Schedule A (Form 990) 2021

NATIONAL SEPTEMBER 11 MEMORIAL AND  
MUSEUM AT THE WORLD TRADE CENTER

**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	<b>Total annual distributions.</b> 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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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

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

ALL OTHER INCOME

2020 AMOUNT: \$ 191.

2021 AMOUNT: \$ 0.

REIMBURSEMENTS / REFUNDS

2021 AMOUNT: \$ 35,182.

SETTLEMENT AGREEMENT

2021 AMOUNT: \$ 4,142,783.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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



Name of organization <b>NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER</b>	Employer identification number <b>61-1745872</b>
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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	<hr/> <hr/> <hr/>	\$ <u>27,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>12,633,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>2,572,923.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>2,434,458.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

(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

(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

(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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

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

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

Name of organization <b>NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER</b>	Employer identification number <b>61-1745872</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political 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) 2021

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		23,123.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		135,000.
<b>j</b> Total. Add lines 1c through 1i			158,123.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."**

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

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.



NATIONAL SEPTEMBER 11 MEMORIAL AND  
MUSEUM AT THE WORLD TRADE CENTER

Schedule D (Form 990) 2021

61-1745872 Page 2

**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		715,009,505.	227,824,759.	487,184,746.
c Leasehold improvements		37,908,840.	19,204,783.	18,704,057.
d Equipment		38,575,964.	38,046,158.	529,806.
e Other		33,704,762.	32,885,751.	819,011.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				507,237,620.

Schedule D (Form 990) 2021

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

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DEFERRED RENT</b>	<b>547,978.</b>
(3) <b>DUE TO PORT AUTHORITY OF NY &amp; NJ</b>	<b>2,450,000.</b>
(4) <b>PAYCHECK PROTECTION PROGRAM LOAN</b>	<b>2,000,000.</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>4,997,978.</b>

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 ...

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	89,381,900.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-496,679.	
b	Donated services and use of facilities	2b	166,334.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	292,364.	
e	Add lines 2a through 2d	2e		-37,981.
3	Subtract line 2e from line 1		3	89,419,881.
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	68,554.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		68,554.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	89,488,435.

**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	80,048,216.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	166,334.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	292,364.	
e	Add lines 2a through 2d	2e		458,698.
3	Subtract line 2e from line 1		3	79,589,518.
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	68,554.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		68,554.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	79,658,072.

**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:

DESCRIPTION OF ORGANIZATION'S COLLECTIONS AND HOW THEY FURTHER THE  
ORGANIZATION'S EXEMPT PURPOSE:

## 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 OVER 30  
SUBSTANTIVE, EXTERNAL RESEARCH REQUESTS VIA ITS ONLINE CATALOGUE IN 2021  
AS WELL AS ACCOMMODATING ADDITIONAL REMOTE ACCESS REQUESTS BY SCHOLARS,  
RESEARCHERS AND DOCUMENTARY FILM PRODUCERS REQUESTING ACCESS TO THESE  
RESOURCES UNDER THE SUPERVISION OF COLLECTIONS STAFF. RELYING MORE HEAVILY  
ON REMOTE WORK APPLICATIONS AS A RESULT OF THE PANDEMIC, WE FACILITATED  
REQUESTS FOR COLLECTIONS ACCESS VIA VIRTUAL SECURE CHANNELS, FOR EXAMPLE,  
MICROSOFT STREAM. IN 2021, WE ADDED OVER 250 OBJECTS TO OUR ONLINE  
COLLECTION CATALOGUE PORTAL, "INSIDE THE COLLECTION"  
([HTTPS://COLLECTION.911MEMORIAL.ORG/](https://collection.911memorial.org/)), CREATING ACCESS TO OVER 3,000  
OBJECTS. IN ADDITION, PERSONNEL IN THE MUSEUM PROGRAMS DIVISION ADDRESSED  
NUMEROUS PHONE AND E-MAIL CONSULTATIONS WITH OUTSIDE RESEARCHERS. A

**Part XIII** Supplemental Information (continued)

SEPARATE E-MAIL SYSTEM IMPLEMENTED IN 2014 FOR ADDRESSING GENERAL 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 2021, 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.

MUSEUM CONSERVATORS HAVE ALSO BEEN ENGAGED IN RESEARCH INVOLVING 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

**Part XIII** Supplemental Information (continued)

TRADE CENTER'S ORIGINALLY EXCAVATED "BATHTUB."

