

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2006**Open to Public  
Inspection**A** For the 2006 calendar year, or tax year beginning

and ending

**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

**C** Name of organizationWORLD TRADE CENTER MEMORIAL  
FOUNDATION, INC.

Number and street (or P O box if mail is not delivered to street address)

ONE LIBERTY PLAZA, 20TH FLOOR

City or town, state or country, and ZIP + 4

NEW YORK, NY 10006

**D** Employer identification number

38-3678458

**E** Telephone number

212-312-8800

**F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ N/A**H(c)** Are all affiliates included? N/A ☐ Yes ☐ No  
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ N/A**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ WWW.WTCMF.ORG**J** Organization type (check only one) ▶ ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 115,849,313.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b> Contributions, gifts, grants, and similar amounts received					
<b>a</b> Contributions to donor advised funds		<b>1a</b>			
<b>b</b> Direct public support (not included on line 1a)		<b>1b</b>	106,803,501.		
<b>c</b> Indirect public support (not included on line 1a)		<b>1c</b>			
<b>d</b> Government contributions (grants) (not included on line 1a)		<b>1d</b>	8,039,032.		
<b>e</b> Total (add lines 1a through 1d) (cash \$ 94,572,857. noncash \$ 20,269,676.)		<b>1e</b>		114,842,533.	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)		<b>2</b>			
<b>3</b> Membership dues and assessments		<b>3</b>			
<b>4</b> Interest on savings and temporary cash investments		<b>4</b>		1,006,780.	
<b>5</b> Dividends and interest from securities		<b>5</b>			
<b>6 a</b> Gross rents		<b>6a</b>			
<b>b</b> Less rental expenses		<b>6b</b>			
<b>c</b> Net rental income or (loss) Subtract line 6b from line 6a		<b>6c</b>			
<b>7</b> Other investment income (describe ▶ )		<b>7</b>			
<b>8 a</b> Gross amount from sales of assets other than inventory		<b>(A) Securities</b>		<b>(B) Other</b>	
<b>b</b> Less cost or other basis and sales expenses		<b>8a</b>			
<b>c</b> Gain or (loss) (attach schedule)		<b>8b</b>			
<b>d</b> Net gain or (loss) Combine line 8c, columns (A) and (B)		<b>8c</b>			
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)		<b>9a</b>			
<b>b</b> Less direct expenses other than fundraising expenses		<b>9b</b>			
<b>c</b> Net income or (loss) from special events Subtract line 9b from line 9a		<b>9c</b>			
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
<b>b</b> Less cost of goods sold		<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a		<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)		<b>11</b>			
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		<b>12</b>		115,849,313.	
<b>13</b> Program services (from line 44, column (B))		<b>13</b>		2,108,878.	
<b>14</b> Management and general (from line 44, column (C))		<b>14</b>		1,204,519.	
<b>15</b> Fundraising (from line 44, column (D))		<b>15</b>		3,263,704.	
<b>16</b> Payments to affiliates (attach schedule)		<b>16</b>			
<b>17</b> Total expenses. Add lines 16 and 44, column (A)		<b>17</b>		6,577,101.	
<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 12		<b>18</b>		109,272,212.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))		<b>19</b>		57,148,329.	
<b>20</b> Other changes in net assets or fund balances (attach explanation)		<b>20</b>		167,856.	
<b>21</b> Net assets or fund balances at end of year Combine lines 18, 19, and 20		<b>21</b>		166,588,397.	

