

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

Do not enter social security numbers on this form as it may be made public.

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

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning and ending																									
B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization NATIONAL WWI MUSEUM AND MEMORIAL F/K/A LIBERTY MEMORIAL ASSOCIATION</td> <td>D Employer identification number 43-6052673</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number 816-888-8100</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2 MEMORIAL DRIVE</td> <td>G Gross receipts \$ 19,973,640.</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64108</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: MATTHEW NAYLOR SAME AS C ABOVE</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">J Website: WWW.THEWORLDWAR.ORG</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>L Year of formation: 1919 M State of legal domicile: MO</td> </tr> </table>	C Name of organization NATIONAL WWI MUSEUM AND MEMORIAL F/K/A LIBERTY MEMORIAL ASSOCIATION		D Employer identification number 43-6052673	Doing business as		E Telephone number 816-888-8100	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2 MEMORIAL DRIVE		G Gross receipts \$ 19,973,640.	City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64108		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	F Name and address of principal officer: MATTHEW NAYLOR SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	J Website: WWW.THEWORLDWAR.ORG		H(c) Group exemption number	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1919 M State of legal domicile: MO
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Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	18	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18	
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	62	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	6,635,761.	14,117,438.
	9	Program service revenue (Part VIII, line 2g)	3,222,206.	4,325,738.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	377,247.	610,930.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	373,348.	229,660.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,608,562.	19,283,766.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	343,906.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,099,294.	4,464,778.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b Total fundraising expenses (Part IX, column (D), line 25)		782,136.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,338,107.	5,730,171.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,781,307.	10,194,949.
	19	Revenue less expenses. Subtract line 18 from line 12	827,255.	9,088,817.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	36,123,322.	45,665,082.
	21	Total liabilities (Part X, line 26)	1,405,540.	982,418.
	22	Net assets or fund balances. Subtract line 21 from line 20	34,717,782.	44,682,664.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer		Date	
	MATTHEW NAYLOR, PRESIDENT/CEO			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	STEVEN WIEBLER		STEVEN WIEBLER	11/08/24
	Firm's name		Firm's EIN	PTIN
	UHY ADVISORS MIDWEST, INC.		43-1305800	P00268044
	Firm's address		Phone no.	
	605 WEST 47TH STREET, SUITE 301 KANSAS CITY, MO 64112		816-931-3393	

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

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F/K/A LIBERTY MEMORIAL ASSOCIATION**

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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:

SEE SCHEDULE O

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

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

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

- 4a (Code:) (Expenses \$
- 5,207,639.**
- including grants of \$) (Revenue \$
- 4,325,738.**
-)
-
- MUSEUM & MEMORIAL OPERATIONS (SEE SCHEDULE O):**

- 4b (Code:) (Expenses \$
- 1,489,652.**
- including grants of \$) (Revenue \$)
-
- EXHIBITIONS AND COLLECTIONS MANAGEMENT (SEE SCHEDULE O):**

- 4c (Code:) (Expenses \$
- 1,370,908.**
- including grants of \$) (Revenue \$)
-
- GLOBAL EDUCATION INITIATIVES (SEE SCHEDULE O):**

- 4d Other program services (Describe on Schedule O.)

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

- 4e Total program service expenses
- 8,068,199.**

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b 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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	44	
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 62		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.		

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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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	18			
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 Enter the number of voting members included on line 1a, above, who are independent		18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed 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
MARK GUNTER - 816-888-8103
2 MEMORIAL DRIVE, KANSAS CITY, MO 64108

**NATIONAL WWI MUSEUM AND MEMORIAL
F/K/A LIBERTY MEMORIAL ASSOCIATION**

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Form 990 (2023)

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, box 6 of 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) MATTHEW C NAYLOR PRESIDENT/CEO	40.00			X				435,010.	0.	23,589.
(2) TED PLACE VICE PRESIDENT DEVELOPMENT	40.00					X		161,406.	0.	20,622.
(3) CHRIS WARREN VICE PRESIDENT CURATORIAL AFFAIRS	40.00					X		163,028.	0.	10,164.
(4) CHRIS T WYCHE VICE PRESIDENT FACILITIES & TECHNOLO	40.00					X		122,822.	0.	18,307.
(5) R. MARK GUNTER VICE PRESIDENT FINANCE	40.00					X		113,857.	0.	17,711.
(6) PAIGE D GAMMON VICE PRESIDENT CORPORATE ENGAGEMENT	40.00					X		121,636.	0.	8,449.
(7) MARTY NEVSEHAL CHAIR/BOARD MEMBER	3.00	X		X				0.	0.	0.
(8) THOMAS F. WHITTAKER VICE CHAIR/BOARD MEMBER	2.00	X		X				0.	0.	0.
(9) RAM SHANKAR TREASURER/BOARD MEMBER	2.00	X		X				0.	0.	0.
(10) MARY JANE JUDY SECRETARY/BOARD MEMBER	2.00	X		X				0.	0.	0.
(11) KATIE BRISCOE BOARD MEMBER	1.00	X						0.	0.	0.
(12) ANDREW DEISTER BOARD MEMBER	1.00	X						0.	0.	0.
(13) BETH HADEN BOARD MEMBER	1.00	X						0.	0.	0.
(14) KATRINA HENKE BOARD MEMBER	1.00	X						0.	0.	0.
(15) CHRIS HERNANDEZ BOARD MEMBER	1.00	X						0.	0.	0.
(16) DALE F. KLOSE BOARD MEMBER	1.00	X						0.	0.	0.
(17) ELAINE DRODGE KOCH BOARD MEMBER	1.00	X						0.	0.	0.