## LOAN OR EXCHANGE PROGRAMS (IV)

IN 2021, THE MUSEUM ORGANIZED EIGHT LOANS FROM ITS COLLECTIONS TO INSTITUTIONS SUCH AS THE NATIONAL QUILT MUSEUM, THE U.S. STATE DEPARTMENT (U.S. EMBASSY LONDON), AND THE UNIVERSITY OF WEST FLORIDA HISTORIC TRUST FOR EXHIBITIONS RELATED TO THE 20TH ANNIVERSARY OF 9/11.

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. THROUGH LEADERSHIP OF THE BOARD AND STAFF, THE ORGANIZATION STRIVES TO ESTABLISH, PRESERVE, AND DOCUMENT PRIMARY RECORDS, MATERIAL EVIDENCE, SPOKEN TESTIMONY, AND OTHER WIDE-RANGING CULTURAL DOCUMENTATION RELATED TO THE SEPTEMBER 11, 2001 AND FEBRUARY 26, 1993 TERRORIST ATTACKS, THE HISTORICAL CONTEXT LEADING UP TO THEM, AND THEIR AFTERMATH AND ONGOING REPERCUSSIONS. 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 2021, THE ORGANIZATION SPENT \$20,000 ON ACQUISITIONS OF COLLECTION

Part XIII Supplemental Information (continued)

ITEMS. THIS INCLUDED A PAYMENT FOR A SINGULAR, LIFE-SIZED POLAROID PORTRAIT BY TIME-LIFE PHOTOGRAPHER JOE MCNALLY FROM HIS 2001 SERIES. THIS PURCHASE WAS FUNDED BY BOARD-ALLOCATED FUNDS ANNUALLY HELD IN A RESTRICTED, ROLL-OVER ACQUISITIONS LINE.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASS SPECIAL EVENT EXPENSES REPORTED ON PART VIII 292,364.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS SPECIAL EVENT EXPENSES REPORTED ON PART VIII 292,364.

**SCHEDULE G  
(Form 990)**

**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.

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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 - 80 MAIDEN LANE, SUITE 1504, NEW BLUE STATE DIGITAL - 41 FLATBUSH AVE, 8TH FLOOR,	DIRECT MAIL SERVICES		X	1,000,469.	384,898.	615,571.
	DIGITAL FUNDRAISING		X	634,379.	307,900.	326,479.
<b>Total</b>				1,634,848.	692,798.	942,050.

- 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  
MUSEUM AT THE WORLD TRADE CENTER

**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))	
		VIRTUAL BENEFIT (event type)	VIRTUAL SUMMIT (event type)	2 (total number)		
Revenue	1	Gross receipts	5,172,622.	365,000.	385,736.	5,923,358.
	2	Less: Contributions	5,172,622.	365,000.	385,736.	5,923,358.
	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	151,911.	81,250.	109,679.	342,840.
	9	Other direct expenses	623,371.	7,500.	5,070.	635,941.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				978,781.
11	Net income summary. Subtract line 10 from line 3, column (d)				-978,781.	

**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

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

Yes No
Yes No
13a %
13b %

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: 80 MAIDEN LANE, SUITE 1504, NEW YORK, NY 10038
(I) NAME OF FUNDRAISER: BLUE STATE DIGITAL
(I) ADDRESS OF FUNDRAISER: 41 FLATBUSH AVE, 8TH FLOOR, BROOKLYN, NY 11217

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

**Part IV** Supplemental Information (continued)

THE AGREEMENT WITH THE PARKSIDE GROUP PROVIDES FOR PAYMENT FOR DIRECT MAIL SERVICES BASED ON A FEE SCHEDULE, AND THE REIMBURSEMENT OF EXPENSES REASONABLY INCURRED IN CONNECTION WITH THESE SERVICES.

THE AGREEMENT WITH BLUE STATE DIGITAL PROVIDES FOR PAYMENT FOR SERVICES AT \$25,000 PER MONTH, AND TRAVEL OTHER EXPENSE REIMBURSEMENTS ON A MONTHLY BASIS AS INCURRED.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **NATIONAL SEPTEMBER 11 MEMORIAL 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2021

