

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
LIBERTY MEMORIAL ASSOCIATION
D/B/A NATIONAL WORLD WAR I MUSEUM
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
100 WEST 26TH STREET
 City or town, state or province, country, and ZIP or foreign postal code
KANSAS CITY, MO 64108

D Employer identification number
43-6052673

E Telephone number
816-888-8100

G Gross receipts \$ **9,073,636.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ **WWW.THEWORLDWAR.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1919** **M** State of legal domicile: **MO**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **MISSION: THE NATIONAL WORLD WAR I MUSEUM AT LIBERTY MEMORIAL (NWWIM) IS**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

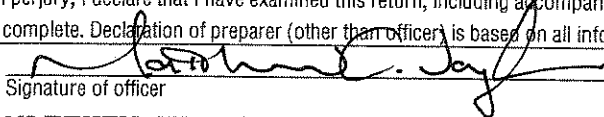
3 Number of voting members of the governing body (Part VI, line 1a)	3	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	60
6 Total number of volunteers (estimate if necessary)	6	237
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

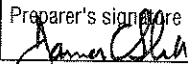
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,670,892.	2,550,252.
9 Program service revenue (Part VIII, line 2g)	1,426,334.	1,459,701.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,225.	94,148.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	321,180.	287,105.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,498,631.	4,391,206.
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)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,297,296.	1,722,791.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 375,741.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,225,319.	2,584,147.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,522,615.	4,306,938.
19 Revenue less expenses. Subtract line 18 from line 12	1,976,016.	84,268.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,030,156.	10,120,273.
21 Total liabilities (Part X, line 26)	736,741.	544,808.
22 Net assets or fund balances. Subtract line 21 from line 20	9,293,415.	9,575,465.

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: **7/17/2014**
MATTHEW NAYLOR, PRESIDENT/CEO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **JAMES C. SHULL**
 Preparer's signature: 
 Date: **6-18-14**
 Check if self-employed: PTIN: **P00084364**
 Firm's name: **CUDNEY, ECORD, MCENROE & MULLANE, L.L.C.**
 Firm's EIN: **48-0779042**
 Firm's address: **1310 CARONDELET DRIVE SUITE 333 KANSAS CITY, MO 64114**
 Phone no.: **816-942-3133**

LIBERTY MEMORIAL ASSOCIATION

Form 990 (2013)

D/B/A NATIONAL WORLD WAR I MUSEUM

43-6052673 Page 2

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:

MISSION:

THE NATIONAL WORLD WAR I MUSEUM AT LIBERTY MEMORIAL (NWWIM) IS AMERICA'S MUSEUM DEDICATED TO REMEMBERING, INTERPRETING, AND UNDERSTANDING THE GREAT WAR AND ITS ENDURING IMPACT ON THE GLOBAL

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

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

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 \$ 2,985,771. including grants of \$) (Revenue \$ 1,459,701.)

MUSEUM & MEMORIAL OPERATIONS:

THE NWWIM IS LOCATED AT LIBERTY MEMORIAL, A LIMESTONE COMPLEX IN THE 26-ACRE PENN VALLEY PARK OVERLOOKING DOWNTOWN KANSAS CITY, FEATURING A 217-FT. TOWER DEDICATED IN 1926. A CAPITAL CAMPAIGN FINANCED THE RESTORATION OF THE MEMORIAL TO ITS ORIGINAL GRANDEUR IN 2004 AND THE CONSTRUCTION OF AN 80,000 SQUARE FOOT MUSEUM BENEATH THE COURTYARD OF THE MEMORIAL TOWER. RE-OPENING TO THE PUBLIC ON DECEMBER 2, 2006, AND DESIGNATED BY THE 108TH CONGRESS AS THE NATIONAL WORLD WAR I MUSEUM AT LIBERTY MEMORIAL, THE MUSEUM PRESENTS A COMPREHENSIVE GLOBAL INTERPRETATION OF WORLD WAR I (1914-1918) AND ITS LASTING CONSEQUENCES, PROVIDING A VIVID AND MEMORABLE EXPERIENCE FOR ALL.