**NATIONAL WWI MUSEUM AND MEMORIAL
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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) THERESA KOSTRZEWA BOARD MEMBER	1.00	X						0.	0.	0.
(19) COURTNEY KOUNKEL BOARD MEMBER	1.00	X						0.	0.	0.
(20) JOSH MAXFIELD BOARD MEMBER	1.00	X						0.	0.	0.
(21) MARNY SHERMAN BOARD MEMBER	1.00	X						0.	0.	0.
(22) J. STANTON THOMPSON BOARD MEMBER	1.00	X						0.	0.	0.
(23) JOHN THOMSON BOARD MEMBER	1.00	X						0.	0.	0.
(24) RICHARD B YOUNG, JR BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,117,759.	0.	98,842.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,117,759.	0.	98,842.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
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
J.E. DUNN CONSTRUCTION COMPANY 1001 LOCUST, KANSAS CITY, MO 64106	GENERAL CONTRACTING	1,764,395.
TAYLOR STUDIOS, INC. 1320 HARMON DRIVE, RANTOUL, IL 61866	EXHIBIT DESIGN SERVICES	1,076,200.
ELECTROSONIC, IONC. DEPT CH 19029, PALATINE, IL 60055-9029	ELECTRICAL ENGINEERING & INSTAL	904,234.
RICHARD LEWIS MEDIA GROUP 70 COOLIDGE HILL RD, WATERTOWN, MA 02472	MUSEUM TECHNOLOGY CONSULTANT	701,475.
JACOR CONTRACTING, INC 1114 N WALROND, KANSAS CITY, MO 64120	COURTYARD GC	583,133.

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

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**NATIONAL WWI MUSEUM AND MEMORIAL
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Form 990 (2023)

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	153,450.				
	c Fundraising events	1c	689,211.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,379,269.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,895,508.				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f			14,117,438.			
Program Service Revenue			Business Code				
	2 a ADMISSIONS		900099	3,580,686.	3,580,686.		
	b FACILITY MANAGEMENT		900099	624,419.	624,419.		
	c MUSEUM PROGRAMS		900099	120,633.	120,633.		
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			4,325,738.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			662,179.			662,179.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other	45,271.			
	b Less: cost or other basis and sales expenses	7b		96,520.			
	c Gain or (loss)	7c		-51,249.			
	d Net gain or (loss)			-51,249.			-51,249.
	8 a Gross income from fundraising events (not including \$ 689,211. of contributions reported on line 1c). See Part IV, line 18	8a		97,344.			
	b Less: direct expenses	8b		234,538.			
	c Net income or (loss) from fundraising events			-137,194.			-137,194.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a		725,670.				
b Less: cost of goods sold	10b		358,816.				
c Net income or (loss) from sales of inventory			366,854.			366,854.	
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions				19,283,766.	4,325,738.	0.	840,590.

**NATIONAL WWI MUSEUM AND MEMORIAL
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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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,021,010.	817,945.	75,059.	128,006.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,575,717.	1,808,542.	469,213.	297,962.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	173,587.	126,614.	33,673.	13,300.
9 Other employee benefits	437,113.	318,830.	84,791.	33,492.
10 Payroll taxes	257,351.	192,796.	33,636.	30,919.
11 Fees for services (nonemployees):				
a Management	17,128.	9,178.	7,725.	225.
b Legal	24,095.		24,095.	
c Accounting	30,500.		30,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	33,658.		33,658.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,213,167.	820,503.	389,027.	3,637.
12 Advertising and promotion	231,670.	221,670.		10,000.
13 Office expenses	71,242.	62,280.	6,547.	2,415.
14 Information technology	277,251.	244,253.	6,634.	26,364.
15 Royalties				
16 Occupancy	524,616.	465,471.	59,145.	
17 Travel	47,741.	26,198.	18,542.	3,001.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,156.	9,653.	8,384.	2,119.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	750,198.	750,198.		
23 Insurance	156,304.	135,399.	14,655.	6,250.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	769,808.	769,797.	16.	-5.
b EDUCATIONAL EXPENSES	442,266.	442,266.	0.	0.
c CURATORIAL, RESEARCH &	381,132.	381,132.	0.	0.
d FUNDRAISING EXPENSES	171,366.	2,800.	11.	168,555.
e All other expenses	567,873.	462,674.	49,303.	55,896.
25 Total functional expenses. Add lines 1 through 24e	10,194,949.	8,068,199.	1,344,614.	782,136.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**NATIONAL WWI MUSEUM AND MEMORIAL
F/K/A LIBERTY MEMORIAL ASSOCIATION**

Form 990 (2023)

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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
Assets	1 Cash - non-interest-bearing	4,256,880.	1	219,957.
	2 Savings and temporary cash investments	9,729,242.	2	16,768,875.
	3 Pledges and grants receivable, net	1,991,332.	3	2,479,044.
	4 Accounts receivable, net	1,022,649.	4	1,476,276.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	189,812.	8	180,222.
	9 Prepaid expenses and deferred charges	220,925.	9	97,883.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	26,200,450.		
	b Less: accumulated depreciation	9,047,426.		
		12,278,940.	10c	17,153,024.
	11 Investments - publicly traded securities	6,433,542.	11	7,289,801.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	36,123,322.	16	45,665,082.	
Liabilities	17 Accounts payable and accrued expenses	1,158,195.	17	628,699.
	18 Grants payable		18	
	19 Deferred revenue	247,345.	19	316,268.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	37,451.
	26 Total liabilities. Add lines 17 through 25	1,405,540.	26	982,418.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		17,435,658.	27	23,035,814.
28 Net assets with donor restrictions		17,282,124.	28	21,646,850.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		34,717,782.	32	44,682,664.
33 Total liabilities and net assets/fund balances	36,123,322.	33	45,665,082.	