NATIONAL SEPTEMBER 11 MEMORIAL AND  
MUSEUM AT THE WORLD TRADE CENTER

61-1745872

Schedule J (Form 990) 2021

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALICE M. GREENWALD PRESIDENT & CEO	(i)	485,545.	1,000.	1,714.	0.	14,740.	502,999.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALLISON BLAIS EVP, CHIEF STRATEGY & OPS OFFICER	(i)	274,491.	26,000.	240.	0.	38,958.	339,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NOELLE LILIEN, EVP, GENERAL COUNSEL/SECRETARY	(i)	246,438.	1,000.	542.	0.	38,944.	286,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CLIFFORD CHANIN, EVP, DEP. DIR. FOR MUSEUM PROGRAMS	(i)	251,551.	1,000.	2,946.	0.	12,116.	267,613.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOSHUA CHERWIN CHIEF ADVANCEMENT OFFICER	(i)	223,795.	1,000.	210.	0.	38,911.	263,916.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SALVATORE CARCATERRA EVP, SECURITY & SAFETY	(i)	252,046.	1,000.	1,584.	0.	1,376.	256,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID SHEEHAN EVP & CFO	(i)	237,601.	1,000.	330.	0.	3,422.	242,353.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOSEPH WEINKAM, EVP GOVERNMENT & COMMUNITY AFFAIRS	(i)	190,556.	1,000.	412.	0.	38,846.	230,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHRISTIANA HUUS, SVP EVENTS, BUS. PSHIPS & EMP. ENGMT	(i)	170,097.	1,000.	151.	0.	34,165.	205,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) EDWARD SIDOR SVP, BUILDINGS & GROUNDS	(i)	186,978.	1,000.	719.	0.	13,495.	202,192.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MAGGIE CAREY SVP, FINANCE & BUDGET	(i)	189,764.	1,000.	151.	0.	3,430.	194,345.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JAN RAMIREZ EVP, COLLECTIONS/CHIEF CURATOR	(i)	169,049.	1,000.	1,549.	0.	15,270.	186,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BENJAMIN MILAKOFSKY CHIEF OF STAFF	(i)	157,716.	0.	12,522.	0.	10,710.	180,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

**Part III** Supplemental Information

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

PART I, LINE 7:

THE ORGANIZATION PROVIDED DISCRETIONARY BONUSES TO INDIVIDUALS LISTED IN  
PART II AS REPORTED IN COLUMN B(II). THESE BONUSES WERE INCLUDED IN THEIR  
TAXABLE COMPENSATION.

**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2021**

**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](http://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	
<b>Total</b> .....						▶ \$ 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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for 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	629		
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	3	350,130.	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 .....	X	2	14,074.	
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

- 30a During the year, did the organization receive by contribution any property reported 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? .....
- 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? .....
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

**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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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."

IN 2021, THE YEAR OF THE 20TH ANNIVERSARY OF THE 9/11 ATTACKS, THE NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM (9/11 MEMORIAL & MUSEUM), LED THE COUNTRY IN MARKING THE 20TH ANNIVERSARY OF THE DAY THAT CHANGED THE WORLD FOREVER. ON SEPTEMBER 11, DIGNITARIES AND ELECTED OFFICIALS JOINED 8,500 FAMILY MEMBERS AND GUESTS FOR THE COMMEMORATION CEREMONY, AND THROUGHOUT THE DAY, MORE THAN 61,000 INDIVIDUALS FROM AROUND THE WORLD VISITED THE MEMORIAL TO PAY THEIR RESPECTS AND VIEW THE ART INSTALLATION THE 9/11 MEMORIAL & MUSEUM PRODUCES ANNUALLY, THE "TRIBUTE

Name of the organization	NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number	61-1745872
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IN LIGHT." IN ADDITION, THE ORGANIZATION PARTNERED WITH NYC & COMPANY TO ENCOURAGE BUILDINGS AND LANDMARKS ACROSS THE CITY AND STATE TO LIGHT THEIR FACADES IN MEMORIAL BLUE. NEARLY 50 LOCATIONS PARTICIPATED, INCLUDING ONE WORLD TRADE CENTER, THE EMPIRE STATE BUILDING, LINCOLN CENTER, CITY HALL, CITY BRIDGES, THE JFK AIR TRAFFIC CONTROL TOWER, THE TIMES SQUARE BALL, AND NIAGARA FALLS.