4b (Code:) (Expenses \$ 381,775. including grants of \$) (Revenue \$)

COLLECTIONS MANAGEMENT AND RESEARCH:

THE NWWIM IS THE NATION'S ONLY MUSEUM SOLELY DEDICATED TO PRESERVING THE HISTORY AND EXAMINING THE EXPERIENCES OF THE GREAT WAR. THE NWWIM HOLDS THE WORLD'S MOST DIVERSE COLLECTION OF WORLD WAR I (1914-1918) OBJECTS AND DOCUMENTS REPRESENTING EACH BELLIGERENT NATION THAT WAS INVOLVED, IS THE SECOND OLDEST COLLECTING INSTITUTION IN THE WORLD, AND PRESENTS A COMPREHENSIVE GLOBAL INTERPRETATION OF WORLD WAR I AND ITS ENDURING IMPACT.

DURING THE CENTENNIAL COMMEMORATION (2014-2019), THE NWWIM IS PARTNERING WITH KANSAS CITY'S FINEST CULTURAL, RECREATIONAL, AND CIVIC ORGANIZATIONS, AS WELL AS NATIONAL AND INTERNATIONAL GALLERIES AND

4c (Code:) (Expenses \$ 352,157. including grants of \$) (Revenue \$)

COMMUNITY EDUCATION PROGRAMS:

MORE THAN 14,000 STUDENTS VISITED THE NWWIM DURING THE 2012-2013 SCHOOL YEAR, INCLUDING SUBSIDIZED VISITS PROVIDED BY THE MUSEUM AND GENEROUS DONORS FOR MORE THAN 2,400 UNDERSERVED STUDENTS FROM DIVERSE ETHNIC AND SOCIO-ECONOMIC BACKGROUNDS. SUBSIDIZED STUDENTS RECEIVE A FREE LUNCH AND FREE ADMISSION, AND THE SCHOOLS ARE GIVEN A STIPEND TO ASSIST WITH THE COST OF TRANSPORTATION OR SUBSTITUTE TEACHERS. ALL OF THESE STUDENTS WHO VISIT THE MUSEUM THROUGH A CLASS TRIP PARTICIPATE IN THE SCHOOL AT THE MUSEUM PROGRAM, WHICH INCLUDES GUIDED TOURS AND FOCUSED ACTIVITIES.

FURTHERMORE, THE MUSEUM'S HANDS-ON HISTORY PROGRAM SERVED OVER 1,990

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

4e Total program service expenses 3,719,703.

**LIBERTY MEMORIAL ASSOCIATION
D/B/A NATIONAL WORLD WAR I MUSEUM**

Part IV Checklist of Required Schedules

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

**LIBERTY MEMORIAL ASSOCIATION
D/B/A NATIONAL WORLD WAR I MUSEUM**

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
30		X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
38		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

		1a	1b	1c	2a	2b	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10																																				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0																																			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?																																					
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		60																																			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					X																																
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?																																					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in 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)?																																					
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.																																					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?																																					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																					
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?																																					
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?																																					
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?																																					
d	If "Yes," indicate the number of Forms 8282 filed during the year																																					
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?																																					
9	Sponsoring organizations maintaining donor advised funds.																																					
a	Did the organization make any taxable distributions under section 4966?																																					
b	Did the 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																																					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																					
11	Section 501(c)(12) organizations. Enter:																																					
a	Gross income from members or shareholders																																					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)																																					
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																																					
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																																					
c	Enter the amount of reserves on hand																																					
14a	Did the organization receive any payments for indoor tanning services during the tax year?																																					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																					

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22		
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, or 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 in Schedule O	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **MO**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
MARK GUNTER - 816-888-8103
100 WEST 26TH STREET, KANSAS CITY, MO 64108

LIBERTY MEMORIAL ASSOCIATION

Form 990 (2013)