Form **990** (2023)

**NATIONAL WWI MUSEUM AND MEMORIAL
F/K/A LIBERTY MEMORIAL ASSOCIATION**

Form 990 (2023)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,283,766.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,194,949.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,088,817.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34,717,782.
5	Net unrealized gains (losses) on investments	5	876,065.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	44,682,664.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

Form **990** (2023)

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **NATIONAL WWI MUSEUM AND MEMORIAL**
F/K/A LIBERTY MEMORIAL ASSOCIATION

Employer identification number
43-6052673

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		
Total						

NATIONAL WWI MUSEUM AND MEMORIAL

Schedule A (Form 990) 2023

F/K/A LIBERTY MEMORIAL ASSOCIATION

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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4893763.	13387572.	10480259.	6635861.	14117438.	49514893.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4893763.	13387572.	10480259.	6635861.	14117438.	49514893.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15088215.
6 Public support. Subtract line 5 from line 4.						34426678.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	4893763.	13387572.	10480259.	6635861.	14117438.	49514893.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	174,602.	115,913.	264,437.	137,014.	662,179.	1354145.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						50869038.
12 Gross receipts from related activities, etc. (see instructions)					12	16,415,214.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	67.68	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	68.16	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Schedule A (Form 990) 2023

(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

**NATIONAL WWI MUSEUM AND MEMORIAL
F/K/A LIBERTY MEMORIAL ASSOCIATION**

Schedule A (Form 990) 2023

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
 - 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)? *If "Yes," describe in Part VI when and how the organization made the determination.*
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*
 - b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
 - 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? *If "Yes," provide detail in Part VI.*
 - c 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? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- 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? 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.

	Yes	No
2a		
2b		

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

NATIONAL WWI MUSEUM AND MEMORIAL

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Schedule A (Form 990) 2023

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

NATIONAL WWI MUSEUM AND MEMORIAL

Schedule A (Form 990) 2023

F/K/A LIBERTY MEMORIAL ASSOCIATION

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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 B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

**NATIONAL WWI MUSEUM AND MEMORIAL
F/K/A LIBERTY MEMORIAL ASSOCIATION**

Employer identification number

43-6052673

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

**NATIONAL WWI MUSEUM AND MEMORIAL
F/K/A LIBERTY MEMORIAL ASSOCIATION**

Employer identification number

43-6052673**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
<u>1</u>		\$ <u>3,559,847.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>3,015,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>530,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>502,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**NATIONAL WWI MUSEUM AND MEMORIAL
F/K/A LIBERTY MEMORIAL ASSOCIATION**

43-6052673

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

2023

Open to Public
Inspection

Name of the organization **NATIONAL WWI MUSEUM AND MEMORIAL**
F/K/A LIBERTY MEMORIAL ASSOCIATION

Employer identification number
43-6052673

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

	Amount
1c	
1d	
1e	
1f	

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	5,680,774.	5,952,339.	5,565,590.	3,311,973.	2,971,852.
b Contributions	298,175.	637,509.	242,242.	1,918,908.	3,073.
c Net investment earnings, gains, and losses	939,146.	-797,904.	554,070.	466,106.	460,115.
d Grants or scholarships					
e Other expenditures for facilities and programs	110,733.	111,170.	409,563.	131,397.	123,067.
f Administrative expenses					
g End of year balance	6,807,362.	5,680,774.	5,952,339.	5,565,590.	3,311,973.

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

- | | | | |
|---|-------------------------------------|---------|---|
| a | Board designated or quasi-endowment | 16.2208 | % |
| b | Permanent endowment | 64.4090 | % |
| c | Term endowment | 19.3700 | % |

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

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

- (i) Unrelated organizations? _____
- (ii) Related organizations? _____

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

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

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				
c Leasehold improvements		16,743,188.	6,834,442.	9,908,746.
d Equipment		2,833,622.	2,212,984.	620,638.
e Other		6,623,640.		6,623,640.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				17,153,024.

Schedule D (Form 990) 2023

NATIONAL WWI MUSEUM AND MEMORIAL

Schedule D (Form 990) 2023

F/K/A LIBERTY MEMORIAL ASSOCIATION

43-6052673 Page **3**

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	37,451.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

37,451.

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 ☒ **X**

Schedule D (Form 990) 2023

**NATIONAL WWI MUSEUM AND MEMORIAL
F/K/A LIBERTY MEMORIAL ASSOCIATION**

Schedule D (Form 990) 2023

43-6052673 Page 4

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	20,126,173.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 876,065.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	876,065.
3	Subtract line 2e from line 1		3	19,250,108.
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 33,658.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	33,658.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	19,283,766.

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	10,081,421.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	10,081,421.
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 33,658.		
b	Other (Describe in Part XIII.)	4b 79,870.		
c	Add lines 4a and 4b		4c	113,528.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	10,194,949.

