

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input checked="" type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization LIBERTY MEMORIAL ASSOCIATION D/B/A NATIONAL WORLD WAR I MUSEUM AND MEMORIAL</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 WEST 26TH STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64108</p> <p>F Name and address of principal officer: MATTHEW NAYLOR SAME AS C ABOVE</p>	<p>D Employer identification number 43-6052673</p> <p>E Telephone number 816-888-8100</p> <p>G Gross receipts \$ 7,449,323.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p>J Website: ▶ WWW.THEWORLDWAR.ORG</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		
		<p>L Year of formation: 1919 M State of legal domicile: MO</p>

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: MISSION: THE NATIONAL WORLD WAR I MUSEUM AND MEMORIAL (NWWIMM) IS AMERICA'S LEADING INSTITUTION		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	40
	6	Total number of volunteers (estimate if necessary)	6	276
	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.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,550,252.	Current Year 2,767,468.
	9	Program service revenue (Part VIII, line 2g)	1,459,701.	1,818,001.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	94,148.	161,479.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	287,105.	271,852.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,391,206.	5,018,800.
Expenses	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)	1,722,791.	1,783,817.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	43,125.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 268,955.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,584,147.	2,637,572.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,306,938.	4,464,514.
	19 Revenue less expenses. Subtract line 18 from line 12	84,268.	554,286.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 10,120,273.	End of Year 10,725,524.
	21	Total liabilities (Part X, line 26)	544,808.	629,971.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,575,465.	10,095,553.

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	<p>Signature of officer </p>	<p>Date 7-8-15</p>
	<p>MATTHEW NAYLOR, PRESIDENT/CEO</p> <p>Type or print name and title</p>	

Paid Preparer Use Only	<p>Print/Type preparer's name JAMES C. SHULL</p>	<p>Preparer's signature </p>	<p>Date 6-22-15</p>	<p>Check if self-employed <input type="checkbox"/></p>	<p>PTIN P00084364</p>
	<p>Firm's name ▶ CUDNEY, ECORD, MCENROE & MULLANE, L.L.C.</p>		<p>Firm's EIN ▶ 48-0779042</p>		
	<p>Firm's address ▶ 1310 CARONDELET DRIVE SUITE 333 KANSAS CITY, MO 64114</p>		<p>Phone no. 816-942-3133</p>		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

MISSION: THE NATIONAL WORLD WAR I MUSEUM AND MEMORIAL (NWWIMM) IS AMERICA'S LEADING INSTITUTION DEDICATED TO REMEMBERING, INTERPRETING, AND UNDERSTANDING THE GREAT WAR AND ITS ENDURING IMPACT ON THE GLOBAL COMMUNITY. WE ACCOMPLISH THIS THROUGH THE FOLLOWING STRATEGIC

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

 Yes No

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

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

 Yes No

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

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

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

4a (Code:) (Expenses \$ 3,097,250. including grants of \$) (Revenue \$ 1,818,001.)**MUSEUM & MEMORIAL OPERATIONS:**

THE NWWIMM IS LOCATED IN A BEAUTIFUL 26-ACRE PARK OVERLOOKING DOWNTOWN KANSAS CITY, FEATURING THE 217-FT. LIBERTY MEMORIAL, 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 CONGRESS AS THE NATIONAL WORLD WAR I MUSEUM AND MEMORIAL, THE MUSEUM PRESENTS A COMPREHENSIVE GLOBAL INTERPRETATION OF WORLD WAR I (1914-19) AND ITS LASTING CONSEQUENCES, PROVIDING A VIVID AND MEMORABLE EXPERIENCE FOR ALL.

4b (Code:) (Expenses \$ 399,636. including grants of \$) (Revenue \$)**COLLECTIONS MANAGEMENT AND RESEARCH:**

THE NWWIMM IS THE NATION'S ONLY MUSEUM SOLELY DEDICATED TO PRESERVING THE HISTORY AND EXAMINING THE EXPERIENCES OF THE GREAT WAR. THE NWWIMM HOLDS THE WORLD'S MOST DIVERSE COLLECTION OF WORLD WAR I (1914-1919) OBJECTS AND DOCUMENTS REPRESENTING EACH BELLIGERENT NATION THAT WAS INVOLVED, IS THE SECOND-OLDEST WWI COLLECTING INSTITUTION IN THE WORLD, AND PRESENTS A COMPREHENSIVE GLOBAL INTERPRETATION OF WORLD WAR I AND ITS ENDURING IMPACT.