D/B/A NATIONAL WORLD WAR I MUSEUM

43-6052673 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID EBBRECHT VICE CHAIR/BOARD MEMBER	1.00	X		X				0.	0.	0.
(2) TIMOTHY O. KRISTL SECRETARY/BOARD MEMBER	2.00	X		X				0.	0.	0.
(3) KEVIN J. ROONEY TREASURER/BOARD MEMBER	2.00	X		X				0.	0.	0.
(4) MARY D. COHEN BOARD MEMBER	1.00	X						0.	0.	0.
(5) ANN REGNIER BOARD MEMBER	1.00	X						0.	0.	0.
(6) LONDON ROWLAND BOARD MEMBER	1.00	X						0.	0.	0.
(7) SANDRA DOOLIN AUST BOARD MEMBER	1.00	X						0.	0.	0.
(8) JOHN C. KORNTITZER BOARD MEMBER	1.00	X						0.	0.	0.
(9) KENT SUNDERLAND BOARD MEMBER	1.00	X						0.	0.	0.
(10) JOSEPH FREEMAN BOARD MEMBER	1.00	X						0.	0.	0.
(11) EMANUEL CLEAVER II BOARD MEMBER	1.00	X						0.	0.	0.
(12) JOHN HAMILTON BOARD MEMBER	1.00	X						0.	0.	0.
(13) BRAD BERGMAN BOARD MEMBER	1.00	X						0.	0.	0.
(14) MARY JANE JUDY BOARD MEMBER	1.00	X						0.	0.	0.
(15) JAMES H. BERNARD, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(16) TONY REINHART BOARD MEMBER	1.00	X						0.	0.	0.
(17) MARK JORGENSON BOARD MEMBER	1.00	X						0.	0.	0.

LIBERTY MEMORIAL ASSOCIATION

D/B/A NATIONAL WORLD WAR I MUSEUM

43-6052673

Form 990 (2013)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEANNETTE NICHOLS BOARD MEMBER	1.00	X					0.	0.	0.	
(19) DAVID MECKLENBURG BOARD MEMBER	1.00	X					0.	0.	0.	
(20) MICHAEL LOGAN BOARD MEMBER	1.00	X					0.	0.	0.	
(21) ROLF SNYDER BOARD MEMBER	1.00	X					0.	0.	0.	
(22) THOMAS BUTCH CHAIR/BOARD MEMBER	5.00	X	X				0.	0.	0.	
(23) MATTHEW NAYLOR PRESIDENT/CEO	40.00			X			93,229.	0.	1,742.	
(24) JEFFREY S. WALKER FORMER CFO	40.00			X			40,667.	0.	5,811.	
(25) MARK GUNTER CONTROLLER	40.00						32,981.	0.	2,668.	
1b Sub-total							166,877.	0.	10,221.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							166,877.	0.	10,221.	

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 **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	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
ALLIED BARTON SECURITY SERVICES 10955 LOWELL, OVERLAND PARK, KS 66210	SECURITY	195,456.

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 **1**

LIBERTY MEMORIAL ASSOCIATION
D/B/A NATIONAL WORLD WAR I MUSEUM

Form 990 (2013)

43-6052673 Page 9

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 95,584.				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,201,200.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,253,468.				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		2,550,252.			
	Program Service Revenue	2 a <u>ADMISSIONS</u>	Business Code 900099	1,459,701.	1,459,701.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,459,701.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		70,310.		70,310.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	4,429,508.			
		b Less: cost or other basis and sales expenses		4,405,670.		
		c Gain or (loss)		23,838.		
	d Net gain or (loss)		23,838.		23,838.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	563,865.				
	b Less: cost of goods sold	b	276,760.			
	c Net income or (loss) from sales of inventory		287,105.		287,105.	
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		4,391,206.	1,459,701.	0.	381,253.	