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 X, LINE 2:

THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND NONE OF ITS PRESENT OR ANTICIPATED FUTURE ACTIVITIES ARE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE MUSEUM FOLLOWS THE PROVISIONS OF ASC 740-10-25, INCOME TAXES, REQUIRING DISCLOSURE OF UNCERTAIN TAX POSITIONS. THE MUSEUM'S ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN INCOME TAX PROVISIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. THE MUSEUM HAD NO UNCERTAIN INCOME TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022, AND IS NOT

Part XIII Supplemental Information (continued)

AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN MUSEUM EXEMPT FROM INCOME TAXES. THE MUSEUM IS SUBJECT TO AUDITS FOR FEDERAL OR STATE PURPOSES FOR THE STATUTORY PERIOD.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COLLECTION PURCHASES

PART III, LINE 1A:

THE GRAND OPENING OF THE EXPANDED NWWIMM, DESIGNATED BY THE UNITED STATES CONGRESS AS THE NATIONAL WORLD WAR I MUSEUM IN 2004, TOOK PLACE ON DECEMBER 2, 2006. THE EXPANDED MUSEUM HOUSES AND DISPLAYS A SIGNIFICANT PORTION OF THE MUSEUM'S COLLECTION OF OBJECTS AND ARTIFACTS. THIS RICH COLLECTION HAS GROWN TO MORE THAN 384,000 ARTIFACTS AS OF DECEMBER 31, 2023. PURSUANT TO THE GUIDELINES OF THE AMERICAN ASSOCIATION FOR STATE AND LOCAL HISTORY (AASLH), THE COLLECTION HAS NOT BEEN CAPITALIZED BECAUSE THE AASLH BELIEVES THAT COLLECTIONS ARE NOT FINANCIAL ASSETS, BUT CONSTITUTE A SEPARATE CATEGORY OF RESOURCE DIRECTLY FULFILLING INSTITUTIONAL MISSIONS, LEGAL RESPONSIBILITIES AND FIDUCIARY OBLIGATIONS. THE NWWIMM HAS AGREED TO FOLLOW THE AASLH'S "STATEMENT OF PROFESSIONAL STANDARDS AND ETHICS", WHICH SPECIFICALLY CONCLUDES THAT COLLECTIONS SHALL NOT BE CAPITALIZED NOR TREATED AS FINANCIAL ASSETS. ACCESSIONS TO THE COLLECTION, WHICH OFTEN INCLUDE MULTIPLE ARTIFACTS, TOTALED 294 AND 124 IN 2023 AND 2022, RESPECTIVELY.

PART III, LINE 4:

THE NWWIMM'S COLLECTION OF OVER 384,000 OBJECTS AND ARTIFACTS, INCLUDING VEHICLES, UNIFORMS, FIREARMS, PHOTOGRAPHS AND MILITARY RECORDS PROMOTE AND CULTIVATE THE HISTORY OF WORLD WAR I THROUGH PUBLIC EXHIBITION,

Part XIII Supplemental Information (continued)

EDUCATIONAL PROGRAMMING AND SCHOLARLY RESEARCH.

PART V, LINE 4:

THE NWWIMM'S PERMANENTLY RESTRICTED NET ASSETS CONSIST OF A PERMANENT
ENDOWMENT FUND ESTABLISHED IN CONNECTION WITH THE AWARD OF A \$500,000
NATIONAL ENDOWMENT FOR THE HUMANITIES (NEH) CHALLENGE GRANT TO THE NWWIMM
AND RELATED MATCHING CONTRIBUTIONS OF \$1,500,000. THE INCOME FROM THE
\$2,000,000 ENDOWMENT IS TO BE USED 90% FOR EDUCATIONAL PROGRAMMING AND 10%
FOR ARTIFACT ACQUISITION.

THE NWWIMM SEEKS TO CREATE VARIOUS ENDOWED FUNDS TO SUPPORT ALL ASPECTS OF
MUSEUM OPERATIONS, CARE AND UPKEEP OF THE MEMORIAL AND UPKEEP OF THE
GROUNDS. A COMPREHENSIVE FUNDRAISING CAMPAIGN "A SECOND CENTURY" IS
SUPPORTING THESE INITIATIVES.

BOARD-DESIGNATED RESERVE CONSISTS OF A FUND ESTABLISHED IN 2009 TO PROVIDE
RESOURCES TO SUPPORT THE NWWIMM'S OPERATIONS.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **NATIONAL WWI MUSEUM AND MEMORIAL
F/K/A LIBERTY MEMORIAL ASSOCIATION**

Employer identification number
43-6052673

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			
DANILLER COMPANY - 3724 JEFFERSON STREET, AUSTIN, TX	NATIONAL CAMPAIGN STRATEGY		X	0.	0.	0.
Total						

- 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, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

NATIONAL WWI MUSEUM AND MEMORIAL
F/K/A LIBERTY MEMORIAL ASSOCIATION

43-6052673 Page 2

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))
		NIGHT AT THE TOWER (event type)	VARIOUS EXHIBIT SPON (event type)	NONE (total number)	
Revenue	1 Gross receipts	607,158.	179,397.		786,555.
	2 Less: Contributions	509,814.	179,397.		689,211.
	3 Gross income (line 1 minus line 2)	97,344.			97,344.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	234,538.			234,538.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				234,538.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-137,194.