DURING THE CENTENNIAL COMMEMORATION (2014-19), THE NWWIMM IS PARTNERING WITH KANSAS CITY'S FINEST CULTURAL, RECREATIONAL, AND CIVIC ORGANIZATIONS, AS WELL AS NATIONAL AND INTERNATIONAL MUSEUMS AND

4c (Code:) (Expenses \$ 421,961. including grants of \$) (Revenue \$)**COMMUNITY EDUCATION PROGRAMS:**

MORE THAN 17,000 STUDENTS VISITED THE NWWIMM DURING THE 2013-2014 SCHOOL YEAR, INCLUDING SUBSIDIZED VISITS PROVIDED BY THE MUSEUM AND GENEROUS DONORS FOR MORE THAN 3,600 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 2,430

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses **3,918,847.**

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 <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

LIBERTY MEMORIAL ASSOCIATION D/B/A

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43-6052673

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

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation 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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
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?		X
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 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.	19	
b	Enter the number of voting members included in line 1a, above, who are independent	19	
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► 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, address, and telephone number of the person who possesses the organization's books and records: ►
MARK GUNTER - 816-888-8103
100 WEST 26TH STREET, KANSAS CITY, MO 64108

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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) THOMAS BUTCH CHAIR/BOARD MEMBER	5.00	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) PETER J DE SILVA BOARD MEMBER	1.00	X						0.	0.	0.
(5) LONDON ROWLAND BOARD MEMBER	1.00	X						0.	0.	0.
(6) SCOTT VAN GENDEREN BOARD MEMBER	1.00	X						0.	0.	0.
(7) JOHN C. KORNTITZER BOARD MEMBER	1.00	X						0.	0.	0.
(8) KENT SUNDERLAND BOARD MEMBER	1.00	X						0.	0.	0.
(9) JULIE WILSON BOARD MEMBER	1.00	X						0.	0.	0.
(10) DAN CRUMB 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID MECKLENBURG BOARD MEMBER	1.00	X						0.	0.	0.
(19) ROLF SNYDER BOARD MEMBER	1.00	X						0.	0.	0.
(20) MATTHEW NAYLOR PRESIDENT/CEO	40.00			X				172,500.	0.	8,376.
(21) MARK GUNTER CONTROLLER	40.00							68,068.	0.	19,259.
1b Sub-total								240,568.	0.	27,635.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and c)								240,568.	0.	27,635.

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 **1**

	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		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	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		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
ELECTROSONIC DEPT CH-19029, CHICAGO, IL 60055	SPECIALTY AV PROJECTS	752,259.
ALLIED BARTON SECURITY SERVICES PO BOX 828854, PHILADELPHIA, PA 19182	SECURITY	212,362.
AMERICAN FOOD & VENDING, 124 METROPOLITAN PARK DRIVE, SYRACUSE, NY 13088	CAFE OPERATIONS	123,993.
CITYWIDE MAINTENANCE, INC 15447 W 100 TERRACE, LENEXA, KS 66219	FACILITY CLEANING	118,676.
CMJ LAWN & LANDSCAPING PO BOX 686, BLUE SPRINGS, MO 64013	GROUNDS MAINT	108,393.

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 **6**

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					
	b	Membership dues	93,935.				
	c	Fundraising events	79,545.				
	d	Related organizations					
	e	Government grants (contributions)	1,750,794.				
	f	All other contributions, gifts, grants, and similar amounts not included above	843,194.				
	g	Noncash contributions included in lines 1a-1f \$	98,130.				
	h	Total. Add lines 1a-1f	2,767,468.				
	Program Service Revenue	Business Code					
2 a		ADMISSIONS	900099	1,818,001.	1,818,001.		
b							
c							
d							
e							
f		All other program service revenue					
g	Total. Add lines 2a-2f		1,818,001.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		116,069.		116,069.	
	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				
			b	Less: cost or other basis and sales expenses			
			c	Gain or (loss)			
	d	Net gain or (loss)		45,410.		45,410.	
	8 a	Gross income from fundraising events (not including \$ 79,545. of contributions reported on line 1c). See Part IV, line 18	a	8,130.			
			b	Less: direct expenses	25,740.		
c			Net income or (loss) from fundraising events		-17,610.		-17,610.
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a	551,675.				
		b	Less: cost of goods sold	262,213.			
		c	Net income or (loss) from sales of inventory		289,462.		289,462.
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		5,018,800.	1,818,001.	0.	433,331.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	268,203.	160,921.	80,461.	26,821.
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	1,204,612.	1,073,615.	51,186.	79,811.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,794.	29,665.	771.	1,358.
9 Other employee benefits	159,834.	134,104.	19,267.	6,463.
10 Payroll taxes	119,374.	101,890.	8,663.	8,821.
11 Fees for services (non-employees):				
a Management				
b Legal	843.	672.	151.	20.
c Accounting	18,265.	15,701.	1,866.	698.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	43,125.			43,125.
f Investment management fees	14,197.		14,197.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	382,599.	332,804.	35,314.	14,481.
12 Advertising and promotion	358,794.	282,030.	29,215.	47,549.
13 Office expenses	149,248.	138,395.	3,715.	7,138.
14 Information technology	94,846.	94,031.	581.	234.
15 Royalties				
16 Occupancy	643,165.	621,109.	17,585.	4,471.
17 Travel	28,654.	17,309.	2,471.	8,874.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,658.	3,735.	846.	77.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	411,863.	411,863.		
23 Insurance	987.	967.	10.	10.
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.	244,123.	242,662.	3.	1,458.
b EDUCATION PROGRAMS	107,512.	106,964.		548.
c OTHER	102,593.	75,185.	10,410.	16,998.
d COLLECTION/CONSERVATION	75,225.	75,225.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,464,514.	3,918,847.	276,712.	268,955.
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)

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Part X Balance SheetCheck 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	144,257.	1	23,074.
	2	Savings and temporary cash investments	480,287.	2	1,004,203.
	3	Pledges and grants receivable, net	531,750.	3	320,990.
	4	Accounts receivable, net	47,806.	4	68,654.
	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	147,026.	8	116,622.
	9	Prepaid expenses and deferred charges	59,959.	9	57,393.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,476,337.		
	b	Less: accumulated depreciation	10b 3,218,308.		
	11	Investments - publicly traded securities	5,918,173.	10c	6,258,029.
	12	Investments - other securities. See Part IV, line 11	2,791,015.	11	2,876,559.
	13	Investments - program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11		14	
16	Total assets. Add lines 1 through 15 (must equal line 34)	10,120,273.	15		
Liabilities	17	Accounts payable and accrued expenses	10,120,273.	16	10,725,524.
	18	Grants payable	129,875.	17	199,678.
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities	414,933.	19	430,293.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	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		21	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	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		24	
	26	Total liabilities. Add lines 17 through 25	544,808.	25	
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	6,292,188.	26	629,971.
	28	Temporarily restricted net assets	6,292,188.	27	6,896,360.
	29	Permanently restricted net assets	1,251,168.	28	1,167,084.
	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	2,032,109.	29	2,032,109.
	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
	32	Retained earnings, endowment, accumulated income, or other funds		31	
33	Total net assets or fund balances	9,575,465.	32		
34	Total liabilities and net assets/fund balances	10,120,273.	33	10,095,553.	
			34	10,725,524.	

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Part XI Reconciliation of Net AssetsCheck 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	5,018,800.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,464,514.
3	Revenue less expenses. Subtract line 2 from line 1	3	554,286.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,575,465.
5	Net unrealized gains (losses) on investments	5	-34,198.
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	10,095,553.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

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

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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 2014 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

LIBERTY MEMORIAL ASSOCIATION D/B/A

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2446550.	1612315.	1670892.	2550252.	2767468.	11047477.
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	1751317.	1849761.	1994643.	2023566.	2369676.	9988963.
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	4197867.	3462076.	3665535.	4573818.	5137144.	21036440.
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.)						21036440.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	4197867.	3462076.	3665535.	4573818.	5137144.	21036440.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	61,840.	60,518.	59,014.	70,310.	116,069.	367,751.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	61,840.	60,518.	59,014.	70,310.	116,069.	367,751.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	4259707.	3522594.	3724549.	4644128.	5253213.	21404191.
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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	98.28 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	98.31 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	1.72 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	1.69 %

- 19a **33 1/3% support tests - 2014.** 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 - 2013.** 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
-

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Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

LIBERTY MEMORIAL ASSOCIATION D/B/A

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

LIBERTY MEMORIAL ASSOCIATION D/B/A

Schedule A (Form 990 or 990-EZ) 2014 NATIONAL WORLD WAR I MUSEUM AND MEMORIAL 43-6052673 Page 6

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2014

LIBERTY MEMORIAL ASSOCIATION D/B/A

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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

2014

Name of the organization

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

Employer identification number

43-6052673

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution. An organization that 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) (2014)

Name of organization

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

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
1		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,553,490.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 12,500.	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 AND MEMORIAL	Employer identification number 43-6052673
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 77,301.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 5,000.	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 AND MEMORIAL	Employer identification number 43-6052673
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 8,750.	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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 10,000.	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 AND MEMORIAL	Employer identification number 43-6052673
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 44,950.	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		\$ 99,250.	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 AND MEMORIAL	Employer identification number 43-6052673
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 20,186.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 50,000.	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 AND MEMORIAL

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		\$ 5,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 10,000.	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		\$ 5,000.	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		\$ 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 AND MEMORIAL	Employer identification number 43-6052673
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 15,068.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 5,000.	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 AND MEMORIAL

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
43		\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 25,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 2,000.	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 AND MEMORIAL	Employer identification number 43-6052673
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	2,015 SHARES HIGHWOODS PROPERTIES, INC. STOCK	\$ 77,301.	03/12/14
26	251 SHARES CROWN CASTLE INT'L CORP STOCK	\$ 20,186.	09/04/14
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization LIBERTY MEMORIAL ASSOCIATION D/B/A NATIONAL WORLD WAR I MUSEUM AND MEMORIAL	Employer identification number 43-6052673
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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 AND MEMORIAL 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

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). 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. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? 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. 1b 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

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, for escrow or custodial account liability? Yes No

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

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	2,738,400.	2,600,516.	2,730,565.	2,891,168.	2,758,687.
b Contributions					500.
c Net investment earnings, gains, and losses	109,819.	274,616.	257,526.	-20,413.	268,622.
d Grants or scholarships					
e Other expenditures for facilities and programs	118,490.	136,732.	387,575.	140,190.	136,641.
f Administrative expenses					
g End of year balance	2,729,729.	2,738,400.	2,600,516.	2,730,565.	2,891,168.

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

- a Board designated or quasi-endowment 8.74 %
- b Permanent endowment 16.82 %
- c Temporarily restricted endowment 74.44 %

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:

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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.	2,584,032.	5,005,538.
d Equipment		1,886,767.	634,276.	1,252,491.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,258,029.

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 D/B/A

Schedule D (Form 990) 2014

NATIONAL WORLD WAR I MUSEUM AND MEMORIAL 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	5,232,618.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	262,213.	
e	Add lines 2a through 2d	2e		262,213.
3	Subtract line 2e from line 1	3		4,970,405.
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	14,197.	
b	Other (Describe in Part XIII.)	4b	34,198.	
c	Add lines 4a and 4b	4c		48,395.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		5,018,800.

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	4,712,530.
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	262,213.	
e	Add lines 2a through 2d	2e		262,213.
3	Subtract line 2e from line 1	3		4,450,317.
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	14,197.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		14,197.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		4,464,514.

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:

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 91,000 ARTIFACTS IN 2013 TO NEARLY 100,000 IN 2014. 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 COLLECTIONS SHALL

Part XIII Supplemental Information (continued)

NOT BE CAPITALIZED NOR TREATED AS FINANCIAL ASSETS. ACCESSIONS TO THE COLLECTION, WHICH OFTEN INCLUDE MULTIPLE ARTIFACTS, WERE 182 IN 2014 AND 120 IN 2013.

PART III, LINE 4:

THE MUSEUM'S COLLECTION OF NEARLY 100,000 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:

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:

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 WOULD AFFECT ITS EXEMPT STATUS OR RESULT IN ANY TAX ON UNRELATED BUSINESS

Part XIII Supplemental Information (continued)

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 2011 THROUGH 2013.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET UNREALIZED LOSSES ON INVESTMENTS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
HARTSOOK COMPANIES - PO BOX 26147, SHAWNEE MISSION, KS	CONSULTATION AND STRATEGY		X	0.	43,125.	0.
Total					43,125.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LIBERTY MEMORIAL ASSOCIATION D/B/A

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MOVIE PREMIER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	87,675.		87,675.
	2	Less: Contributions	79,545.		79,545.
	3	Gross income (line 1 minus line 2)	8,130.		8,130.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	5,375.		5,375.
	8	Entertainment	15,897.		15,897.
	9	Other direct expenses	4,468.		4,468.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			25,740.
11	Net income summary. Subtract line 10 from line 3, column (d)			-17,610.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

LIBERTY MEMORIAL ASSOCIATION D/B/A

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: HARTSOOK COMPANIES

(I) ADDRESS OF FUNDRAISER: PO BOX 26147, SHAWNEE MISSION, KS 66225

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

43-6052673

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	X
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	X
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Schedule J (Form 990) 2014

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

Part III Supplemental Information

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

PART I, LINE 7:

THE CEO WAS AWARDED A PERFORMANCE BONUS AS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES BASED ON THE ACCOMPLISHMENTS FOR THE YEAR. THESE INCLUDE, BUT ARE NOT LIMITED TO 1) THE IMPLEMENTATION OF THE STRATEGIC PLAN, 2) THE DEVELOPMENT OF A COMPREHENSIVE FUND RAISING PROGRAM, 3) BUILDING STRATEGIC PARTNERSHIPS WITH OTHER INSTITUTIONS NATIONALLY AND INTERNATIONALLY AND 4) UPGRADING ALL ASPECTS OF THE MUSEUM'S OPERATIONS TO REFLECT ITS STATUS AS A MAJOR CULTURAL INSTITUTION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

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.

Open To Public
Inspection

Name of the organization **LIBERTY MEMORIAL ASSOCIATION D/B/A
NATIONAL WORLD WAR I MUSEUM AND MEMORIAL** 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	<input checked="" type="checkbox"/>	182	0.		
2	<input type="checkbox"/>				
3	<input type="checkbox"/>				
4	<input type="checkbox"/>				
5	<input type="checkbox"/>				
6	<input type="checkbox"/>				
7	<input type="checkbox"/>				
8	<input type="checkbox"/>				
9	<input checked="" type="checkbox"/>	3	98,130.	QUOTED MARKET PRICES	
10	<input type="checkbox"/>				
11	<input type="checkbox"/>				
12	<input type="checkbox"/>				
13	<input type="checkbox"/>				
14	<input type="checkbox"/>				
15	<input type="checkbox"/>				
16	<input type="checkbox"/>				
17	<input type="checkbox"/>				
18	<input type="checkbox"/>				
19	<input type="checkbox"/>				
20	<input type="checkbox"/>				
21	<input type="checkbox"/>				
22	<input type="checkbox"/>				
23	<input type="checkbox"/>				
24	<input type="checkbox"/>				
25	<input type="checkbox"/>				
26	<input type="checkbox"/>				
27	<input type="checkbox"/>				
28	<input type="checkbox"/>				

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 through 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization 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) (2014)

LIBERTY MEMORIAL ASSOCIATION D/B/A

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):

COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 33:

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.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

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

Employer identification number

43-6052673

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

DEDICATED TO REMEMBERING, INTERPRETING, AND UNDERSTANDING THE GREAT WAR
AND ITS ENDURING IMPACT ON THE GLOBAL COMMUNITY. WE ACCOMPLISH THIS
THROUGH THE FOLLOWING STRATEGIC INITIATIVES: ESTABLISHING THE MUSEUM
AND MEMORIAL AS THE FOREMOST INTERPRETER AND RESOURCE FOR INSIGHT INTO
THE GREAT WAR AND ITS ENDURING IMPACT; PROVIDING FIRST-CLASS VISITOR
AND VIRTUAL EXPERIENCE, AND DELIVERING INCREASINGLY ENGAGING AND
ACCESSIBLE ACTIVITIES AND EXPERIENCES TO DIVERSE AUDIENCES; DEVELOPING
AND ENRICHING PHILANTHROPIC RELATIONSHIPS AND PROGRAMS NECESSARY TO
ENSURE LONG-TERM SUSTAINABILITY; ESTABLISHING THE MUSEUM AND MEMORIAL
AS A "MUST-SEE" DESTINATION, AND SOURCE OF CIVIC PRIDE; AND ENGAGING
AND INSPIRING KEY CONSTITUENTS TO CONTRIBUTE TO THE EXCELLENCE OF THE
MUSEUM AND MEMORIAL.

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

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

Name of the organization	LIBERTY MEMORIAL ASSOCIATION D/B/A NATIONAL WORLD WAR I MUSEUM AND MEMORIAL	Employer identification number 43-6052673
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AS OF DECEMBER 31, 2014 THE NWWIMM CURRENTLY EMPLOYS 26 FULL-TIME AND SIX PART-TIME STAFF. APPROXIMATELY 276 VOLUNTEERS PROVIDED 38,483 HOURS OF SERVICE IN 2014. VOLUNTEERS GREET GUESTS, PROVIDE EXPERT TOURS, PROVIDE GUIDANCE, ASSIST WITH PROMOTION, ANSWER ANY AND ALL QUESTIONS, AND HELP TO LEND A WARM, HUMAN DIMENSION TO MULTIFACETED STORIES OF WAR AND WORLD HISTORY.

THE NWWIMM RECEIVES FINANCIAL SUPPORT FROM LOCAL, NATIONAL AND INTERNATIONAL 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, THE MUSEUM STORE, THE OVER THERE CAFE, AND OTHER INITIATIVES ARE ALSO SUCCESSFUL REVENUE GENERATING SOURCES.

THE NWWIMM IS PROUD OF BEING RANKED ONE OF THE TOP 25 MUSEUMS IN THE COUNTRY AND AS THE "NUMBER ONE ATTRACTION IN KANSAS CITY" BY TRIP ADVISOR FROM 2007-14 AS WELL AS BEING RECOGNIZED BY USA TODAY AS ONE OF THE 10 BEST MILITARY MUSEUMS.

VISITORS FROM 79 COUNTRIES ACCOUNTED FOR A RECORD-BREAKING ATTENDANCE OF 235,271 IN 2014, WHILE AN ADDITIONAL 174,436 INDIVIDUALS PARTICIPATED IN ACTIVITIES AND EVENTS HELD ON THE CAMPUS GROUND - A TOTAL OF SOME 410,000 VISITORS SERVED.

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

INSTITUTIONS, TO BRING OUR AUDIENCES THE MOST ROBUST AND MEMORABLE EXPERIENCES TO DEPICT THE GREAT WAR AND ITS ERA.

Name of the organization	LIBERTY MEMORIAL ASSOCIATION D/B/A NATIONAL WORLD WAR I MUSEUM AND MEMORIAL	Employer identification number 43-6052673
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THE NWWIMM HOLDS A COMPREHENSIVE COLLECTION OF NEARLY 100,000 WORLD WAR I HISTORICAL MATERIALS, AND ACTIVE COLLECTING CONTINUES TO THE PRESENT, WITH COLLECTION PRIORITIES RESPONDING TO IMMEDIATE RESEARCH AND EXHIBITION NEEDS. IN 2014, THE MUSEUM ACCEPTED 182 NEW ACCESSIONS INTO THE PERMANENT COLLECTION, EACH OF WHICH CONTAINS 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 TYPICALLY FEATURES TWO TEMPORARY EXHIBITIONS EVERY YEAR. IN 2014, SPECIAL EXHIBITIONS INCLUDED: ON THE BRINK, WHICH DELVED INTO THE FINAL EVENTS THAT LED TO THE ADVENT OF HOSTILITIES; OVER BY CHRISTMAS, THE THEME OF WHICH WAS TO EXPLORE HOW BOTH SIDES UNDERESTIMATED THE RESOLVE OF THE OTHER; AND ART OF WAR, A COLLECTION OF COLORFUL POLITICAL CARTOONS FROM GUSTAVE A. WENDT. ADDITIONALLY, THE MUSEUM CURATES AND HOSTS DIGITAL EXHIBITIONS, AVAILABLE TO GLOBAL AUDIENCES. IN 2014, WE CURATED AND HOSTED THE FOLLOWING DIGITAL EXHIBITIONS: WAR FARE, AN EXAMINATION OF THE ROLE OF FOOD DURING THE COURSE OF WORLD WAR I; THE CHRISTMAS TRUCE, A REFLECTION ON THE REMARKABLE EVENT ON CHRISTMAS 1914; AND HOME BEFORE THE LEAVES FALL, A COLLABORATIVE EXHIBITION WITH THE GOOGLE CULTURAL INSTITUTE FEATURING HIGH RESOLUTION IMAGERY AND ZOOM CAPABILITY. TRAVELING EXHIBITIONS HOSTED AT THE MUSEUM IN 2014 INCLUDED: WAR & ART, WHICH EXAMINED ITALIAN EFFORTS TO PRESERVE WORKS OF ART; AND RENEFER: LETTERS & ARTWORKS FROM WAR, A BILINGUAL EXHIBITION FEATURING THE FAMOUS FRENCH ARTIST.

Name of the organization	LIBERTY MEMORIAL ASSOCIATION D/B/A NATIONAL WORLD WAR I MUSEUM AND MEMORIAL	Employer identification number 43-6052673
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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTICIPANTS DURING 2014, MOSTLY DURING THE SUMMER. THESE PARTICIPANTS, PRIMARILY COMPRISED OF YOUNG CHILDREN, ARE INVITED TO EXPLORE HISTORY BY HANDLING NON-ACCESSION ITEMS SUCH AS HELMETS AND MESS KITS.

FINALLY, THE NWWIMM'S SUPPORT FOR EDUCATORS IS GROWING STRONGER. THE NWWIMM'S CURRICULUM, LESSONS OF LIBERTY, WAS DOWNLOADED BY 269 TEACHERS FROM AROUND THE WORLD IN 2014. NEW CURRICULUM IS CURRENTLY BEING CREATED THROUGH THE NWWIMM'S TEACHER FELLOWSHIP PROGRAM AS WELL, WHICH CELEBRATED ITS THIRD YEAR IN 2014 BY INVITING SOME OF THE BEST TEACHERS IN THE COUNTRY TO DEVELOP UNIQUE LESSONS AT THE NWWIMM WHICH WILL BE POSTED ONLINE.

THE ONLINE DATABASE WAS LAUNCHED IN JULY 2013. IN 2014, 1,967 RECORDS WERE ADDED TO THE DATABASE, RAISING THE TOTAL TO MORE THAN 21,500 ITEMS AVAILABLE FOR PUBLIC ACCESS.

IN ADDITION TO ENGLISH AND SPANISH-LANGUAGE AUDIO GUIDES, THE NWWIMM INTRODUCED FRENCH AND GERMAN-LANGUAGE AUDIO GUIDES IN THE SUMMER OF 2014.

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

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:

Name of the organization	LIBERTY MEMORIAL ASSOCIATION D/B/A NATIONAL WORLD WAR I MUSEUM AND MEMORIAL	Employer identification number 43-6052673
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THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY BY OBTAINING A DISCLOSURE FORM FROM BOARD MEMBERS AND EMPLOYEES ON AN ANNUAL BASIS. ANY POTENTIAL CONFLICT OF INTEREST FOR A BOARD MEMBER OR THE PRESIDENT/CEO IS REFERRED TO THE GOVERNANCE COMMITTEE FOR REVIEW. A RECOMMENDATION OF ACTION, IF WARRANTED, IS PRESENTED TO THE EXECUTIVE COMMITTEE FOR A FINAL DETERMINATION. FOR EMPLOYEES, THE PRESIDENT/CEO PERFORMS THE REVIEW AND IS RESPONSIBLE FOR DETERMINING THE APPROPRIATE ACTION TO BE TAKEN.

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

THE ORGANIZATION DETERMINES THE AMOUNT OF COMPENSATION FOR THE CEO WITH AN ANNUAL REVIEW BY THE EXECUTIVE COMMITTEE. OTHER KEY EMPLOYEES OF THE ORGANIZATION UNDERGO AN ANNUAL REVIEW BY THE CEO. COMPENSATION CONSIDERATIONS WERE ANALYZED IN A SALARY/WAGE SURVEY CONDUCTED IN AUGUST 2014. SALARIES IN SIMILAR TYPE INSTITUTIONS WITH REGARD TO ANNUAL BUDGET, NUMBER OF EMPLOYEES, AND GEOGRAPHICAL LOCATIONS WERE RECORDED. THIS DATA IS THE FOUNDATION OF A PRELIMINARY SALARY RANGING PROCESS. COST OF LIVING ADJUSTMENTS (COLA) WERE REVIEWED AND PAY RATES WERE ADJUSTED USING THE APPROVED COLA RATE APPROVED BY THE CEO EFFECTIVE JANUARY 1, 2014. AMOUNTS ARE ALSO BENCHMARKED TO OTHER SIMILAR ORGANIZATIONS.

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

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

FORM 990, PART XII, LINE 2C:

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

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