**LIBERTY MEMORIAL ASSOCIATION
D/B/A NATIONAL WORLD WAR I MUSEUM**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	177,098.	145,220.	17,711.	14,167.
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	1,196,532.	1,048,520.	12,925.	135,087.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,558.	25,260.	278.	4,020.
9 Other employee benefits	201,315.	171,053.	1,167.	29,095.
10 Payroll taxes	118,288.	101,463.	3,846.	12,979.
11 Fees for services (non-employees):				
a Management				
b Legal	1,747.		1,747.	
c Accounting	18,051.	12,023.	5,644.	384.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,318.		12,318.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	368,347.	313,347.	37,393.	17,607.
12 Advertising and promotion	351,087.	228,022.	5,202.	117,863.
13 Office expenses	131,574.	94,508.	25,557.	11,509.
14 Information technology	82,633.	73,969.	3,351.	5,313.
15 Royalties				
16 Occupancy	596,777.	580,808.	10,560.	5,409.
17 Travel	12,493.	8,537.	3,174.	782.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,472.	4,928.	426.	118.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	375,264.	375,264.		
23 Insurance	11,641.	7,514.	4,017.	110.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BUILDING/GROUNDS MAINT.	315,943.	315,179.	9.	755.
b EDUCATION PROGRAMS	89,177.	89,177.		
c OTHER	77,982.	51,270.	6,169.	20,543.
d COLLECTION/CONSERVATION	73,641.	73,641.		
e All other expenses	60,000.		60,000.	
25 Total functional expenses. Add lines 1 through 24e	4,306,938.	3,719,703.	211,494.	375,741.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**LIBERTY MEMORIAL ASSOCIATION
D/B/A NATIONAL WORLD WAR I MUSEUM**

Form 990 (2013)

43-6052673 Page 11

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	46,179.	1	144,257.
	2	Savings and temporary cash investments	505,555.	2	480,287.
	3	Pledges and grants receivable, net	477,401.	3	531,750.
	4	Accounts receivable, net	37,365.	4	47,806.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	198,234.	8	147,026.
	9	Prepaid expenses and deferred charges	40,283.	9	59,959.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	8,729,607.		
		10a			
	b	Less: accumulated depreciation	2,811,434.		
		10b			
			6,114,716.	10c	5,918,173.
	11	Investments - publicly traded securities	10,692.	11	2,791,015.
	12	Investments - other securities. See Part IV, line 11	2,599,731.	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 34)	10,030,156.	16	10,120,273.	
Liabilities	17	Accounts payable and accrued expenses	154,834.	17	129,875.
	18	Grants payable		18	
	19	Deferred revenue	581,907.	19	414,933.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	736,741.	26	544,808.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	6,717,823.	27	6,292,188.
	28	Temporarily restricted net assets	543,483.	28	1,251,168.
	29	Permanently restricted net assets	2,032,109.	29	2,032,109.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	9,293,415.	33	9,575,465.	
34	Total liabilities and net assets/fund balances	10,030,156.	34	10,120,273.	

Form 990 (2013)

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	4,391,206.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,306,938.
3	Revenue less expenses. Subtract line 2 from line 1	3	84,268.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,293,415.
5	Net unrealized gains (losses) on investments	5	197,782.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,575,465.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **LIBERTY MEMORIAL ASSOCIATION** Employer identification number
D/B/A NATIONAL WORLD WAR I MUSEUM **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 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2012. 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 - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

LIBERTY MEMORIAL ASSOCIATION

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,613,007.	2,446,550.	1,592,315.	1,670,892.	2,550,252.	9,873,016.
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	1,473,395.	1,751,317.	1,849,761.	1,994,643.	2,023,566.	9,092,682.
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	3,086,402.	4,197,867.	3,442,076.	3,665,535.	4,573,818.	18,965,698.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						18,965,698.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	3,086,402.	4,197,867.	3,442,076.	3,665,535.	4,573,818.	18,965,698.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	74,902.	61,840.	60,518.	59,014.	70,310.	326,584.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	74,902.	61,840.	60,518.	59,014.	70,310.	326,584.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,161,304.	4,259,707.	3,502,594.	3,724,549.	4,644,128.	19,292,282.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	98.31 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	98.44 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.69 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.56 %

19a 33 1/3% support tests - 2013. 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 - 2012. 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