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization 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 WWI MUSEUM AND MEMORIAL
F/K/A LIBERTY MEMORIAL ASSOCIATION**

43-6052673 Page 3

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor
17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

Part IV Supplemental Information. 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: DANILLER COMPANY

(I) ADDRESS OF FUNDRAISER: 3724 JEFFERSON STREET, AUSTIN, TX 78731

Schedule G (Form 990)		1 / R / 11 EIDE	
Part IV	Supplemental Information (continued)		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

**NATIONAL WWI MUSEUM AND MEMORIAL
F/K/A LIBERTY MEMORIAL ASSOCIATION**

Employer identification number

43-6052673

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 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 type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2023

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'S EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES HAS
DISCRETION OVER ANY BONUS PAYMENTS AWARDED TO THE PRESIDENT AND CEO, AND
ARE BASED ON PREDETERMINED PERFORMANCE OBJECTIVES. THE EXECUTIVE COMMITTEE
APPROVES ALL NONFIXED ELEMENTS OF COMPENSATION.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **NATIONAL WWI MUSEUM AND MEMORIAL
F/K/A LIBERTY MEMORIAL ASSOCIATION** Employer identification number
43-6052673

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				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	294		
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

NATIONAL WWI MUSEUM AND MEMORIAL

Schedule M (Form 990) 2023

F/K/A LIBERTY MEMORIAL ASSOCIATION

43-6052673

Page 2

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, LINE 33:

THE NWWIMM DOES NOT RECORD REVENUES FROM CONTRIBUTIONS OF HISTORICAL
OBJECTS DONATED TO ITS COLLECTION AS ALLOWED UNDER FASB ASC
958-360-50-1. THE SAME NON-RECOGNITION POLICY IS FOLLOWED FOR
CONTRIBUTED HISTORICAL EXHIBITIONS.

**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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

NATIONAL WWI MUSEUM AND MEMORIAL
F/K/A LIBERTY MEMORIAL ASSOCIATION

Employer identification number
43-6052673

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

THE NATIONAL WWI MUSEUM AND MEMORIAL (MUSEUM AND MEMORIAL) IS AMERICA'S
LEADING INSTITUTION DEDICATED TO REMEMBERING, INTERPRETING, AND
UNDERSTANDING THE GREAT WAR AND ITS ENDURING IMPACT ON THE GLOBAL
COMMUNITY. THE MUSEUM AND MEMORIAL FULFILLS THIS MISSION BY:

- ESTABLISHING THE MUSEUM AND MEMORIAL AS THE FOREMOST INTERPRETER AND
RESOURCE FOR INSIGHT INTO THE GREAT WAR AND ITS ENDURING IMPACT
- PROVIDING FIRST-CLASS VISITOR AND VIRTUAL EXPERIENCE, AND DELIVERING
INCREASINGLY ENGAGING AND ACCESSIBLE ACTIVITIES AND EXPERIENCES TO
DIVERSE AUDIENCES; DEVELOPING AND ENRICHING PHILANTHROPIC RELATIONSHIPS
AND PROGRAMS NECESSARY TO ENSURE LONG-TERM SUSTAINABILITY
- ESTABLISHING THE MUSEUM AND MEMORIAL AS A 'MUST-SEE' DESTINATION, AND
SOURCE OF CIVIC PRIDE, AND
- ENGAGING AND INSPIRING KEY CONSTITUENTS TO CONTRIBUTE TO THE
EXCELLENCE OF THE NATIONAL WWI MUSEUM AND MEMORIAL.

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

THE NATIONAL WWI MUSEUM AND MEMORIAL (MUSEUM AND MEMORIAL) IS AMERICA'S
LEADING INSTITUTION DEDICATED TO REMEMBERING, INTERPRETING AND
UNDERSTANDING THE GREAT WAR AND ITS ENDURING IMPACT ON THE GLOBAL
COMMUNITY. THE MUSEUM AND MEMORIAL FULFILLS THIS MISSION BY:

- ESTABLISHING THE MUSEUM AND MEMORIAL AS THE FOREMOST INTERPRETER AND
RESOURCE FOR INSIGHT INTO THE GREAT WAR AND ITS ENDURING IMPACT
- PROVIDING FIRST-CLASS VISITOR AND VIRTUAL EXPERIENCE, AND DELIVERING
INCREASINGLY ENGAGING AND ACCESSIBLE ACTIVITIES AND EXPERIENCES TO
DIVERSE AUDIENCES; DEVELOPING AND ENRICHING PHILANTHROPIC RELATIONSHIPS

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

Schedule O (Form 990) 2023

Name of the organization	NATIONAL WWI MUSEUM AND MEMORIAL F/K/A LIBERTY MEMORIAL ASSOCIATION	Employer identification number 43-6052673
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AND PROGRAMS NECESSARY TO ENSURE LONG-TERM SUSTAINABILITY

- ESTABLISHING THE MUSEUM AND MEMORIAL AS A 'MUST-SEE' DESTINATION, AND SOURCE OF CIVIC PRIDE
- ENGAGING AND INSPIRING KEY CONSTITUENTS TO CONTRIBUTE TO THE EXCELLENCE OF THE NATIONAL WWI MUSEUM AND MEMORIAL.

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

MUSEUM & MEMORIAL OPERATIONS:

SHORTLY AFTER WORLD WAR I ENDED, A GROUP OF KANSAS CITY LEADERS FORMED A GROUP TO CREATE A LASTING MEMORIAL TO THOSE WHO SERVED. IN 1919, A FUNDRAISING CAMPAIGN RESULTED IN 83,000 RESIDENTS CONTRIBUTING \$2.5 MILLION IN 10 DAYS (MORE THAN \$45 MILLION IN CURRENT DOLLARS). IN 1921, A SITE DEDICATION HOSTED MORE THAN 100,000 PEOPLE, INCLUDING THE FIVE MAJOR ALLIED COMMANDERS THE FIRST TIME THESE INDIVIDUALS WERE IN THE SAME PLACE AT THE SAME TIME. FOLLOWING YEARS OF PLANNING AND CONSTRUCTION, THE MEMORIAL OPENED IN 1926 TO A CROWD OF MORE THAN 150,000 PEOPLE, INCLUDING U.S. PRESIDENT CALVIN COOLIDGE. AT THE TIME, IT WAS THE LARGEST AUDIENCE A U.S. PRESIDENT HAD EVER ADDRESSED AT ONE TIME.