RECEIVED  
 SEP 04 2007  
 OGDEN, UT

SEE STATEMENT 1

523001  
01-18-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED SEP 24 2007

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16

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FOUNDATION, INC.**

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**Part II Statement of  
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 1,178,048.	678,428.	233,025.	266,595.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 1,400,975.	297,866.	265,057.	838,052.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 206,160.	58,393.	34,068.	113,699.
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 90,354.	11,855.	36,998.	41,501.
<b>29</b> Payroll taxes	<b>29</b> 143,032.	49,370.	28,303.	65,359.
<b>30</b> Professional fundraising fees	<b>30</b> 227,671.			227,671.
<b>31</b> Accounting fees	<b>31</b> 64,069.		64,069.	
<b>32</b> Legal fees	<b>32</b> 26,557.			26,557.
<b>33</b> Supplies	<b>33</b> 76,659.	17,163.	56,129.	3,367.
<b>34</b> Telephone	<b>34</b> 52,371.	16,886.	9,546.	25,939.
<b>35</b> Postage and shipping	<b>35</b> 265,018.	2,999.	12,029.	249,990.
<b>36</b> Occupancy	<b>36</b> 44,088.	14,108.	7,936.	22,044.
<b>37</b> Equipment rental and maintenance	<b>37</b> 75,327.	175.	74,452.	700.
<b>38</b> Printing and publications	<b>38</b> 362,176.	60,165.	5,985.	296,026.
<b>39</b> Travel	<b>39</b> 64,353.	44,823.	11,081.	8,449.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 87,693.	28,118.	16,062.	43,513.
<b>43</b> Other expenses not covered above (itemize):				
<b>a DUES AND SUBSCRIPTIONS</b>	<b>43a</b> 26,049.	5,859.	11,020.	9,170.
<b>b PROFESSIONAL AND OTHER FEES</b>	<b>43b</b>			
<b>c MARKETING AND ADVERTISING</b>	<b>43c</b> 1,135,123.	611,831.	189,471.	333,821.
<b>d INSURANCE</b>	<b>43d</b>			
<b>e OTHER EXPENSES</b>	<b>43e</b> 892,641.	210,839.		681,802.
	<b>43f</b> 149,263.		149,263.	
	<b>43g</b> 9,474.		25.	9,449.
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 6,577,101.	2,108,878.	1,204,519.	3,263,704.

**Joint Costs.** Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 3		Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others )
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p><b>a</b> SEE STATEMENT 2</p> <p>(Grants and allocations \$ 0 . ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>		2,108,878.
<p><b>b</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>		
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>		
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>		
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>		
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►		2,108,878.

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FOUNDATION, INC.**

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**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash - non-interest-bearing	60,428.	45		
	46 Savings and temporary cash investments	17,482,956.	46	55,695,802.	
	47 a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a	104,644,711.		
	b Less: allowance for doubtful accounts	48b	5,207,172.	48c	99,437,539.
	49 Grants receivable		49	7,423,613.	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	1,479.	53	39,408.	
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a		
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
55 a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation	55b	55c			
56 Investments - other		56			
57 a Land, buildings, and equipment: basis	57a	319,326.			
b Less: accumulated depreciation	57b	125,595.	57c	193,731.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 4 )		29,434.	58	11,039,198.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		57,309,362.	59	173,829,291.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	161,033.	60	6,356,313.	
	61 Grants payable		61		
	62 Deferred revenue		62	884,581.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe <input type="checkbox"/> )		65		
66 <b>Total liabilities.</b> Add lines 60 through 65		161,033.	66	7,240,894.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	67 Unrestricted	17,514,045.	67	68,532,359.	
	68 Temporarily restricted	39,634,284.	68	98,056,038.	
	69 Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	57,148,329.	73	166,588,397.	
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	57,309,362.	74	173,829,291.	

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

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<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">41</span>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."  If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

<b>Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits</b> (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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<b>Part VI Other Information</b> <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <span style="float: right;">N/A</span>  _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) <span style="float: right;">81a 0.</span>		
b	Did the organization file Form 1120-POL for this year?	81b	X