LIBERTY MEMORIAL ASSOCIATION

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

LIBERTY MEMORIAL ASSOCIATION
D/B/A NATIONAL WORLD WAR I MUSEUM

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization LIBERTY MEMORIAL ASSOCIATION D/B/A NATIONAL WORLD WAR I MUSEUM	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>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>50,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,101,950.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LIBERTY MEMORIAL ASSOCIATION D/B/A NATIONAL WORLD WAR I MUSEUM	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
7		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 10,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 8,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LIBERTY MEMORIAL ASSOCIATION
D/B/A NATIONAL WORLD WAR I MUSEUM

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
13		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 66,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 8,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LIBERTY MEMORIAL ASSOCIATION
D/B/A NATIONAL WORLD WAR I MUSEUM

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
19		\$ 19,546.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LIBERTY MEMORIAL ASSOCIATION
D/B/A NATIONAL WORLD WAR I MUSEUM

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
25		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 10,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LIBERTY MEMORIAL ASSOCIATION
D/B/A NATIONAL WORLD WAR I MUSEUM

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
31		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 29,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LIBERTY MEMORIAL ASSOCIATION D/B/A NATIONAL WORLD WAR I MUSEUM	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
37		\$ <u>99,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**LIBERTY MEMORIAL ASSOCIATION
D/B/A NATIONAL WORLD WAR I MUSEUM**

Employer identification number

43-6052673

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization LIBERTY MEMORIAL ASSOCIATION D/B/A NATIONAL WORLD WAR I MUSEUM	Employer identification number 43-6052673
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **LIBERTY MEMORIAL ASSOCIATION
D/B/A NATIONAL WORLD WAR I MUSEUM**

Employer identification number
43-6052673

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LIBERTY MEMORIAL ASSOCIATION

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

b If "Yes," explain the arrangement in Part 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? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,600,516.	2,730,565.	2,891,168.	2,758,687.	1,553,364.
b Contributions				500.	930,808.
c Net investment earnings, gains, and losses	274,616.	257,526.	-20,413.	268,622.	396,734.
d Grants or scholarships					
e Other expenditures for facilities and programs	136,732.	387,575.	140,190.	136,641.	122,219.
f Administrative expenses					
g End of year balance	2,738,400.	2,600,516.	2,730,565.	2,891,168.	2,758,687.

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

- a Board designated or quasi-endowment 8.50 %
- b Permanent endowment 74.20 %
- c Temporarily restricted endowment 17.30 %

The percentages in 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 Yes No
- (ii) related organizations Yes No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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		7,589,570.	2,300,403.	5,289,167.
d Equipment		1,140,037.	511,031.	629,006.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 5,918,173.

LIBERTY MEMORIAL ASSOCIATION

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

LIBERTY MEMORIAL ASSOCIATION

Schedule D (Form 990) 2013

D/B/A NATIONAL WORLD WAR I MUSEUM

43-6052673 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements		1	4,853,433.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	197,785.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	276,760.	
e	Add lines 2a through 2d		2e	474,545.
3	Subtract line 2e from line 1		3	4,378,888.
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	12,318.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	12,318.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,391,206.

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

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

1	Total expenses and losses per audited financial statements		1	4,571,380.
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	276,760.	
e	Add lines 2a through 2d		2e	276,760.
3	Subtract line 2e from line 1		3	4,294,620.
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	12,318.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	12,318.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,306,938.

Part XIII Supplemental Information.

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

PART III, LINE 1A:

EXPLANATION: THE MUSEUM, DESIGNATED BY THE UNITED STATES CONGRESS AS THE NATIONAL WORLD WAR I MUSEUM IN 2004, HOUSES AND DISPLAYS A SIGNIFICANT PORTION OF THE MUSEUM'S COLLECTION OF OBJECTS AND ARTIFACTS. THIS RICH COLLECTION HAS GROWN FROM APPROXIMATELY 83,000 ARTIFACTS IN 2012 TO APPROXIMATELY 91,000 IN 2013. 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 MUSEUM HAS AGREED TO FOLLOW THE AASLH'S STATEMENT OF PROFESSIONAL STANDARDS AND ETHICS, WHICH SPECIFICALLY CONCLUDES THAT

Part XIII Supplemental Information (continued)

COLLECTIONS SHALL NOT BE CAPITALIZED NOR TREATED AS FINANCIAL ASSETS.