WITH ITS RAW, FIRST-PERSON ACCOUNTS AND THE UNIQUE PERSPECTIVES OF THOSE WHO EXPERIENCED THE ATTACKS AS CHILDREN, THIS YEAR'S ANNIVERSARY IN THE SCHOOLS WEBINAR WAS ONE MORE WAY THE 9/11 MEMORIAL & MUSEUM MAINTAINED OUR COMMITMENT TO ENSURING THAT FUTURE GENERATIONS UNDERSTAND THE SIGNIFICANCE OF THE ATTACKS. MORE THAN 1,000,000 INDIVIDUALS PARTICIPATED ON FRIDAY, SEPTEMBER 10, AND SATURDAY, SEPTEMBER 11, 2021. THE PROGRAM, MADE POSSIBLE IN PARTNERSHIP WITH THE NEW YORK LIFE FOUNDATION, WAS SHOWCASED AT SCHOOLS, LIBRARIES, AND OTHER ORGANIZATIONS IN ALL 50 STATES AND NEARLY 50 COUNTRIES, TRIPLING LAST YEAR'S PARTICIPATION.

IN PARTNERSHIP WITH THE AMERICAN LIBRARY ASSOCIATION AND WITH SUPPORT FROM THE NATIONAL ENDOWMENT FOR THE HUMANITIES, WE DEVELOPED A POSTER EXHIBITION ENTITLED "SEPTEMBER 11, 2001: THE DAY THAT CHANGED THE WORLD." NEARLY 4,000 SITES REGISTERED TO SHOWCASE THESE 14 POSTERS THAT PROVIDED AN INTRODUCTION TO THE HISTORY, AFTERMATH, AND ONGOING REPERCUSSIONS OF THE 9/11 ATTACKS AND INCLUDED ARCHIVAL PHOTOGRAPHS AND IMAGES OF ARTIFACTS FROM THE MUSEUM'S PERMANENT COLLECTION.

WITH THE LAUNCH OF THE NEVER FORGET FUND, THE 9/11 MEMORIAL & MUSEUM CONTINUES TO ENSURE THAT FUTURE GENERATIONS UNDERSTAND THE ATTACKS ON

Name of the organization	NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number	61-1745872
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9/11, THE ONGOING IMPACT OF THAT DAY, AND HOW WE RESPONDED. OUR "REMEMBER THE SKY" SOCIAL MEDIA CAMPAIGN RESONATED WITH HUNDREDS OF THOUSANDS OF PEOPLE AROUND THE WORLD WHO SHARED PHOTOS OF THE SKY WHEREVER THEY WERE AS AN ACT OF REMEMBRANCE.

OVER THE COURSE OF 2021, THE INSTITUTION CONTINUED ITS RECOVERY FROM THE EFFECTS OF THE COVID-19 PANDEMIC. WHILE ATTENDANCE, AND THEREFORE REVENUE, REMAINED DRASTICALLY REDUCED DUE TO THE ONGOING IMPACTS OF THE PANDEMIC, THE INSTITUTION CONTINUED 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 AND HYBRID 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.

IN 2021, FOLLOWING A VERY RIGOROUS MULTI-YEAR PROCESS EXAMINING ALL ASPECTS OF THE MUSEUM'S OPERATIONS, THE 9/11 MEMORIAL & MUSEUM WAS PROUD TO ACHIEVE ACCREDITATION BY THE AMERICAN ALLIANCE OF MUSEUMS, THE HIGHEST NATIONAL RECOGNITION AFFORDED TO THE NATION'S MUSEUMS.

OVER THE COURSE OF THE YEAR, OUR COLLECTIONS TEAM ACQUIRED MORE THAN 400 ITEMS, BRINGING COLLECTION HOLDINGS TO MORE THAN 73,500. ADDITIONALLY, OUR PROFESSIONAL AND PUBLIC PROGRAMS REACHED NEARLY 6,000 PEOPLE, INCLUDING BOTH VIRTUAL AND ON-SITE OFFERINGS. THIS YEAR WE WERE ONCE AGAIN RANKED AS THE #1 MUSEUM IN NEW YORK CITY AND #1 MUSEUM IN

Name of the organization	NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE CENTER	Employer identification number	61-1745872
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THE UNITED STATES BY TRIPADVISOR.COM.

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 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 4B:

OUR SCHOOL AND TEACHERS PROGRAMMING REMAINED PRIMARILY VIRTUAL DUE TO THE PANDEMIC. OVER 7,000 STUDENTS TOOK PART IN OUR VIRTUAL SCHOOL PROGRAMS, OVER 1,000 TEACHERS TOOK PART IN OUR VIRTUAL PROFESSIONAL DEVELOPMENT WORKSHOPS AND EVENTS, AND OVER 1 MILLION STUDENTS, FROM ALL 50 STATES AND AROUND THE WORLD, PARTICIPATED IN OUR ANNUAL ANNIVERSARY IN THE SCHOOLS PROGRAM, WHICH CONTINUES TO SERVE AS ONE OF OUR SIGNATURE ANNUAL PROGRAMS. OVER 600 INDIVIDUALS PARTICIPATED IN ART CART, OUR ONSITE YOUTH & FAMILY PROGRAM HOSTED OVER THE SUMMER.