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**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	X	
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>82b</b>		
754,177.			
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>		
N/A			
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?	<b>85a</b>		
N/A			
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>85b</b>		
N/A			
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>		
N/A			
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>		
N/A			
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>		
N/A			
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>		
N/A			
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>		
N/A			
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>		
N/A			
<b>86 501(c)(7) organizations. Enter: a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>		
N/A			
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>		
N/A			
<b>87 501(c)(12) organizations. Enter: a</b> Gross income from members or shareholders	<b>87a</b>		
N/A			
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>		
N/A			
<b>88 a</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88a</b>		X
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>		X
<b>89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:</b> section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
<b>b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?</b> If "Yes," attach a statement explaining each transaction	<b>89b</b>		X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
<u>0.</u>			
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization			
<u>0.</u>			
<b>e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?</b>	<b>89e</b>		X
<b>f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?</b>	<b>89f</b>		X
<b>g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</b>	<b>89g</b>		X
<b>90 a</b> List the states with which a copy of this return is filed <u>NY</u>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2006	<b>90b</b>		24
<b>91 a</b> The books are in care of <u>THE ORGANIZATION</u> Telephone no <u>212-312-8800</u> Located at <u>ONE LIBERTY PLAZA, 20TH FLOOR, NEW YORK, NY</u> ZIP + 4 <u>10006</u>			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>91b</b>		X

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**Part VI Other Information** (continued) **Yes No**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ ☒  
If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐  
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,006,780.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,006,780.	0.
105 Total (add line 104, columns (B), (D), and (E))					1,006,780.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Form 990 (2006)



**WORLD TRADE CENTER MEMORIAL  
FOUNDATION, INC.**

Form 990 (2006)

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**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

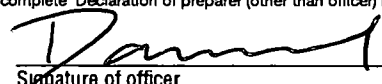
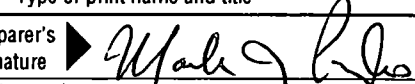
**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

<b>Please Sign Here</b>	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.			
	 Signature of officer		Date <b>8/30/07</b>	
<b>Paid Preparer's Use Only</b>	Type or print name and title <b>David W Langford, Vice President of Finance and Administration</b>			
	Preparer's signature 	Date <b>8/29/07</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 <b>O'CONNOR DAVIES MUNNS &amp; DOBBINS, LLP</b> <b>60 EAST 42ND STREET, 36TH FL.</b> <b>NEW YORK, NY 10165-3698</b>		EIN <b>13-3385019</b> Phone no <b>(212) 286-2600</b>		

Form 990 (2006)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(a), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2006**Name of the organization **WORLD TRADE CENTER MEMORIAL  
FOUNDATION, INC.**Employer identification number  
**38 3678458****Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GRETCHEN DYKSTRA 1 LIBERTY PLAZA, 20TH FL, NY NY 10006	FORMER PRESIDENT/CEO 40.00	158,731.	17,362.	
ADDIE GUTTAG 1 LIBERTY PLAZA, 20TH FL, NY NY 10006	FORMER SENIOR VP DEV 40.00	143,514.	21,468.	
SUANY CHOUGH 1 LIBERTY PLAZA, 20TH FL, NY NY 10006	SENIOR PLANNER 40.00	143,446.	27,040.	
JONATHAN STRUTHERS 1 LIBERTY PLAZA, 20TH FL, NY NY 10006	FORMER VP MKTG/COMM 40.00	133,180.	35,569.	
JENNIFER SINGLETON 1 LIBERTY PLAZA, 20TH FL, NY NY 10006	DEVELOPMENT OFFICER 40.00	90,000.	20,882.	
Total number of other employees paid over \$50,000 ▶	9			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
THELEN REID BROWN RAYSMAN & STEINER LLP 875 THIRD AVENUE, NY, NY 10022-6225	LEGAL	287,241.
COMMUNITY COUNSELLING SERVICE PO BOX 27462, NY, NY 10087-7462	CONSULTING/FUNDRAISING	227,671.
ECHODITTO, INC. PO BOX 50002, ARLINGTON, VA 22205-5002	CONSULTING/MARKETING/WEB	150,376.
THE LEGACY PROJECT 26 COURT ST SUITE 2611, BKLYN, NY 11242	CONSULTING/MUSEUM	126,830.
INFORMATION TECHNOLOGY BUILDERS 32 BROADWAY SUITE 204, NY, NY 10004	CONSULTING/INFORMATION TECHNOLOGY	118,113.
Total number of others receiving over \$50,000 for professional services ▶	6	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BOVIS LEND LEASE 200 PARK AVENUE 9TH FLOOR, NEW YORK, NY 10004	CONSTRUCTION MANAGEMENT	9,353,508.
FAITHFUL AND GOULD 11 EAST 26TH STREET 18TH FLOOR, NEW YORK, NY 10011	PROJECT PLANNING	169,070.
PETER WALKER AND PARTNERS 739 ALLSTON WAY, BERKELEY, CA 94710	CONSULTING/DESIGN	160,620.
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

## WORLD TRADE CENTER MEMORIAL

Schedule A (Form 990 or 990-EZ) 2006 FOUNDATION, INC.

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**Part III** Statements About Activities (See page 2 of the instructions)

Yes No

<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>		<b>X</b>
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
<b>a</b> Sale, exchange, or leasing of property? SEE STATEMENT 5	<b>2a</b>	<b>X</b>	
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities? SEE STATEMENT 6	<b>2c</b>	<b>X</b>	
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 7	<b>2d</b>	<b>X</b>	
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>		<b>X</b>
<b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )	<b>3a</b>		<b>X</b>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	<b>X</b>	
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<b>3c</b>		<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>		<b>X</b>
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>4a</b>		<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966?	<b>4b</b>		<b>X</b>
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>		<b>X</b>
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ►			<b>0</b>
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►			<b>0.</b>
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►			<b>0.</b>
<b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ►			<b>0.</b>

Schedule A (Form 990 or 990-EZ) 2006

## WORLD TRADE CENTER MEMORIAL

Schedule A (Form 990 or 990-EZ) 2006 FOUNDATION, INC.

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**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ☐
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

## WORLD TRADE CENTER MEMORIAL

Schedule A (Form 990 or 990-EZ) 2006 FOUNDATION, INC.

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**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	20607376.	1,147,965.	384,564.		22,139,905.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	152,079.	10,085.	1,086.		163,250.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	20759455.	1,158,050.	385,650.	0.	22,303,155.
<b>24</b> Line 23 minus line 17	20759455.	1,158,050.	385,650.		22,303,155.
<b>25</b> Enter 1% of line 23	207,595.	11,581.	3,857.		
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 446,063.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 13830781.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> 22,303,155.
<b>d</b> Add: Amounts from column (e) for lines 18 <u>163,250.</u> 19 <u>13,830,781.</u>					<b>26d</b> 13,994,031.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 8,309,124.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 37.2554 %
<b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. <b>N/A</b>					
(2005) (2004) (2003) (2002)					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: <b>N/A</b>					
(2005) (2004) (2003) (2002)					
<b>c</b> Add: Amounts from column (e) for lines 15 <u>                    </u> 16 <u>                    </u>					
17 <u>                    </u> 20 <u>                    </u> 21 <u>                    </u>					<b>27c</b> N/A
<b>d</b> Add: Line 27a total <u>                    </u> and line 27b total <u>                    </u>					<b>27d</b> N/A
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					<b>27f</b> N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**WORLD TRADE CENTER MEMORIAL**

Schedule A (Form 990 or 990-EZ) 2006 **FOUNDATION, INC.**

**38-3678458** Page **5**

**Part V Private School Questionnaire** (See page 9 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement )		
<hr/>		
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	<b>32d</b>	
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement )	<b>33h</b>	
<hr/>		
<hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2006







FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
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DESCRIPTION	AMOUNT
DONATED FURNITURE AND EQUIPMENT	15,969.
DONATED OFFICE LEASE RENTAL, 2007 PORTION PLEDGED IN 2006	151,887.
TOTAL TO FORM 990, PART I, LINE 20	167,856.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	2
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## DESCRIPTION OF PROGRAM SERVICE ONE

IN 2006 THE WORLD TRADE CENTER MEMORIAL FOUNDATION INC. ("FOUNDATION") PURSUED NUMEROUS ACTIVITIES AND MADE MAJOR ADVANCES IN FURTHERANCE OF ITS EXEMPT PURPOSE. THE FOUNDATION FORGED AN AGREEMENT WITH THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, THE STATE OF NEW YORK, AND THE CITY OF NEW YORK REGARDING THE FUNDING AND CONSTRUCTION MANAGEMENT OF THE MEMORIAL AND MUSEUM. THE PORT AUTHORITY WAS MADE CONSTRUCTION MANAGER FOR THE PROJECT AND THE FOUNDATION BECAME RESPONSIBLE FOR THE PROJECT'S DESIGN. THE FOUNDATION FINALIZED MAJOR ASPECTS OF THE MEMORIAL AND MUSEUM DESIGN AND BEGAN HEAVY CONSTRUCTION IN AUGUST OF 2006. IN THE FALL OF 2006, THE FOUNDATION BOARD ELECTED NEW YORK CITY MAYOR MICHAEL R. BLOOMBERG AS CHAIRMAN. JOSEPH DANIELS WAS NAMED PRESIDENT AND CEO IN OCTOBER OF 2006 AFTER HAVING BEEN IN AN INTERIM CAPACITY SINCE MAY 2006. THE FOUNDATION MADE MAJOR PROGRESS IN FUNDRAISING AND ANNOUNCED EXCEEDING A MILESTONE OF \$200 MILLION IN DECEMBER OF 2006. A PRO BONO NATIONAL ADVERTISING CAMPAIGN WAS LAUNCHED IN ORDER TO RAISE AWARENESS AND FUNDS FROM THE GENERAL PUBLIC. THE FOUNDATION ALSO MADE SIGNIFICANT PROGRESS IN PLANNING FOR THE FUTURE MEMORIAL MUSEUM. ALICE M. GREENWALD WAS NAMED DIRECTOR OF THE MUSEUM AND SHE BEGAN TO HIRE A STAFF TO ASSIST IN THE PLANNING AND DEVELOPMENT OF THE MUSEUM. TWO PUBLIC EXHIBITIONS WERE CREATED TO MARK THE FIFTH ANNIVERSARY OF THE SEPTEMBER 11TH TERRORIST ATTACKS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	0.	2,108,878.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	3
	PART III		

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EXPLANATION

THE WORLD TRADE CENTER MEMORIAL FOUNDATION, INC. WAS INCORPORATED IN APRIL 2003 TO RAISE FUNDS, BUILD, OWN AND OPERATE THE WORLD TRADE CENTER MEMORIAL AND MUSEUM, AS WELL AS RELATED CULTURAL AND EDUCATIONAL PROGRAMS AND COMMEMORATIVE ACTIVITIES AT THE WORLD TRADE CENTER SITE.

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FORM 990	OTHER ASSETS	STATEMENT	4
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DESCRIPTIONAMOUNT

ACCRUED INTEREST RECEIVABLE  
CONSTRUCTION IN PROGRESS

142,189.  
10,897,009.

TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B

11,039,198.

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## SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2A

STATEMENT 5

ONE OF THE DIRECTORS IS AFFILIATED WITH THE COMPANY THAT PROVIDES  
OFFICE SPACE AT NO LEASE RENTAL COST TO THE ORGANIZATION.

## SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2C

STATEMENT 6

ONE OF THE DIRECTORS AND THE TREASURER/SECRETARY WAS AFFILIATED WITH A  
LAW FIRM THAT PROVIDED PRO BONO LEGAL SERVICES FOR THE ORGANIZATION.

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SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT	7
	PART III, LINE 2D		

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SEE ATTACHMENT A OF FORM 990

<u>Name</u>	<u>Title</u>	<u>Hrs/Week</u>	<u>Compensation</u>	<u>Pension</u>	<u>Exp. Acct.</u>
* Joseph Daniels	President/CEO	40	211,600	28,373	0
* William Goldstein	EVP, Design/Construction	40	259,615	25,806	0
* Alice Greenwald	EVP, Programs/Director of Memorial Museum	40	207,692	20,596	0
* Lynn Rasic	VP, Public Affairs	40	175,000	26,250	0
* David Langford	VP, Finance & Administration	40	164,946	24,742	0
Ms Paula Grant Berry	Director	0-5	0	0	0
Mr Michael R. Bloomberg	Chairman	0-5	0	0	0
Ms Debra Burlingame	Director	0-5	0	0	0
Mr John P. Cahill	Director	0-5	0	0	0
Mr Russell L. Carson	Director	0-5	0	0	0
Mr Kenneth I. Chenault	Director	0-5	0	0	0
Mr Keating Crown	Director	0-5	0	0	0
Mr Robert De Niro	Director	0-5	0	0	0
Mr Samuel A. DiPiazza, Jr	Director	0-5	0	0	0
Mr Christine A. Ferer	Director	0-5	0	0	0
Mr Maurice R. Greenberg	Director	0-5	0	0	0
Dr Vartan Gregorian	Director	0-5	0	0	0
Ms Patricia E. Harris	Director	0-5	0	0	0
Mr William B. Harrison, Jr	Director	0-5	0	0	0
Mr Lee Ielpi	Director	0-5	0	0	0
Ms Monica Iken	Director	0-5	0	0	0
Mr Robert W. Johnson, IV	Director	0-5	0	0	0
Mr Thomas S. Johnson	Director	0-5	0	0	0
Mr Robert Kasdin	Director	0-5	0	0	0
Ms Anthoula Katsimatides	Director	0-5	0	0	0
Mr Peter M. Lehrer	Director	0-5	0	0	0
Mr Howard W. Lutnick	Director	0-5	0	0	0
Ms Julie Menin	Director	0-5	0	0	0
Mr Ira M. Millstein	Director	0-5	0	0	0
The Right Honourable Brian Mulroney	Director	0-5	0	0	0
Hon. Peter G. Peterson	Director	0-5	0	0	0
Ms Emily K. Rafferty	Director	0-5	0	0	0
Mr Kevin M. Rampe	Director	0-5	0	0	0
Mr Thomas A. Renyi	Director	0-5	0	0	0
Mr David Rockefeller	Director	0-5	0	0	0
Dr Judith Rodin	Director	0-5	0	0	0
Mr Thomas H. Rogér	Director	0-5	0	0	0
Mr E. John Rosenwald, Jr	Director	0-5	0	0	0
Mr Andrew M. Senchak	Director	0-5	0	0	0
Mr Jerry I. Speyer	Director	0-5	0	0	0
Ms Anne M. Tatlock	Director	0-5	0	0	0
Mr Daniel R. Tishman	Director	0-5	0	0	0
Ms Savita B. Wakhlu	Director	0-5	0	0	0
Mr Seth Waugh	Director	0-5	0	0	0
Mr John C. Whitehead	Director, Founding Chairman	0-5	0	0	0
Mr John E. Zuccotti	Director	0-5	0	0	0

One Liberty Plaza - 20th Floor  
New York, NY 10006

\* Key Employees at 12/31/06

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>WORLD TRADE CENTER MEMORIAL FOUNDATION, INC.</b>	Employer identification number <b>38-3678458</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>ONE LIBERTY PLAZA, 20TH FLOOR</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. <b>NEW YORK, NY 10006</b>	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

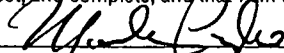
- The books are in the care of **THE ORGANIZATION**  
Telephone No **212-312-8800** FAX No. **212-227-7929**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007.**
- 5 For calendar year **2006**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL INFORMATION IS BEING ASSEMBLED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **8/14/07****Notice to Applicant. (To Be Completed by the IRS)**

- ☐ We have approved this application. Please attach this form to the organization's return
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (Include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)