ACCESSIONS TO THE COLLECTION, WHICH OFTEN INCLUDE MULTIPLE ARTIFACTS, WERE 120 IN 2013 AND 85 IN 2012.

PART III, LINE 4:

EXPLANATION: THE MUSEUM'S COLLECTION OF OVER 91,000 OBJECTS, INCLUDING VEHICLES, UNIFORMS, FIREARMS, PHOTOGRAPHS AND MILITARY RECORDS PROMOTE AND CULTIVATE THE HISTORY OF WORLD WAR I THROUGH PUBLIC EXHIBITION, EDUCATIONAL PROGRAMMING AND SCHOLARLY RESEARCH.

PART V, LINE 4:

EXPLANATION: THE PERMANENT ENDOWMENT WAS CREATED BY A GRANT FROM THE NATIONAL ENDOWMENT FOR THE HUMANITIES AND RELATED MATCHING CONTRIBUTIONS, 90% OF WHICH IS TO SUPPORT EDUCATIONAL PROGRAMS AND 10% FOR ARTIFACT ACQUISITIONS. THE BOARD DESIGNATED FUND IS TO ESTABLISH A RESERVE TO PROVIDE RESOURCES TO SUPPORT THE MUSEUM'S OPERATIONS.

PART X, LINE 2:

EXPLANATION: THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501 (C)(3). AS A RESULT, CONTRIBUTIONS TO THE MUSEUM MAY QUALIFY AS CHARITABLE CONTRIBUTIONS DEDUCTIBLE UNDER THE INTERNAL REVENUE CODE.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBE THE STANDARDS FOR THE RECOGNITION, MEASUREMENT AND DISCLOSURE OF TAX POSITIONS. FOR NOT-FOR-PROFIT ORGANIZATIONS, TAX POSITIONS INCLUDE AN ENTITY'S STATUS AS TAX EXEMPT, AND WHETHER IT IS SUBJECT TO TAX ON UNRELATED BUSINESS INCOME. MANAGEMENT DOES NOT BELIEVE THERE ARE ANY UNCERTAIN TAX POSITIONS THAT

Part XIII Supplemental Information *(continued)*

WOULD AFFECT ITS EXEMPT STATUS OR RESULT IN ANY TAX ON UNRELATED BUSINESS INCOME. ACCORDINGLY, NO TAX LIABILITY OR ACCRUAL FOR ANY RELATED INTEREST AND PENALTIES HAVE BEEN REFLECTED IN THE FINANCIAL STATEMENTS. THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION ARE 2010 THROUGH 2012.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **LIBERTY MEMORIAL ASSOCIATION
D/B/A NATIONAL WORLD WAR I MUSEUM** 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	<input checked="" type="checkbox"/>	120		
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				
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 IV, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) (2013)

LIBERTY MEMORIAL ASSOCIATION

Part II

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

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 33:

EXPLANATION: THE MUSEUM DOES NOT RECORD REVENUES FROM CONTRIBUTIONS OF THE HISTORICAL OBJECTS DONATED TO ITS COLLECTION AS ALLOWED UNDER SFAS 116.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

LIBERTY MEMORIAL ASSOCIATION
D/B/A NATIONAL WORLD WAR I MUSEUM

Employer identification number
43-6052673

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

AMERICA'S MUSEUM DEDICATED TO REMEMBERING, INTERPRETING, AND
UNDERSTANDING THE GREAT WAR AND ITS ENDURING IMPACT ON THE GLOBAL
COMMUNITY, BY: ESTABLISHING THE MUSEUM 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 AS A "MUST-SEE" DESTINATION, AND SOURCE OF CIVIC PRIDE; AND
ENGAGING AND INSPIRING KEY CONSTITUENTS TO CONTRIBUTE TO THE EXCELLENCE
OF THE MUSEUM.