AFTER DECADES OF UNADDRESSED DEFERRED MAINTENANCE, THE MEMORIAL TEMPORARILY CLOSED IN 1994. ONCE AGAIN, KANSAS CITY AREA RESIDENTS ROSE TO THE CHALLENGE AT THIS CRITICAL JUNCTURE AND RAISED \$102 MILLION FOR RENOVATIONS AND A MAJOR EXPANSION TO BUILD A WORLD-CLASS MUSEUM BELOW THE MEMORIAL COURTYARD. AFTER ACHIEVING NATIONAL HISTORIC LANDMARK STATUS AND DESIGNATION FROM CONGRESS AS AMERICA'S OFFICIAL WWI MUSEUM, THE EXPANDED MUSEUM AND MEMORIAL OPENED TO THE PUBLIC IN DECEMBER 2006. CONGRESS ADDED A SECOND DESIGNATION IN 2014, EFFECTIVELY RENAMING THE

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ORGANIZATION THE NATIONAL WWI MUSEUM AND MEMORIAL.

IN SPRING 2022, A MULTI-YEAR INITIATIVE TO CREATE A RICHER AND MORE IMMERSIVE VISITOR EXPERIENCE KICKED OFF. THE PROJECT WILL REFRESH AND EXPAND THE GALLERIES THROUGH NEW STORIES, TECHNOLOGY AND IMMERSIVE EXPERIENCES, AS WELL AS INCREASE ACCESS TO THE MUSEUM AND MEMORIAL'S COLLECTION. THE FIRST PHASE OF THE PROJECT, COMPLETED IN 2023, INCLUDED THE NEW LOWER LEVEL AND OPEN STORAGE CENTER A COASTLINE OF GLASS SHELVING THAT ALLOWS THE PUBLIC TO VIEW 1,500 ADDITIONAL OBJECTS. MAIN GALLERY UPGRADES KICKED OFF IN FALL 2023 AND HAVE SO FAR INCLUDED NEW PROLOGUE AND EPILOGUE FILMS, A NEW TRENCH EXPERIENCE, NINE NEW INTERACTIVE TABLES AND SCREENS AND MORE. THESE RENOVATIONS ARE DESIGNED TO BETTER TELL THE STORY OF THE GREAT WAR AND WILL CONTINUE INTO 2025.

MILLIONS OF PEOPLE FROM ACROSS THE NATION AND GLOBE HAVE VISITED TO SEE THE WORLD'S MOST DIVERSE AND COMPREHENSIVE WORLD WAR I COLLECTION. AN INSTITUTION OF THE PEOPLE, BY THE PEOPLE AND FOR THE PEOPLE, THE MUSEUM AND MEMORIAL IS KANSAS CITY'S GIFT TO THE WORLD.

AS OF DEC. 31, 2023, THE MUSEUM AND MEMORIAL EMPLOYS 45 FULL-TIME AND 7 PART-TIME STAFF. ADDITIONALLY, IN 2023 649 CORE VOLUNTEERS PROVIDED OVER 57,121 HOURS OF SERVICE. VOLUNTEERS GREET GUESTS, PROVIDE EXPERT TOURS, PROVIDE GUIDANCE, SUPPORT SPECIAL PROJECTS, ASSIST WITH PROMOTION, ANSWER QUESTIONS, PROVIDE SPECIALIZED SUPPORT TO CERTAIN INITIATIVES AND HELP LEND A WARM, HUMAN DIMENSION TO MULTIFACETED STORIES OF WAR AND WORLD HISTORY.

THE MUSEUM AND MEMORIAL RECEIVES FINANCIAL SUPPORT FROM LOCAL, NATIONAL

Name of the organization	NATIONAL WWI MUSEUM AND MEMORIAL F/K/A LIBERTY MEMORIAL ASSOCIATION	Employer identification number 43-6052673
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AND INTERNATIONAL FUNDERS. DONORS INCLUDE A WIDE ARRAY OF INDIVIDUALS, CORPORATIONS AND FOUNDATIONS WHOSE PHILANTHROPY HAS HELPED TO BUILD ENHANCED PROGRAMMING AND FUND OPERATIONAL SUPPORT FOR THE MUSEUM AND MEMORIAL. ADMISSIONS, FACILITY RENTALS, THE MUSEUM STORE, THE CAFE AND OTHER INITIATIVES ARE ALSO SUCCESSFUL REVENUE GENERATING SOURCES, BRINGING IN 29% OF THE MUSEUM AND MEMORIAL'S INCOME IN 2023.

THE NATIONAL WWI MUSEUM AND MEMORIAL IS PROUD TO BE RANKED AS ONE OF THE TOP MUSEUMS IN THE U.S. AND THE "NUMBER ONE ATTRACTION IN KANSAS CITY" BY TRIPADVISOR REVIEWERS.

IN 2023, THE MUSEUM AND MEMORIAL HOSTED APPROXIMATELY 1,177,000 PEOPLE, INCLUDING THE 47 ACRES SURROUNDING THE MUSEUM (AN INCREASE OF MORE THAN 200% OVER FISCAL YEAR 2013). THIS INCLUDED MORE THAN 201,000 TICKETED GUESTS. IN 2023 THE MUSEUM AND MEMORIAL HOSTED, AMONG OTHER EVENTS, THE NFL DRAFT AND KANSAS CITY'S 4TH OF JULY FESTIVAL, THE STARS AND STRIPES PICNIC. THROUGH YOUTUBE AND OTHER PLATFORMS, GLOBAL AUDIENCES FROM 117 COUNTRIES ENGAGED WITH MUSEUM AND MEMORIAL CONTENT ONLINE.