OUR GUIDED TOUR PROGRAM TRANSITIONED BACK ONSITE IN THE MIDDLE OF THE

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YEAR, AS WE CONTINUED TO OFFER VIRTUAL TOURS. NEARLY 25,000 VISITORS  
TOOK AN ONSITE TOUR.

OUR PUBLIC PROGRAMS, FOCUSED PRINCIPALLY ON DEEPENING UNDERSTANDING OF  
9/11'S CONNECTION TO CURRENT EVENTS AND THE ATTACKS' ONGOING CULTURAL  
IMPACT, REMAINED ONLINE AS WELL. IN TOTAL, OVER 2,868 PARTICIPANTS  
JOINED IN 2021.

THE 9/11 MEMORIAL & MUSEUM CONTINUED ITS PROFESSIONAL TRAINING  
PROGRAMS, WHICH PROVIDE AN IN-DEPTH EXPLORATION OF 9/11 FOR LAW  
ENFORCEMENT, INTELLIGENCE AND MILITARY AGENCIES TO RECOGNIZE THE  
SPECIAL CONNECTIONS BETWEEN 9/11 AND THEIR WORK. EACH PROGRAM IS GEARED  
TOWARD MEETING THE UNIQUE NEEDS AND INTERESTS OF THE AGENCY IN  
ATTENDANCE. IN 2021, WE CONTINUED OUR VIRTUAL OFFERINGS AND WELCOMED  
SELECT AGENCIES BACK ONSITE FOR PROGRAMMING. WE SERVED 2,922 INDIVIDUAL  
PARTICIPANTS.

FOR THE 20TH 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 ORGANIZATION ALSO LAUNCHED A DOWNLOADABLE POSTER EXHIBITION:  
"SEPTEMBER 11, 2001: THE DAY THAT CHANGED THE WORLD", WHICH PRESENTED  
THE EVENTS OF 9/11, ITS HISTORICAL ANTECEDENTS AND THE IMMEDIATE  
AFTERMATH OF THE ATTACKS AND THE NINE-MONTH RECOVERY PERIOD, AND THE  
ONGOING REPERCUSSIONS OF 9/11 TO THIS DAY. NEARLY 4,000 LIBRARIES,  
SCHOOLS, AND COMMUNITY CENTERS FROM ALL 50 STATES PLUS 39 FOREIGN  
COUNTRIES PARTICIPATED IN DISPLAYING THE POSTERS AROUND THE 20TH  
ANNIVERSARY OF THE 9/11 ATTACKS. A NEW ONLINE RESOURCE, THE 9/11

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PRIMER, WAS ALSO CREATED TO HELP DIGITAL LEARNERS UNDERSTAND THE EVENTS OF 9/11, THE LEAD UP TO THE ATTACKS, AND THE ONGOING EFFECTS.

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. BY THE END OF 2021, THE MUSEUM'S ACQUISITIONS NUMBERED MORE THAN 21,400 OBJECTS AND ARTWORKS, 45,800 PRINT AND DIGITAL IMAGES, 360 MOVING IMAGES, AND 3,700 ORAL RECORDINGS.

ONE SIGNIFICANT ACQUISITION RECEIVED IN 2021 WAS THE PRAYER BENCH USED BY FATHER MYCHAL JUDGE, THE REVERED CHAPLAIN OF THE FIRE DEPARTMENT OF NEW YORK. FATHER JUDGE KILLED IN THE LOBBY OF THE NORTH TOWER WAS DECLARED THE FIRST OFFICIAL HOMICIDE VICTIM OF THE TERRORIST ATTACKS. FATHER JUDGE HAD USED THE PRAYER BENCH FOR MANY YEARS WHILE VISITING HIS SISTER'S HOME IN MARYLAND. ANOTHER NOTEWORTHY GIFT WAS THE PHOTOGRAPHIC ARCHIVE COMPILED BY FAYE MURMAN, OFFICIAL PHOTOGRAPHER FOR THE FEALGOOD FOUNDATION, AN ORGANIZATION CREATED BY INJURED 9/11 RESPONDER JOHN FEAL TO PERSUADE THE U.S. CONGRESS TO PROVIDE PERMANENT FUNDING TO SICK AND INJURED 9/11 RESPONDERS. MURMAN'S ARCHIVE OF HUNDREDS OF DIGITAL IMAGES DOCUMENTS MEMBERS OF THE FOUNDATION ON MULTIPLE LOBBYING TRIPS TO WASHINGTON, DC, WHEN PRESSING FOR PASSAGE OF THE REPLENISHED AND EXTENDED VICTIM COMPENSATION FUND BY THE U.S. SENATE.



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FACILITATED BY THE COLLECTIONS DEPARTMENT, A HOST OF PRINT AND ONLINE MEDIA OUTLETS UTILIZED THE MUSEUM'S HOLDINGS FOR WIDE-RANGING FEATURES PRODUCED FOR THE 20TH ANNIVERSARY OF THE 9/11 ATTACKS. THREE NOTABLE PUBLIC-FACING PROJECTS WERE THE COLLABORATIONS WITH ASSOCIATED PRESS (A SERIES OF VIGNETTES FEATURING FAMILY MEMBERS OF 9/11 VICTIMS AND THE OBJECTS THEY HAD DONATED IN MEMORY OF THEIR LOVED ONES); NATIONAL GEOGRAPHIC MAGAZINE (A STUNNING PHOTO ESSAY TITLED "SACRED DUST" DEPICTING DOZENS OF POIGNANT MUSEUM ARTIFACTS DOCUMENTED BY THE RENOWNED PHOTOGRAPHER HENRY LEUTWYLER), AND TWO SPECIAL FILM INTERVIEWS WITH DONORS DISCUSSING THEIR "SURVIVOR SHOES" PRODUCED WITH A&E NETWORK'S HISTORY CHANNEL.

OUTGOING LOANS REQUESTED FROM THE 9/11 MEMORIAL MUSEUM'S COLLECTION, TOTALING 140 OBJECTS, SURGED DURING THE 20TH ANNIVERSARY PERIOD. NOTABLE AMONG THOSE FACILITATED IN 2021 WERE SUBSTANTIAL LOANS MADE TO EXHIBITIONS PRESENTED AT THE NATIONAL QUILT MUSEUM IN PADUCAH, KY, THE NATIONAL LAW ENFORCEMENT MUSEUM IN WASHINGTON, DC, THE UNIVERSITY OF WEST FLORIDA HISTORIC TRUST IN PENSACOLA, AND THE U.S. STATE DEPARTMENT'S NEW AMERICAN EMBASSY IN LONDON.

IN 2021, OVER 250 OBJECTS WERE ADDED TO INSIDE THE COLLECTION, THE MUSEUM'S ONLINE COLLECTIONS CATALOG. SINCE LAUNCHING IN 2016, THE SITE HAS GROWN FIVE-FOLD WITH NOW OVER 3,000 OBJECTS ACCESSIBLE TO RESEARCHERS. APPROXIMATELY 30 EXTERNAL RESEARCH QUERIES WERE FIELDDED THROUGH THE SITE IN 2021.

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

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DIRECTORS MICHAEL BLOOMBERG AND PATRICIA HARRIS HAVE A BUSINESS RELATIONSHIP.

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

THE FORM 990 IS SHARED ELECTRONICALLY WITH THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. THE AUDIT COMMITTEE IS RESPONSIBLE FOR APPROVING THE FORM 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

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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 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 2021.

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

THE ORGANIZATION MAKES ITS FORM 990, FORM 1023, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY AVAILABLE FOR PUBLIC INSPECTION BY POSTING IT ON ITS WEBSITE. THE FORM 990 IS ALSO AVAILABLE ON GUIDESTAR.ORG AND SIMILAR TYPES OF WEBSITES. IN ADDITION, THESE DOCUMENTS 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 VII, SECTION A:

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THE INDIVIDUALS REPORTED IN PART VII / SCHEDULE J ARE REPORTING LOWER COMPENSATION IN 2021 DUE TO MANAGEMENT SALARY REDUCTIONS AND SUSPENSION OF 403(B) CONTRIBUTIONS BEGINNING IN JULY 2020. SALARIES WERE RESTORED IN THE FOURTH QUARTER OF 2021 AND 403(B) CONTRIBUTIONS RESUMED IN JANUARY 2022.

FORM 990, PART XII, LINE 2C:

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