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

COMMUNITY, BY: ESTABLISHING THE MUSEUM 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 AS A "MUST-SEE" DESTINATION, AND SOURCE OF CIVIC PRIDE; AND
ENGAGING AND INSPIRING KEY CONSTITUENTS TO CONTRIBUTE TO THE EXCELLENCE
OF THE MUSEUM.

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

AS OF DECEMBER 31, 2013 THE NWWIM CURRENTLY EMPLOYS 28 FULL-TIME AND 11

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

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization	LIBERTY MEMORIAL ASSOCIATION D/B/A NATIONAL WORLD WAR I MUSEUM	Employer identification number 43-6052673
--------------------------	---	--

PART-TIME STAFF. APPROXIMATELY 237 VOLUNTEERS PROVIDE OVER 29,000 HOURS OF SERVICE EACH YEAR. VOLUNTEERS GREET GUESTS, PROVIDE EXPERT TOURS, ANSWER ANY AND ALL QUESTIONS, AND HELP TO LEND A WARM, HUMAN DIMENSION TO MULTIFACETED STORIES OF WAR AND WORLD HISTORY.

THE NWWIM RECEIVES FINANCIAL SUPPORT FROM LOCAL AND NATIONAL SOURCES. DONORS INCLUDE A WIDE ARRAY OF INDIVIDUALS, CORPORATIONS, AND FOUNDATIONS WHOSE SUPPORT HAS HELPED TO BUILD ENHANCED PROGRAMMING AND FUND OPERATIONAL SUPPORT FOR THE MUSEUM. ADMISSIONS, FACILITY RENTALS, RETAIL, THE OVER THERE CAFE, AND OTHER INITIATIVES ARE ALSO SUCCESSFUL REVENUE GENERATING SOURCES.

THE NWWIM IS PROUD OF BEING RANKED "NUMBER ONE ATTRACTION IN KANSAS CITY" BY TRIP ADVISOR FROM 2007-2013 AND VOTED "FAVORITE MUSEUM" BY THE KC VISITORS' CHOICE AWARDS FROM 2011-2013.

IN 2013, ATTENDANCE AT THE NWWIM AND AT EVENTS HELD ON THE GROUNDS OF THE LIBERTY MEMORIAL WAS APPROXIMATELY 200,000, INCLUDING 138,810 PAID ADMISSIONS - AN INCREASE OF 2,600 OVER FISCAL YEAR 2012.

FINALLY, IN 2013 THE MISSOURI LEGISLATURE APPROVED THE NWWIM TO BE INCLUDED IN THE MISSOURI LICENSE RENEWAL CHECKBOX PROGRAM THROUGH THE VETERAN'S COMMISSION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: INSTITUTIONS, TO BRING OUR PATRONS THE MOST ROBUST AND MEMORABLE EXPERIENCES TO DEPICT THE GREAT WAR AND ITS ERA.

THE NWWIM HOLDS A COMPREHENSIVE COLLECTION OF OVER 91,000 WORLD WAR I

Name of the organization	LIBERTY MEMORIAL ASSOCIATION D/B/A NATIONAL WORLD WAR I MUSEUM	Employer identification number	43-6052673
--------------------------	---	--------------------------------	------------

HISTORICAL MATERIALS, AND ACTIVE COLLECTING CONTINUES TO THE PRESENT, WITH COLLECTION PRIORITIES RESPONDING TO IMMEDIATE RESEARCH AND EXHIBITION NEEDS. IN 2013, THE MUSEUM ACCEPTED 120 NEW ACCESSIONS INTO THE PERMANENT COLLECTION, EACH OF WHICH CONTAIN AT LEAST 1 OBJECT.