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

EXHIBITIONS AND COLLECTIONS MANAGEMENT :

THE NATIONAL WWI MUSEUM AND MEMORIAL IS THE NATION'S ONLY MUSEUM SOLELY DEDICATED TO PRESERVING THE HISTORY AND EXAMINING THE PERSONAL NARRATIVES OF THE GREAT WAR. THE MUSEUM AND MEMORIAL HOLDS THE WORLD'S MOST COMPREHENSIVE COLLECTION OF WORLD WAR I (1914-1919) OBJECTS, ARTIFACTS AND DOCUMENTS, FROM BELLIGERENT NATIONS ACROSS THE GLOBE THAT WERE INVOLVED IN THE CONFLICT. IT IS THE SECOND OLDEST WWI COLLECTING

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INSTITUTION IN THE WORLD. AND PRESENTS A COMPREHENSIVE GLOBAL
INTERPRETATION OF WORLD WAR I AND ITS ENDURING IMPACT.

THE MUSEUM AND MEMORIAL'S COLLECTION INCLUDES MORE THAN 384,000 WORLD
WAR I HISTORICAL OBJECTS AND ARTIFACTS. IN 2023, THE MUSEUM ACCEPTED
294 NEW ACCESSIONS INTO THE PERMANENT COLLECTION, EACH OF WHICH
CONTAINS AT LEAST ONE OBJECT, WITH SOME CONTAINING HUNDREDS OF OBJECTS.
COLLECTION PRIORITIES RESPOND TO IMMEDIATE RESEARCH AND EXHIBITION
NEEDS, AS WELL AS UNIQUE OPPORTUNITIES THAT ARISE. THE MUSEUM AND
MEMORIAL WORKS TO ENSURE THAT THE STORIES OF MINORITIES, WOMEN AND
INDIGENOUS PEOPLES WHO SERVED IN WWI ARE COLLECTED AND TOLD THROUGH A
DEDICATED COLLECTING INITIATIVE LAUNCHED IN 2020.

IN ADDITION TO ITS PERMANENT EXHIBITIONS, THE MUSEUM AND MEMORIAL
FEATURES SEVERAL SPECIAL EXHIBITIONS EVERY YEAR, AND PARTNERS WITH
OTHER INSTITUTIONS WITH EXHIBITION LOANS. 2023 EXHIBITIONS FEATURED:
ENTERTAINING THE TROOPS AND BESPOKE BODIES: THE DESIGN AND CRAFT OF
PROSTHETICS. AN IMMERSIVE VIRTUAL REALITY EXPERIENCE CALLED WAR
REMAINS CONTINUED TO BE OFFERED AS WELL.

IN SPRING 2022, THE FIRST OF MANY NEW IMPROVEMENTS BEGAN, KICKING OFF A
MULTI-YEAR INITIATIVE TO CREATE A RICHER AND MORE IMMERSIVE VISITOR
EXPERIENCE BY REFRESHING AND EXPANDING THE GALLERIES AND ACCESS TO THE
MUSEUM AND MEMORIAL'S COLLECTION. THE NEW LOWER LEVEL, FEATURING THE
BERGMAN FAMILY GALLERY AND OPEN STORAGE CENTER, OPENED TO THE PUBLIC IN
SPRING 2023. A COASTLINE OF GLASS SHELVING ALLOWS THE PUBLIC TO VIEW
1,500 OBJECTS THAT WOULD OTHERWISE BE BEHIND CLOSED STORAGE DOORS. MAIN
GALLERY RENOVATIONS WILL BEGIN IN FALL 2023 AND LAST INTO 2025.

Name of the organization	NATIONAL WWI MUSEUM AND MEMORIAL F/K/A LIBERTY MEMORIAL ASSOCIATION	Employer identification number 43-6052673
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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

GLOBAL EDUCATION INITIATIVES :

FOR THE PAST DECADE, THE NATIONAL WWI MUSEUM AND MEMORIAL HAS INITIATED A VARIETY OF STRATEGIES TO SHARE ITS RICH COLLECTION AND INTERPRETATION TO A GLOBAL AUDIENCE THROUGH DIGITAL LEARNING TECHNOLOGIES.

THE MUSEUM AND MEMORIAL LAUNCHED A NEW WEBSITE IN EARLY 2022 TO UPDATE THE DATED DESIGN AND IMPROVE THE USER EXPERIENCE. THE PLATFORM INTEGRATES VIDEO CONTENT, OFFERS TRANSLATION INTO A VARIETY OF LANGUAGES AND STREAMLINES CONTENT TO MAKE IT MORE AVAILABLE AND ACCESSIBLE. BY DECEMBER 2023 IT HAD SEEN TREMENDOUS GROWTH A 12% INCREASE IN VISITORSHIP OVER 2022, WHICH WAS 55% MORE THAN 2021.

FOR ON-DEMAND LEARNERS, THE MUSEUM AND MEMORIAL USES A VARIETY OF TOOLS TO REACH A DIGITAL AUDIENCE INCLUDING SOCIAL MEDIA, YOUTUBE, ITS ONLINE COLLECTIONS DATABASE, EDUCATOR RESOURCES, 22 ONLINE EXHIBITIONS AND MORE. THE MUSEUM AND MEMORIAL CONTINUES TO EXPAND CONTENT AND DIVERSIFY PLATFORMS, INCLUDING A PARTNERSHIP WITH GOOGLE ARTS AND CULTURE TO MEET THE ONGOING NEEDS AND INTERESTS OF CORE AUDIENCES.

THE MUSEUM AND MEMORIAL OFFERS A DIVERSE RANGE OF PUBLIC PROGRAMS OPEN TO ALL AGES TO EDUCATE ABOUT THE ENDURING IMPACT OF WWI ON THE GLOBAL COMMUNITY. ITS PROGRAMS EXPLORE THE LEGACIES OF WWI IN DYNAMIC AND THOUGHT-PROVOKING WAYS AND INCLUDE A RANGE OF TOPICS LIKE PHOTOGRAPHY, RELIGION IN WWI, BLACK SERVICE IN WWI, WAR & MORALITY, AND SUPPORT OF FREEDOM AND DEMOCRACY THROUGHOUT THE WORLD. MANY PROGRAMS ARE PRESENTED IN PARTNERSHIP WITH THE REGION AND NATION'S MOST VIBRANT AND RESPECTED CULTURAL ORGANIZATIONS.

Name of the organization	NATIONAL WWI MUSEUM AND MEMORIAL F/K/A LIBERTY MEMORIAL ASSOCIATION	Employer identification number 43-6052673
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COMMUNITY EVENTS ON THE MUSEUM AND MEMORIAL GROUNDS, LIKE THE STARS AND STRIPES PICNIC OR THE COMMEMORATIVE CEREMONIES FOR MEMORIAL AND VETERANS DAYS, HIGHLIGHT THE MUSEUM AND MEMORIAL'S UNIQUE PLACE AS "KANSAS CITY'S FRONT PORCH".

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

THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE PRIOR TO FILING. A COPY OF THE FORM 990 IS ALSO MADE AVAILABLE TO THE BOARD OF TRUSTEES PRIOR TO FILING.

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

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY BY OBTAINING A DISCLOSURE FORM FROM BOARD MEMBERS AND EMPLOYEES ON AN ANNUAL BASIS. ANY POTENTIAL CONFLICT OF INTEREST FOR A BOARD MEMBER OR THE PRESIDENT/CEO IS REFERRED TO THE GOVERNANCE COMMITTEE FOR REVIEW. A RECOMMENDATION OF ACTION, IF WARRANTED, IS PRESENTED TO THE EXECUTIVE COMMITTEE FOR A FINAL DETERMINATION. FOR EMPLOYEES, THE PRESIDENT/CEO PERFORMS THE REVIEW AND IS RESPONSIBLE FOR DETERMINING THE APPROPRIATE ACTION TO BE TAKEN.

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

THE ORGANIZATION DETERMINES THE AMOUNT OF COMPENSATION FOR THE PRESIDENT/CEO DURING AN ANNUAL REVIEW BY THE EXECUTIVE COMMITTEE. OTHER KEY EMPLOYEES OF THE ORGANIZATION UNDERGO AN ANNUAL REVIEW AS DIRECTED BY THE PRESIDENT/CEO. A REVISED PERFORMANCE REVIEW PROCESS WAS IMPLEMENTED. COMPENSATION WAS EVALUATED USING A NUMBER OF FACTORS, INCLUDING COMPARISON TO SIMILAR POSITIONS AT COMPARATIVE ORGANIZATIONS (COMPARATIVE BASED ON

Name of the organization **NATIONAL WWI MUSEUM AND MEMORIAL
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ANNUAL BUDGET, NUMBER OF EMPLOYEES, INDUSTRY AND GEOGRAPHICAL LOCATION).
COMPENSATION WAS ADJUSTED AT CERTAIN POSITIONS BASED ON THIS EVALUATION AND
MERIT. COST OF LIVING ADJUSTMENTS (COLA) WERE CONSIDERED FOR MOST
POSITIONS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTED SERVICES:

<u>PROGRAM SERVICE EXPENSES</u>	<u>820,503.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>389,027.</u>
<u>FUNDRAISING EXPENSES</u>	<u>3,637.</u>
<u>TOTAL EXPENSES</u>	<u>1,213,167.</u>
<u>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</u>	<u>1,213,167.</u>



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0074

Notice	CP211A
Tax period	December 31, 2023
Notice date	May 27, 2024
Employer ID number	43-6052673
To contact us	Phone 877-829-5500
Page 1 of 1	

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NATIONAL WORLD WAR I MUSEUM AND
LIBERTY MEMORIAL ASSOCIATION
2 MEMORIAL DR
KANSAS CITY MO 64108-4603

008380

Important information about your December 31, 2023, Form 990

We approved your Form 8868, Application for Automatic Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2023, Form 990, Return of Organization Exempt From Income Tax. Your new due date is November 15, 2024.

What you need to do

File your December 31, 2023, Form 990 by November 15, 2024, electronically. The IRS will not accept Form 990 filed on paper for tax years ending on or after July 31, 2020. You may use software offered by visiting [IRS.gov/eomefproviders](https://www.irs.gov/eomefproviders).

Additional information

- Visit [IRS.gov/cp211a](https://www.irs.gov/cp211a).
- Go to [IRS.gov/charities](https://www.irs.gov/charities) or call 877-829-5500 to learn more about electronic filing requirements.
- Keep this notice for your records.

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Received from the Department of Chemistry, University of California, San Diego, La Jolla, California 92037.

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