EXHIBITIONS OFFER INSIGHT ON THE BEGINNINGS OF THE WAR AND ITS GLOBAL NATURE - HOW AND WHY COUNTRIES WENT TO WAR, HOW ENTIRE SOCIETIES MOBILIZED, AND HOW THE WAR AFFECTED CIVILIANS AS WELL AS MILITARY PARTICIPANTS. THE MUSEUM CURRENTLY FEATURES TWO TEMPORARY EXHIBITIONS EVERY YEAR. 2013 FEATURED: HARMONIES OF THE HOMEFRONT, WHICH EXPLORED PATRIOTIC MUSIC AS PROPAGANDA; AND ROAD TO WAR: WORLD POWER AND IMPERIALISM, 1904-1914, WHICH TRACED HOW COLONIALISM, IMPERIALISM, AND NATIONALISM GAVE RISE TO UNREST AND REVOLT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PARTICIPANTS DURING THE SUMMER 2013 MONTHS, WHICH ARE THE PROGRAM'S BUSIEST EACH YEAR. THESE PARTICIPANTS, PRIMARILY COMPOSED OF YOUNG CHILDREN, ARE INVITED TO EXPLORE HISTORY BY HANDLING NON-ACCESSION ITEMS SUCH AS HELMETS AND MESS KITS.

FINALLY, THE NWWIM'S SUPPORT FOR EDUCATORS IS GROWING STRONGER. THE NWWIM'S CURRICULUM, LESSONS OF LIBERTY, WAS DOWNLOADED BY 319 TEACHERS FROM AROUND THE WORLD IN 2013. NEW CURRICULUM IS CURRENTLY BEING CREATED THROUGH THE NWWIM'S TEACHER FELLOWSHIP PROGRAM AS WELL. THE PROGRAM CELEBRATED ITS SECOND YEAR IN 2013 BY INVITING SOME OF THE BEST TEACHERS IN THE COUNTRY TO DEVELOP UNIQUE LESSONS, WHICH WILL BE POSTED ON THE NWWIM'S WEBSITE.

Name of the organization	LIBERTY MEMORIAL ASSOCIATION D/B/A NATIONAL WORLD WAR I MUSEUM	Employer identification number 43-6052673
--------------------------	---	--

THE ONLINE DATABASE WAS LAUNCHED IN JULY 2013. SINCE THEN, OVER 6,000 VISITORS FROM MORE THAN 60 COUNTRIES HAVE ACCESSED THE ALMOST 20,000 RECORDS AND IMAGES AVAILABLE FOR THE PUBLIC TO SEARCH.

IN ADDITION TO ENGLISH LANGUAGE AUDIO GUIDES, THE NWWIM INTRODUCED SPANISH AUDIO GUIDES IN 2013. FRENCH AND GERMAN LANGUAGE AUDIO GUIDES WILL BE ADDED IN THE SUMMER OF 2014.

THE NWWIM DEBUTED THE FIRST ANNUAL TRUCE TOURNAMENT ON DECEMBER 26, 2013, IN PARTNERSHIP WITH 2013 MLS CHAMPIONS SPORTING KC. THE EVENT FEATURED A 3V3 SOCCER TOURNAMENT HELD ON THE GROUNDS OF THE LIBERTY MEMORIAL AND AN ENGLISH PREMIER LEAGUE WATCH PARTY IN THE NWWIM'S J.C. NICHOLS AUDITORIUM.

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

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

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

EXPLANATION: 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.

Name of the organization LIBERTY MEMORIAL ASSOCIATION D/B/A NATIONAL WORLD WAR I MUSEUM	Employer identification number 43-6052673
--	---

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

EXPLANATION: THE ORGANIZATION DETERMINES THE AMOUNT OF COMPENSATION FOR THE CEO WITH AN ANNUAL REVIEW BY THE EXECUTIVE COMMITTEE. OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION UNDERGO AN ANNUAL REVIEW BY THE CEO. COMPENSATION AMOUNTS ARE ALSO BENCHMARKED TO OTHER SIMILAR ORGANIZATIONS.

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

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

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE PROCESS FOR ASSUMING RESPONSIBILITY FOR THE OVERSIGHT OF THE ANNUAL AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR.