Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form **990**

Under section 501(c),527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) **2014**

o8 0 ,1mont of the Treasury .... Do not enter socialsecurity number s on this form as it may be made public.

InternalRevenue Setvoce .... Information about Form 990 and its instructions is at *www ;,..,.* .nnn

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

|  |  |  |
| --- | --- | --- |
| B Check of  applicabel  D Address change  o Name  change  D ln.tJal  return  DF•nal return/ term i n· ated  DAmended  return  D AppiCi 3· hon pend•ng | C Name of organization  uss MISSOURI MEMORIAL ASSOCIATION, INC. | D Employer identification number  99-0310903 |
| Doing business as |
| POST OFFICE BOX 879 | E Telephone number  808-423-2263 |
| City or town, state or province, country, and ZIP or foreign postal code  AIEA, HI 96701 | G Gross receipts S 16,996,175. |
| H(a) Is this a group return  for subordinates? D Yes OO No  H(b) /Ve all suOordonates onctuded?D Yes D No  If 'No," attach a list. (see instructions) H(c) Group exemption number .... |
| F Name and address of principal officer:MCIHAEL CARR SAME AS c ABOVE |
| I Tax-exempt status: LXJ 501(c}(3} L J 501(c} ( }<1111 (insert no.} U4947(a}(1} or L 527 | |
| J Website:... [WWW.USSMISSOURI.ORG](http://WWW.USSMISSOURI.ORG/) | |

Open to Public

Inspection

Number and street (or P.O. box if mail is not delivered to street address} IRoom/suite

K Form of organization: LXJ Corporation L J Trust L J Association L J Other ... IL Year of formation: 19941 M State of legal domicile:HI

IPart IJ Summary

Cl) 1 Briefly describe the organization's mission or most significant activities: THE uss MISSOURI MEMORIAL

1:

nl

E 2 Check this box ....

Cl)

Dif 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 17

0

(!)

o!J

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16

"' 5 Total number of individuals employed in calendar year 2014 (Part *V ,* line 2a) 5 210

6 Total number of volunteers (estimate if necessary) 6 400

0 7 a Total unrelated business revenue from Part VIII, column (C). line 12 7a 0.

<(

b Net unrelated business taxable income from Form 990·T, line 34 ... ...... ... .. 7b 0.

Prior Year Current Year

Cl) 8 Contributions and grants (Part VIII, line 1h) 105,867. 528,888.

:I

1: 9

Cl)

Program service revenue (Part VIII, line 2g) 10,465,752. 10,639,043.

> 10 Investment income (Part VIII, column (A),lines 3, 4,and ?d) 188,144. 272,262.

Cl)

a:

11 Other revenue (Part VIII,column (A), lines 5, 6d, Be,9c, 10c, and 11e)

1,572,741. 1,361,328.

"Cl')

"'

12 Totalrevenue - add lines 8 throuqh 11 (must equalPart VIII, column (A), line 12) 12,332,504. 12,801,521.

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) 5,197,687. 5,403,041.

1: Cl) Q.

)(

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX,column (D), line 25)

.... 9,630.

4,200. 0.

w 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f·24e) 5,399,173. 5,610,552.

18 Totalexpenses. Add lines 13-17 (must equal Part IX,column (A), line 25) 10,601,060. 11,013,593.

19 Revenue less expenses. Subtract line 18 from line 12

.. 1,731,444. 1,787,928.

*V>* Beginning of Current Year End of Year

o"u '

V> c::

CP 20 Total assets (Part X, line 16)

..

29,013,807. 30,959,755.

*"'C*"*D*'

21 Total liabilities (Part X, line 26} 839,811. 872,630.

<1:"0

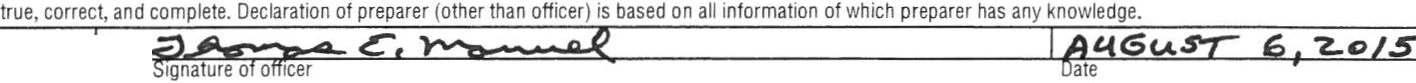
Q; c::

22 Net assets or fund balances. Subtract line 21 from line 20 ..

IPart II J Signature Block

28,173,996. 30,087,125.

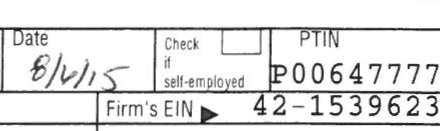
Under penalties of pequry,Ideclare that I have exammed th1s return,mcul d1ng accompanymg schedules and statements,and to the best of my knowledge and belief,111s



Sign

Here

THOMAS E. MANUEL, VICE PRESIDENT & CFO

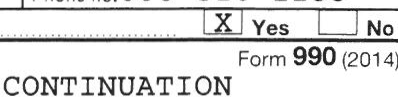
ype or pnnt name an tit e

PrmVType preparer's name

Paid EANNA C • AWA Preparer Firm's name KMH LLP

Use Only Firm's address .... 1003 BISHOP STRE 00

HONOLULU, HI 96813 Phone no. 808-526-2255



May the IRS discuss this return with the preparer shown above? (see instructions)

43200 1 11 07·14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE 0 FOR ORGANIZATION MISSION STATEMENT

Form990 2014 USS MISSOURI MEMORIAL ASSOCIATION, INC. 99-0310903



tatement of Program Service Accomplishments

Check if Schedule 0 contains a response or note to any line in this Part Ill

Briefly describe the organization's mission:

THE USS MISSOURI MEMORIAL ASSOCIATION IS DEDICATED TO PRESERVING THE BATTLESHIP MISSOURI AND SHARING HER STORY AND PLACE IN HISTORY.

Pa e 2

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

If "Yes,' describe these new services on Schedule 0.

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

If "Yes,' describe these changes on Schedule 0.



Oves CXJ No

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

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

4a (Code ) (E•penses S 10*1* 224*1* 140• onclud.ng grants of S ) (Revenue S 11,328*1* 900• )

IN 1998, PURSUANT TO THE ORGANIZATION'S PURPOSE, THE USS MISSOURI

(BB-63)BATTLESHIP WAS RELOCATED TO HAWAII. A NATIONAL MEMORIAL

COMMEMORATING THE END OF HOSTILITIES IN WORLD WAR II WAS ESTABLISHED

AND OPENED TO THE PUBLIC ON JANUARY 29, 1999. SINCE OPENING, THE MEMORIAL HAS WELCOMED OVER 5 MILLION VISITORS INCLUDING MANY SCHOOL GROUPS AND YOUTH ENCAMPMENT GROUPS. THE ENCAMPMENT PROGRAM ENLISTS

YOUTH AND PROVIDES "HANDS ON" EXPERIENCE IN SHIPBOARD LIFE AS WELL AS EDUCATIONAL PROGRAMS ON THE SIGNIFICANCE OF THE USS MISSOURI AND WORLD WAR II. IN CONJUNCTION WITH OPERATING THE MEMORIAL, MAINTENANCE IS AN ONGOING PROCESS. WHILE SIGNIFICANT PROGRESS HAS BEEN MADE TO RESTORE THE BATTLESHIP MISSOURI TO HER FORMER GLORY, WORK REMAINS TO ENABLE

ACCESS TO ADDITIONAL AREAS OF THE SHIP, TO EXPAND AND IMPROVE

4b (Code ) (E•penses S - - ------ oncludong grants of S --------- ) (RevenueS \_

4c (Code: --- ) {E•penses s \_ oncludong grants of S --------- ) (Revenues \_

4d Other program services (Describe in Schedule 0.)

(E•penses $

•nclud•ng grants of S

(RevenueS

4e Total program service expenses 1!1: 10,224,140.

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SEE SCHEDULE 0 FOR CONTINUATION(S)

Form990(2014l USS MISSOURI MEMOR IAL ASSOC IATION , INC. 99-0310903

1 Part IV 1 Checklist of Required Schedules

1 Is the organization described in section 501(c)(3} or 4947(a)(1} (other than a private foundation)?

Page 3

Yes No

*If " Yes," complete Schedule A* f--1.:..-+...:,X:::-+---

2 Is the organization required to complete *Schedule B, Schedule of Contnbutor* f--2=--t-X-+---

3 Did the organization engage in direct or indirect political campaign activtiies on behalf of or in opposition to candidates for

public office? *If " Yes,*• *complete Schedule* C, *Part I* f--3=--t--+--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? *If " Yes," complete Schedule* C, *Part II* 1-4..;...\_+-- +--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? *If " Yes," complete Schedule* C, *Part Ill*

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? *If " Yes,·complete Schedule 0, Part I*

7 Did the organization receive or hold a conservation easement,including easements to preserve open space, the environment, historic land areas, or historic structures? *If " Yes,·complete Schedule 0, Part II*

8 Did the organization maintain collections of works of art,historicaltreasures, or other similar assets? *If " Yes," complete*

*Schedule 0, Part Ill*

9 Did the organization report an amount in Part X, line 21, for escrow or custodialaccount liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling,debt management, credti repair, or debt negotiation services? *If "Yes,·complete Schedule 0, Part IV*

10 Did the organization,directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If " Yes,*• *complete Schedule 0, Part V*

11 If the organization's answer to any of the following questions is "Yes," then complete ScheduleD, 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? *If " Yes," complete Schedule 0,*

*Part VI*

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? *If "Yes," complete Schedule 0, Part VII*

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? *If " Yes,* • *complete Schedule 0, Part VIII*

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? *If " Yes,*• *complete Schedule 0, Part IX*

e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes,* • *complete Schedule 0, Part 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)? *If " Yes," complete Schedule 0, Part X*

12a Did the organization obtain separate, independent audited financialstatements for the tax year? *If "Yes," complete*

*Schedule 0, Parts XI and XII*

b Was the organization included in consolidated, independent audited financialstatements for the tax year?

*If "Yes," and 1f the orgamzalion answered "No" to line 12a, then completmg Schedule 0, Parts XI and Xllts optional*

13 Is the organization a schooldescribed in section 170(b)(1)(A)(i)i ? *If "Yes," complete Schedule E*

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraisni g, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*

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? *If " Yes," complete Schedule F, Parts II and IV*

16 Did the organization report on Part IX, column (A), line 3, *mor e* than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes,·complete Schedule F, Parts Ill and IV*

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? *If "Yes," complete Schedule* G, *Part I*

18 Did the organization report more than $15,000 total of fundraising *event* gross income and contributions on Part VIII, lines

1c and 8a? *If " Yes,* • *complete Schedule* G, *Part II*

19 Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If " Yes,' complete Schedule* G, *Part Ill*

20a Did the organization operate one or more hospitalfacilities? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach a coov of its audited financial statements to this return?

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11 07-14

5 X

6 X

7 X

8 X

9 X

10 X

11a X

11b X

11c X

11d X

11e X

111 X

12a X

12b X

13 X

14a X

14b X

15 X

16 X

17 X

18 X

19 X

20a X

20b

Form 990 (2014)

Form 990 (2014)

USS MISSOURI MEMORIAL ASSOCIATION *I*

INC 99- 0310903

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1 Part IV 1 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*  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," *cornplete Schedule I, Parts I and 111*  23 Did the organization answer "Yes" to Part VII, Section A, lni e 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*  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 /me 25a*  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*  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*  26 Did the organization report any amount on Part X, line 5, 6,or 22 for recetvables 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*  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 Ill*  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*  b A family member of a current or former officer, director, trustee, or key employee? *If* " Yes," *complete Schedule L, Part IV*  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*  29 Did the organization receive more than $25,000 in non-cash contributions? *If* "Yes," *complete Schedule M*  30 Did the organization receive contributions of art, historical treasures,or other simliar assets, or qualified conservation contributions? *If* " Yes," *complete Schedule M*  31 Did the organzi ation liquidate,terminate, or dissolve and cease operations?  *If* "Yes," *complete Schedule N, Part I*  32 Did the organization sell, exchange,dispose of, or transfer more than 25% of its net assets?*If " Yes," complete*  *Schedule N, Part II*  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 ScheduleR, Part I*  34 Was the organization related to any tax-exempt or taxable entity? *If* "Yes," *complete ScheduleR, Part II, Ill, or IV. and*  *Part V. line 1*  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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 ScheduleR, Part V. !me 2*  36 Section 501(c)(3) organizations.Did the organization make any transfers to an exempt non-charitable related organization?  *If " Yes," complete ScheduleR, Part V, line 2*  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 federalincome tax purposes? *If* "Yes," *complete ScheduleR, Part VI*  38 Did the organization complete Schedule 0 and provide explanations in Schedule 0 for Part VI, lines 11b and 19?  Note.All Form 990 filers are rE guired to comolete Schedule 0 | 21 |  | X |
| 22 |  | X |
| 23 | X |  |
| 24a |  | X |
| 24b |  |  |
| 24c |  |  |
| 24d |  |  |
| 25a |  | X |
| 25b |  | X |
| 26 |  | X |
| 27 |  | X |
| 28a |  | X |
| 28b |  | X |
| 28c |  | X |
| 29 |  | X |
| 30 |  | X |
| 31 |  | X |
| 32 |  | X |
| 33 |  | X |
| 34 |  | X |
| 35a |  | X |
| 35b |  |  |
| 36 |  | X |
| 37 |  | X |
| 38 | X |  |

Form 990 (2014)

Form990 2014 USS MISSOURI MEMORIAL ASSOCIATION, INC . 99-0310903



Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule 0 contains a response or note to any line in this Part V

Pa e 5

Yes No

1a Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable

I 1a I 27

b Enter the number of Forms W·2G included in line 1a. Enter ·0·if not applicable I 1b I 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners? 1c X

*Lal*

2a Enter the number of employees reported on Form W-3, Transmittalof Wage and Tax Statements,

filed for the calendar year ending with or within the year covered by this return 210

b If at least one is reported on line 2a, did the organization file all required federalemployment tax returns? 2b X

Note.If the sum of lines 1a and 2a is greater than 250, you may be required *toe-file* (see instructions)

3a Did the organization have unrelated business gross income of $1,000 or more during the year? 3a X

b If "Yes, " has it filed a Form 990-T for this year? *If 'No," to !me 3b, provide an explanation in Schedule* 0 3b

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a

financialaccount in a foreign country (such as a bank account, securities account, or other financialaccount)? 4a 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).

Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sb X c If ' Yes,• to line Sa or Sb, did the organization file Form 8886-T? Sc

6a Does the organization have annualgross receipts that are normally greater than $100,000, and did the organization soilcit

any contributions that were not tax deductible as charitable contributions? 6a X

b If 'Yes," did the organizationinclude with every solicitation an express statement that such contributions or gifts

were not tax deductible? 6b

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 contnbution and partly for goods and services provided to the payor? 7a X

b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required

to file Form 8282? 7c X

d If 'Yes,·indicate the number of Forms 8282 filed during the year I 7d I

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personalbenefit contract? 7e X

f Did the organization,during the year, pay premiums, directly or indirectly, on a personalbenefit contract? 7f X

9 If the organization received a contribution of qualified intellectualproperty, did the organization file Form 8899 as required? 7g X

h If the organization received a contrbi ution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X

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? 8

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b

10 Section S01(c)(7) organizations.Enter:

a Initiation fees and capitalcontributions included on Part VIII, line 12 l 1oa I

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

11 Section 501(c)(12) organizations.Enter:

a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against

amounts due or received from them.) 11b

12a

|  |  |  |  |
| --- | --- | --- | --- |
| 12a b | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For  If ' Yes,' enter the amount of tax-exempt interest received or accrued during the year | m 1041?  l 12b I |  |
| 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 additionalinformation the organization must report on Schedule 0. |  |  |

13a

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 I 1Jb I

c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X

b If "Yes ' has it filed a Form 720 to report these payments? *If " No," provide an explanation in Schedule* 0 14b

Form 990 (2014)

Form990 2014 USS MISSOURI MEMORIAL ASSOCIATION, INC. 99-0310903 Pa e 6

Governance, Management, and Disclosure *For* each " Yes" *response to lines 2 through 7b below, and for a " No" response*

.\_ . *to line Ba, Bb, or 1Ob below, describe the circumstances,* processes, *or changes in Schedule* 0. See *mstructions.*

Check if Schedule 0 contains a response or note to anv 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 comm1ttee,explain in Schedule 0.  b Enter the number of voting members included in line 1a, above, who are independent | 1a | 1 | 7  6  2 |  | X |
| 1b | 1 |
| 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?  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?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Did the organization have members or stockholders?  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?  b Are any governance decisions of the organization reserved to (or subject to approval by} members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII,Section A, who cannot be reached at the oraanization's mailina address? *If* "Yes," *provide the names and addresses in Schedule* 0 ... | | |
| 3 |  | X |
| 4 |  | X |
| 5 |  | X |
| 6 |  | X |
| 7a |  | X |
| 7b |  | X |
| Sa | X |  |
| 8b | X |  |
| 9 |  | X |

Section B. Po!Jeres *(Th1s Sect1on B requests mformatton about poltc1es not requ1red by the Internal* Revenue *Code)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| 10a Did the organization have localchapters, branches, or affiliates?  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?  b Describe in Schedule 0 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*  b Were officers, directors, or trustees, and key employees required to disclose annually Interests that could g1ve rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? *If* "Yes," describe  *in Schedule* 0 *how th1s was done*  13 Did the organization have a written whistleblower policy?  14 Did the organzi ation have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons 1nclude 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  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule 0 (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 federaltax law, and take steps to safeguard the organization's  exempt status with respect to such arranaements? | 10a |  | X |
| 10b |  |  |
| 11a |  | X |
| 12a | X |  |
| 12b | X |  |
| 12c | X |  |
| 13 | X |  |
| 14 | X |  |
| 15a | X |  |
| 15b | X |  |
| 16a |  | X |
| 16b |  |  |

Sectron C. Drsclosure

17 List the states with which a copy of this Form 990 is required to be filed ...HI

------------------------------------------

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.

DOwn website DAnother's website CXJ Upon request DOther *(explain m Schedule 0)*

19 Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financ1al 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:... - --------

THOMAS E. MANUEL - 808-423-1157

63 COWPENS ST, HONOLULU, HI 96818

Form 990 2014 USS MISSOURI MEMORIAL ASSOCIATION, INC. 9 9 - 0 310 9 0 3 Pa e 7



*. \_,* Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

Check if Schedule 0 contains a response or note to any line in this Part VII D

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.(). 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 report·

able 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:individualtrustees or directors; institutionaltrustees; officers; key employees;highest compensated employees;

and former such persons.

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

(A) (B) (C) (D) (E) (F)

Name and Title Average Position Reportable Reportable Estimated

(do not check more than one

hours per box, unless per son IS both an compensation compensation amount of week off•cer and a director/trustee) from from related other

(list any

0 the organizations compensation

hours for .;; = organization (W·2/1099·MISC) from the

g

0

related

organizations

{W·2/1099·MISC) organization

i and related

below

i il ...!e

organizations

line) 8

(1) MICHAEL CARR 40.00

:"o": E

PRESIDENT & CEO X X 174,869. 0. 6,843.

( 2) ROBERT T. "TIM" GUARD 5.00

CHAIRMAN OF THE BOARD X X 0 . 0. 0.

(3) BOB DEWITZ 5.00

VICE CHAIRMAN & SEC, X X 0. 0. 0.

(4) PATRICK MCFADDEN 5.00

TREASURER X X 0. 0. 0.

(5) RUTH ANN BECKER 5.00

DIRECTOR X 0. 0. 0.

(6) CAPT MICHAEL A, LILLY 5.00

DIRECTOR X 0. 0. 0.

(7) VINCE BARFIELD 5.00

DIRECTOR X 0. 0. 0.

( 8 ) VADM ROBERT KIHUNE 5 .00

DIRECTOR X 0 . 0. 0 .

( 9) ADM MIKE VITALE 5.00

DIRECTOR X 0. 0. 0.

(10)VIC ANGOCO 5.00

DIRECTOR X 0. 0. 0.

(11)MARK POLIVKA 5.00

DIRECTOR X 0. 0. 0 .

(12) STEVE COLON 5.00

DIRECTOR X 0. 0. 0.

(13)SUSAN COWAN 5.00

DIRECTOR X 0 . 0. 0.

(14) ELLIOT MILLS 5.00

DIRECTOR X 0 . 0. 0.

(15)JEFFERY JAMES 5.00

DIRECTOR X 0. 0 . 0 .

(16)JIM STONE 5.00

DIRECTOR X 0. 0 . 0.

(17)JACK LAUFER 5.00

DIRECTOR X 0. 0. 0.

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

(A) (B) (C) (D) (E) (F) Name and title Average Position Reportable Reportable Estimated

(do not check more than one

hours per box,unless person is both an compensation compensation amount of

week officer and a director/trustee) from from related other

(list any *§* the organizations compensation hours for '6 organization 0/'1·2/1099-MISC) from the related 0 0/'1·2/1099-MISC) organization

organizations .= ;!. e and related

c *E 8*

below

= .'2 organizations

line) I

( lB ) THOMAS E. MANUEL 40.00

VICE PRESIDENT X

( 19) PAUL DYSON 40.00

VICE PRESIDENT X

( 20) JASON MORRISON 40.00

ie

:¥!ii

VICE PRESIDENT X 108,928. 0. 5,921.

1b Sub-total .... 505,957. 0. 31,259.

c Totalfrom continuation sheets to Part VII,Sec tion A .... 0. 0. 0.

d Total(add lines 1b and 1c) .. ..........

'' " '" '" " ' "

.... 505,957. 0. 31,259.

2 Totalnumber of individuals (including but not limited to those listed above) who received more than $100,000 of reportable

compensation from the orqanization .... 4

|  |  |  |  |
| --- | --- | --- | --- |
|  | | 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*  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If* "Yes," *complete Schedule J for such individual*  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services  rendered to the orqanization? *If " Yes," complete Schedule J for such person* | 3 |  | X |
| 4 | X |  |
| 5 |  | X |

Sect1on B.Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensat1on for the caIendar year endm' g with or w1.t hin the organization's tax year.

|  |  |  |
| --- | --- | --- |
| (A)  Name and business address | (B) Description of services | (C) Compensation |
| CONTINENTAL MECHANICAL OF THE PACIFIC  2146 PUUHALE PLACE, HONOLULU, HI 96819-323 | MECHANICAL WORK/AC  5CHILLER | 814,308. |
| ROBERT'S HAWAII TOURS, INC.*I* 680 IWILEI  ROAD, SUITE 700, HONOLULU, HI 96817 | VISITOR  RANSPORTATION | 750,021. |
| TEAKDECKING SYSTEMS, INC.  7061 15TH STREET EAST, SARASOTA, FL 34243 | TEAK WOOD/SUPPLIES | 291,238. |
| ALLANA BUICK & BERS, INC.*I* 707 RICHARDS  STREET, #635, HONOLULU, HI 96813-4613 | ENERGY CONSERVATION  SERVICE | 284,717. |
| L & S ENTERPRISES MARINE CONSULTANTS, INC.  91-1478 WAHANE STREET, KAPOLEI, HI 96707 ! | SHIP REPAIR &  PAINTING | 257,456. |
| 2 Totalnumber of independent contractors (including but not limited to those listed above) who received more than  $100 000 of compensation from the oroanization .... 5 | |  |

432008

11-07- 14

Form 990 (2014)

USS MISSOURI MEMORIAL ASSOCIATION, INC. 99-0310903 Pa e 9



Check if Schedule 0 contains a resoonse *or* note to any line in this Part VIII ... . .

(A) (B) (C)

Total revenue Related *or* Unrelated

D

Revenu cluded

exempt function business from tax under

-- 1 a Federated campaigns 1a

cncn

cc

e"l-l;o:! b Membership dues 1b

E c Fundraising events 1c

en<(

;:: ...

revenue revenue

sections

512-514

·-tv

t!':::

d Related organizations 1d

viE e Government grants (contributions) 1e

·*§*-*in* f All other contributions, gifts, grants,and

-cv...

:I.e similar amounts not included above 1f 528,888,

.**:so**

Co'O

g **Noncash contnbuhons mcluded 1n lines 1a- 1f S**

Otv

h Total. Add lines 1a·1f

.. ..... . .

..... 528,888,

usiness Code

*G>* 2 a ADMISSION RECEIPTS 713990 10,225,462. 10,225,462.

·(s):

"-CI>

b MUSEUM SNACKBAR 722210 205.919. 205.919.

c ~~EDUCATIONAL~~ EVENTS 713990 186,745. 186,745.

E

d

(VQ)

l;,lr

0... e

ll. f All other program service revenue 713990 20,917. 20,917.

g Total. Add lines 2a-2f . ... .. .. . . .... 10,639,043.

3 Investment income (including dividends, interest, and

other similar amounts) .... 277'421. 277,421.

4 Income from investment of tax-exempt bond proceeds .....

5 Royalties .... 671,471. 671, 471.

{i) Real (ii) Personal

6 a Gross rents

b Less:rental expenses c Rental income *or* (loss)

d Net rentalincome or (loss) .. ....

7 a Gross amount from sales of In Securities (ii) Other

assets other than inventory 3,672,218.

b Less:cost or other basis

and sales expenses 3,677,377.

c Gain or (loss) <5,159.>

d Net gain or (loss) .... <5,159. <5,159.>

*G>* 8 a Gross income from fundraising events (not

;:I

c including$ of

*G>*

> contributions reported on line 1c).See

Q)

a..:. Part IV, line 18 a

.*G*.c*>*

b Less: direct expenses b

5

c Net income or (Joss) from fundraising events 0 •• ....

9 a Gross income from gaming activities.See

Part IV, line 19 a

b Less:direct expenses b

c Net income or (loss) from gaming activities ....

10 a Gross sales of inventory, less returns

and allowances a 1,207,134,

b Less: cost of goods sold b 517,277,

c Net income or llosslfrom sales of inventorv .... 689,857. 689,857,

Miscellaneous Revenue Business Code

11 a b c

d All other revenue

e Total.Add lines 11a-11d ....

12 Total revenue.See instructions. .... 12,801,521, 11,328,900, 00 943,733,

4J2UO

11·07- 14 Form 990 (2014)

INC. 99-0310903 Pa e **10**



Check if Schedule 0 contains a response or note to any line in this Part IX . .............. .... .. ,, . " ' .. D

"""'

*Do not include amounts reported on lines 6b,* Totalenses Progra )service Manag nt and Fund lising

*lb, Bb, 9b, and 10b of Part VIII.* expenses qeneralexpenses 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 of ficers, directors,

trustees, and key employees 537,216.

6 Compensation not included above,to disqualified persons (as defined under section 4958(f)(1)) and

persons described in section 4958(c)(3)(B)

3251681. 211,535.

7 Other salaries and wages 3,883,312. 3,632,568. 250,744.

8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contrbi utions)

9 Other employee benefits 630,797.

576,003.

54,794.

10 Payroll taxes 351,716.

11 Fees for services (non-employees):

a Management

315,713. 36,003.

b Legal 42,681. 42,681.

*c* Accounting 26,703. 26,703.

d Lobbying

e Professional tundraising serv1ces. See Part IV,line 17 f Investment management fees

9 Other. (If line 11g amount exceeds 10% of hne 25,

column (A) amount,list line 11g expenses on Sch 0.) 100,962. 68,167. 32,795.

12 Advertising and promotion 448,505. 448,505.

13 Office expenses 77,138. 60,374. 16,764.

14 Information technology 1,025. 1,025.

15 Royalties

16 Occupancy 1,490,585. 1,477,862. 12,723.

17 Travel 7,719. 7,719.

18 Payments of travelor entertainment expenses for any federal, state, or local public officials

19 Conferences, conventions, and meetings 7,228. 7,228.

20 Interest

21 Payments to affiliates

22 Depreciation, depletion, and amortization 1,342,742. 1,342,742.

23 Insurance 302,548. 288,303. 14,245.

24 Other expenses.1tem1ze expenses not covered above.(List miscellaneous expenses in l ine 24e. If line

24e amount exceeds 10% of line 25,column (A)

amount,list line 24e expenses on Schedule 0.)

a SHIP OPERATIONS 780,584. 780,584. b GROUND TRANSPORTATION 525,112. 525,112. c TICKETING & RESERVATION 299,437. 299,437. d SPECIAL EVENTS 33,402. 33,402.

e All other expenses 124,181. 5,981. 108,570. 9,630.

25 Total f unctional expenses.Add lines 1 through 24e 11,013,593. 10,224,140. 779,823. 9,630.

26 Joint costs.Complete th1s line only if the organization reported in column (B) joint costs from a combined

educational campaign and fundraismg solicitation.

Check here .... D1f follovMq SOP 98- 2 (ASC 958-7201

432010 11-07-14 Form 990 (2014)

Form 900 (2014)

1 Part X J Balance Sheet

USS MISSOURI MEMORIAL ASSOCIATION, INC.

99- 0310903 PaQe 11

Check if Schedule 0 contains a response or note to anv line in this Part X .... - ..... ..... .. ...... ....... . .. ......... ... .. l J

(A) (B)

Beginning of year End of year

l 1 Cash - non-interest-bearing

1,210,140. 1

1,998,277.

2 Savings and temporary cash investments

2,601,132. 2 702,406.

3 Pledges and grants receivable, net 3

4 Accounts receivable, net

5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete

797,876. 4 989,943.

Q"'i

"'

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)(8), 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

<l 8 Inventories for sale or use 288,131. 8 290,405.

9 Prepaid expenses and deferred charges 174,101. 9 241,308.

10a Land, bulidings, and equipment: cost or other

basis. Complete Part VI of Schedule D 10a 27,835,062.

b Less: accumulated depreciation 10b

8,517,456. 18,148,233. 10c 19,317,606.

11 Investments - publicly traded securities 5,794,194. 11 7,419,810.

12 Investments - other securities. See Part IV, line 11 12

13 Investments - program-related. See Part IV, line 11 13

14 Intangible assets 14

15 Other assets. See Part IV, li e 11 15

16 Total assets.Add lines 1 throuoh 15 (must eoualline 34) 29,013,807. 16 30,959,755.

17 Accounts payable and accrued expenses 839,811. 17 872,630.

18 Grants payable 18

19 Deferred revenue 19

20 Tax-exempt bond liabilities 20

21 Escrow or custodial account liability. Complete Part IV of Schedule D 21

"Q)' 22 Loans and other payables to current and former officers, directors, trustees, key employees,highest compensated employees, and disqualified persons.

:.0,

:::;

Complete Part II of Schedule L 22

23 Secured mortgages and notes payable to unrelated third parties 23

24 Unsecured notes and loans payable to unrelated third parties 24

25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24}. Complete Part X of

ScheduleD 25

26 Total liabilities.Add lines 17 through 25 ... ... . .. .. 839,811. 26 872,630.

Organizations that follow SFAS 117 (ASC 958), check here .... lXJ and

"Q)' complete lines 27 through 29,and lines 33 and 34.

.0c,:

27 Unrestricted net assets 28,074,568. 27 29,975,090.

iii 28 Temporarily restricted net assets

m

99,428. 28

112,035.

-o 29 Permanently restricted net assets 29

c:

::l

1.1-

Organizations that do not follow SFAS 117 (ASC 958),check here .... o

.... and complete lines 30 through 34.

0

Q"'i

<"'l

30 Capital stock or trust principal, or current funds 30

31 Paid-in or capital surplus, or land, building, or equipment fund 31

Qi 32 Retained earnings, endowment, accumulated income, or other funds 32

z

33 Total net assets or fund balances 28,173,996. 33 30,087,125.

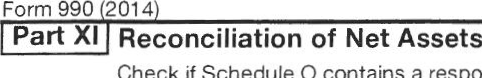
34 Total liabilities and net assets/fund balances 29,013,807. 34 30,959,755.

Form 990 (2014)

432011

11-07-14

USS MISSOURI MEMORIAL ASSOCIATION, INC. 99-0310903 Pa e 12



heck if Schedule 0 contains a response or note to any line in this Part XI .. D

|  |  |  |
| --- | --- | --- |
| 1 Total revenue (must equalPart VIII, column (A), line 12)  2 Total expenses (must equal Part IX, column (A), line 25) ..  3 Revenue less expenses. Subtract line 2 from line 1  4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule 0)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,  column (B)) .. . . .... | 1 | 12,801,521. |
| 2 | 11,013,593. |
| 3 | 1,787,928. |
| 4 | 28,173,996. |
| 5 | 125,201. |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 | 0. |
| 10 | 30,087,125. |

I Part XIII Financial Statements and Reporting

Check if Schedule 0 contains a response or note to any line in this Part XII

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| 1 Accounting method used to prepare the Form 990: DCash CXJ Accrual DOther  If the organization changed its method of accounting from a prior year or checked •other,• explain in Schedule 0.  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:  DSeparate basis DConsolidated basis DBoth consolidated and separate basis  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:  CXJ Separate basis DConsolidated basis DBoth consolidated and separate basis  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 0.  3a As a result of a federalaward, was the organization required to undergo an audit or audits as set forth in the Single Audit  Act and OMS Circular A·133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits eXQiain why in Schedule 0 and describe anv steps taken to underoo such audits | 2a |  | X |
| 2b | X |  |
| 2c | X |  |
| 3a |  | X |
| 3b |  |  |

Form 990 (2014)

432012

11-07-14

**SCHEDULE A**

(Form 990 or 990-EZ)

**Department of the Treasury**

**Internal Revenue Ser v1ce**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

.... Attach to Form 990 or Form 990-EZ.

.... Information about Schedule A (Form 990 or 990-EZ) and its instructions is *atwww.lrs.*

OMB No 1545-0047

**2014**

Open to Public

Inspection

Name of the organization

INC.

Employer identification number

99-0310903

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 D A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 D A school described in section 170(b)(1)(A)(ii).(Attach Schedule E.)

3 D A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 D A medical research organization operated in conjunction with a hospital descrbi ed in section 170(b)(1)(A)(iii).Enter the hospital's name,

city, and state:

s D An organization operated for the benefit of a college or university owned or operated by a governmental unit described in

section 170(b)(1)(A)(iv).(Complete Part II.)

s O A federal,state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 0An organization that normally receives a substantialpart of its support from a governmental unit or from the general public descrbi ed in

section 170(b)(1)(A)(vi).(Complete Part II.)

a D A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 00 An organization that normally receives: (1} more than 33 1/3% of its support from contributions, membership fees, and gross receipts from

activities related to its exempt functions ·subject to certain exceptions,and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30,1975.

See section 509(a)(2).(Complete Part Ill.)

10 D An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 D An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or

more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).Check the box in

lines 11a through 11d that describes the type of supporting organization and complete lines 11e,11f,and 11g.

a D Type I.A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving

the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting

organization. You must complete Part IV,Sections A and B.

b D Type II.A supporting organization supervised or controlled in connection with its supported organization(s),by having

controlor management of the supporting organization vested in the same persons that control or manage the supported

organization(s). You must complete Part IV, Sections A and C.

c D Type Ill functionally integrated.A supporting organization operated in connection with, and functionally integrated with,

its supported organization(s) (see instructions). You must complete Part IV,Sections A,0, and E.

d D Type Ill non-functionally integrated.A supporting organization operated in connection with its supported organization(s)

that is not functionally integrated. The organization generally must satisfy a distribution requ rement and an attentiveness

requirement (see instructions). You must complete Part IV,Sections A and D,and Part V.

e D Check this box if the organization received a written determination from the IRS that it is a Type I, Type II.Type Ill

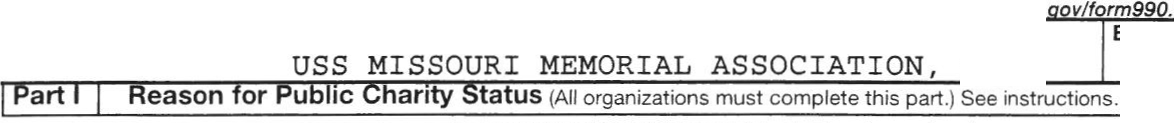
functionally integrated, or Type Ill non-functionally integrated supporting organization.

Enter the number of supported organizations

g Provide the following information about the supported organization(s).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (i) Name of supported  organ1zat10n | (ii) EIN | (iii) Type of organization  (described on lines 1·9 above or lAC seclion  **(see instructionS))** | iv) Is the organ1zat1on  listed in your governing document? | | (v) Amount of monetary  support (see lnstruclions) | (vi) Amount of  other support (see  Instructions) |
| Yes | No |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for



Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

rgamzatrons

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



Section A. Public Support

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusualgrants.")  2 Tax revenues levied for the organ- ization'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 totalcontributions 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 ltne 5 from line 4. | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Sectron B. Total Support

12 Gross receipts from related activities, etc. (see instructions)

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)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Calendar year (or fiscalyear beginning in)  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 | (a) 2010 | (b) 20 | 11 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|  |  |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  | | | | | | 12 I | |

D



ercentage

14 Public support percentage for 2014 (line 6,column (f) divided by line 11, column (f)) %

15 Public support percentage from 2013 Schedule A, Part II, line 14 %

16a 33 1/3% support test- 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and

stop here. The organization qualifies as a publicly supported organization D

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 .... D

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 VIhow the organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization D

b 10% -facts-and-circumstances test - 2013.If the organization did not check a box online 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 .... D

18 Private foundation.If the organization did not check a box on line 13, 16a1 16b, 17a, or 17b1 check this box and see instructions D

Schedule A (Form 990 or 990-EZ) 2014

432022

09-17- 14

INC. 99-0310903 Pa e 3



(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 guality under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscalyear beginning in) .... (a) 2D1D (b) 2D11 (c) 2D12 (dl2D13 lel2D14 (f) Total

1 Gifts,grants,contributions, and membership fees received. (Do not

include any "unusual grants.") 5,345,731. 255,798. 331,295. 105,867. 528,888. 6,567,579.

2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the

organization's tax-exempt purpose 8,399,236, 8,570,476. 9,896,029. 11,274,110. 11,328,900. 49,468,751,

3 Gross receipts from activities that are not an unrelated trade or bus-

iness under section 513 58,550. 58,550.

4 Tax revenues levied for the organ- ization'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 13,803,517. 8,826,274. 10,227,324. 11,379,977. 11,857,788. 56,094,880.

7a Amounts included on lines 1, 2, and

3 received from disqualified persons 22,680. 17,076. 16,150. 6,300. 20,152. 82,358.

b Amounts 1ncluded on hnes 2 and 3 recetved

from othet than d•squahfted persons that

exceed the greater of $5,000 or 1% of the

amount onltne 13 fOf' the yea' 0.

c Add lines ?a and 7b 22,680. 17,076. 16,150. 6,300. 20,152. 82,358.

8 Public support Sublratl h nt 7< 11o m hno 6 1 56,012,522.

Sect1on B. Total Support

Calendar year (or fiscalyear beginning in) .... (a) 2D1D (b) 2D11 (c) 2D12 ldl2D13 lel2D14 (f) Total

9 Amounts from line 6 13,803,517. 8,826,274. 10,227,324. 11,379,977.

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties

11,857,788. 56 094'880.

and income from similar sources

b Unrelated busmess taxable mcome

(less sect1on 511 taxes) from businesses acqu red alter June 30,1975

3,521. 59,954. 868,926. 921,811. 948,892.

2,803,104.

c Add lines 1Da and 1Db 3,521. 59,954. 868,926. 921,811.

11 Net income from unrelated business activities not included in line 1Db, 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.)

948,892. 2,803,104.

13 Total support. (Add Iones 9, 10c, 11, and 12 ) 13,807,038. 8,886,228. 11,096,250, 12 301.788. 12,806,680, 58,897,984,

14 F1rst ftve years.If the Form 990 1s for the organ1zat1on's ftrst, second, thtrd, fourth, or ftfth tax year as a section 501(c)(3) organization, check this box and stop here



Section C. Computation of Public Support Percentage

15 Public support percentage for 2D14 (line 8,column (f) divided by line 13, column (I))

16 Public su crt ercenta e from 2013 Schedule A Part Ill line 15

95.10 %

96.85 %

17 Investment income percentage for 2014 (line 1Dc, column (f) divided by line 13, column (I))

18 Investment income percentage from 2013 Schedule A, Part Ill, line 17

4.76 %

3.01 %

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 .... D

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

432023 09-17 14 Schedule A (Form 990 or 990-EZ) 2014

**Schedule B** (Form 990,990-EZ, or 990-PF)

**Department of 1he Treasury**

**Internal Revenue Serv1ce**

Name of the organization

\*\* PUBLIC DISCLOSURE COPY \*\*

**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.aovlform990*](http://www.irs.aovlform990/) ·

OMB No 1545-0047

**2014**

Employer identification number

USS MISSOURI MEMORIAL ASSOCIATION, INC.

Organization type(check one):

Filers of: Section:

Form 990 or 990-EZ [][) 501(c)( 3 )(enter number) organization

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

D 527 political organization

Form 990-PF D 501(c)(3) exempt private foundation

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

D 501(c)(3) taxable private foundation

99-0310903

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.

GeneralRuel

CXJ 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 totalcontributions.

SpecialRules

D 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)(vO, that checked Schedule A (Form 990 or 990-EZ), Part II, line 13,16a, or 1Gb, 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(Form 990, Part VIII, line 1h, or (iForm 990-EZ, line 1. Complete Parts I and II.

D For an organization described in section 501(c)(?),(8), or (10) filni g 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 Ill.

D For an organization described in section 501(c)(?), (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 totalcontributions that were received durni g 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 GeneralRule and/or the SpecialRules does not file Schedule 8 (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 8 (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 990,990E· Z, or 990 PF) (2014)

423451

11-05· 14

Schedule 8 (Form 990,990-EZ, or 990-PF) (2014) Name of organization

Page 2

Employer identification number

USS MISSOURI MEMORIAL ASSOCIATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part Iif additionalspace is needed.

99-0310903

|  |  |  |  |
| --- | --- | --- | --- |
| (a) No. | (b)  Name, address, and ZIP + 4 | (c) Totalcontributions | (d)  Type of contribution |
| ---1 |  | $ 25,149. | Person [X] Payroll D Noncash D  (Complete Part II for noncash contributions.) |
| (a) No. | (b)  Name, address, and ZIP + 4 | (c)  Total contributions | (d)  Type of contribution |
| - 2 |  | $ 10,000. | Person [X] Payroll D Noncash D  (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name,address, and ZIP + 4 | (c)  Total contributions | (d)  Type of contribution |
| ---3 |  | $ 5,000. | Person [X] Payroll D Noncash D  (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name,address,and ZIP + 4 | (c) Totalcontributions | (d)  Type of contribution |
| - 4 |  | $ 364,950. | Person [X] Payroll D Noncash D  (Complete Part II for noncash contributions.) |
| (a) No. | (b)  Name, address,and ZIP + 4 | (c) Totalcontributions | (d)  Type of contribution |
| --- |  | $ | Person D Payroll D Noncash D  (Complete Part II for noncash contributions.) |
|  | | |
| (a) No. | (b)  Name, address,and ZIP+ 4 | (c)  Total contributions | (d)  Type of contribution |
| --- |  | $ | Person D Payroll D Noncash D  (Complete Part II for noncash contributions.) |

423452 11-05-14 Schedule 8 (Form 990, 990·EZ, or 990-PF) (2014)

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2014) Name of organization

Page3

Employer identification number

USS MISSOURI MEMORIAL ASSOCIATION, INC.

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

99-0310903

(a)

No. (b)

from Description of noncash property given

Part I

(c)

FMV (or estimate) (see instructions)

(d)

Date received

---

s

(a)

No. (b)

from Description of noncash property given

Part I

(c)

FMV (or estimate) (see instructions)

(d)

Date received

- - -

s

(a)

No. (b)

(c)

FMV (or estimate)

(d)

from Description of noncash property given (see instructions) Date received

Part I

---

s

(a)

No. (b)

from Description of noncash property given

Part I

---

(c)

FMV (or estimate) (see instructions)

(d)

Date received

$

(a)

(c)

No. (b) FMV (or estimate) (d)

from Description of noncash property given

Part I

---

(see instructions)

Date received

$

(a)

No. (b)

from Description of noncash property given

Part I

-- -

(c)

FMV (or estimate) (see instructions)

(d)

Date received

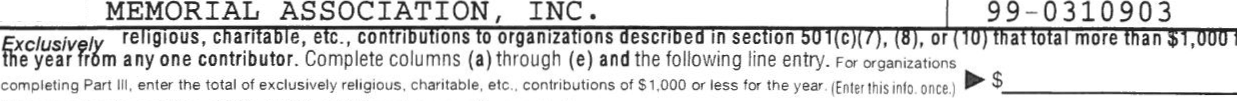
$

423453 11-05-14 Schedule 8 (Form 990, 990-EZ, or 990-PF) (2014)

Schedule 8 (Form 990,990-EZ, or 990·PF) (2014) Page4

Name of organization Employer identification number

USS MISSOURI



or

(a) No.

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

from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

Part I

-- -

(e) Transfer of gift

Transferee's name, address,and ZIP + 4 Relationship of transferor to transferee

(a) No.

from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

Part I

---

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No.

from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

Part I

---

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No.

from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

Part I

---

(e) Transfer of gift

Transferee's name, address,and ZIP + 4 Relationship of transferor to transferee

423454 11·05· 14 Schedule 8 (Form 990, 99o-EZ, or 990-PF) (2014)

SCHEDULED

(Form 990)

Department of the Treasury

Internal Revenue Servtce

Name of the organization



SupplementalFinancial Statements

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

.... Attach to Form 990.

Information about Schedule D Form 990 and its instructions is at

USS MISSOURI MEMORIAL ASSOCIATION, INC.

OMB No 1545·0047

**2014**

Open to Public

Inspection



Employer identification number

99 - 0310903

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.complete if the

organization answered "Yes• to Form 990 Part IV line 6

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 Totalnumber 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 | (a) Donor advised funds | | (b) Funds and other accounts | |
|  | |  | |
|  | |  | |
|  |  |  |  |
|  |  |

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 legalcontrol?

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

DYes DNo

.D Yes DNo

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

DPreservation of land for public use (e.g., recreation or education) DPreservation of a historically important land area DProtection of natural habitat DPreservation of a certified historic structure DPreservation of open space

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

day of the tax year.

|  |  |
| --- | --- |
|  | Held at the End of the Tax Year |
| 2a |  |
| 2b |  |
| 2c |  |
| 2d |  |

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the NationalRegsi ter

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 organizat ion 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 ....

Dves DNo

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)(iQ? D Yes DNo

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 financialstatements that describes the organization's accounting for

conservation easement s. Part Ill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

I I

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 simliar assets held for public exhibition, education, or research in furtherance of public service,provide, in Part XIII, the text of the footnote to its financialstatements that describes these items.

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

relating to these items:

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

..,.. s -

,....,..-..,..,\_...,\_....,..,o.,\_.

(ii) Assets included in Form 990, Part X

.... $ 22,746,869 .

---'-----'----

2 If the organization received or held works of art,historical treasures, or other similar assets for financialgain, 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

.... $

.... $

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

432051

10· 01 14

ScheduleD (Form 990) 2014

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 00 Public exhibition

b DScholarly research

c CXJ Preservation for future generations

d DLoan or exchange programs

e DOther \_

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 simliar assets



D Yes

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

CXJ No

on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

D Yes DNo

c Beginning balance

|  |  |
| --- | --- |
|  | Amount |
| 1c |  |
| 1d |  |
| 1e |  |
| 1f |  |

d Additions during the year

e Distributions during the year

Ending balance

2a Did the organization include an amount on Form 990, Part X,line 21, for escrow or custodialaccount liability ? LJ Yes U No

b If "Yes,' explain the arranqement in Part XIII. Check here if the explanat ion has been provided in Part XIII D

1 Part V I 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 b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Adminsi trative expenses

9 End of year balance

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

a Board designated or quas-iendowment .... %

b Permanent endowment .... %

c Temporarily restricted endowment .... % The percentages inlines 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 |
| 3a(i) |  |  |
| 3a(ii) |  |  |
| 3b |  |  |

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on ScheduleR?

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  *d* Equipment e Other |  | |  |  | |  |
|  |  |  |  |  |  |
|  |  |  |
|  | | 5,088,193. | 3,405,392. | | 1,682,801. |
|  | | 22,746,869. | 5,112,064. | | 17,634,805. |
| Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (8), line 1Oc.)* . Jt > | | | | | | 19,317,606. |

Schedule D (Form 990) 2014

432052

10·01·14

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

'

' '

|  |  |  |  |
| --- | --- | --- | --- |
| (a) Oescnption of secunty or category (includ>ng name *ot* secur>ty) | | (b) Book value | valuatio |
| (1) Financi (2) Closely-h (3) Other  (A) | alderivatives  eld equity interests |  |  |
|  |  |
|  |  |
|  |  |  |
| (B) | |  |  |
| (C) | |  |  |
| (D) | |  |  |
| (E) | |  |  |
| (F) | |  |  |
| (G) | |  |  |
| lH\_l | |  |  |
| Total. (Col. (b) must equalForm 990, Part X,col. (B ) line 12.j..... | |  |  |

(c) Method of n: Cost or end·of·year market value

I Part VIlli Investments - Program Related.

complete 1'f the organtzatton answered •yes• to Form 990 Part IV, r1ne 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) |  |  |
| (g}\_ |  |  |
| (3) |  |  |
| (4) |  |  |
| (5) |  |  |
| (6) |  |  |
| (7) |  |  |
| (8) |  |  |
| (9) |  |  |
| Total. (Col. (b) must equalForm 990, Part X, col. (8) line 13.) ..... |  |  |

1 Part IX 1 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) |  |
| L5J |  |
| (6) |  |
| (7) |  |
| (8) |  |
| (9) |  |
| Total.*(Column (b) must equal Form 990, Part X, col. (B) line 15.)* .. . . . .. . . ..... |  |

IPart X \_j Other liabilities.

Complete if the organization answered "Yes" to Form 990 Part IV line 11e or 111 See Form 990 Part X line 25

|  |  |  |
| --- | --- | --- |
| 1. (a) Description of liability | (b) Book value |  |
| (1) Federal income taxes |  |
| (2) |  |
| (3) |  |
| (4) |  |
| (5) |  |
| (61 |  |
| (7) |  |
| (8) |  |
| (9) |  |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) /me 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 00

Schedule 0 (Form 990) 2014

432053

10-01- 14

1 Total revenue, gains, and other support per audited financial statements 1 13,446,699.

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

a Net unrealized gains (losses) on investments 2a 1251201.

b Donated services and use of facilities 2b 2,700.

c Recoveries of prior year grants ... 2c d Other (Describe in Part XIII.) 2d

e Add lines 2a through 2d 2e 127,901.

3 Subtract line 2e from line **1** 3 13,318,798.

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 ?b

I 4a I

b Other (Describe in Part XIII.) 4b <517,277.p.



c Add lines 4a and 4b ... 4c <517,277.>

5 Total revenue. Add lines 3 and 4c.*{This must equal Form 990, Part I, line 12.)* ....... .......... 5 12,801,521.

**1 Part XII 1 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 financialstatements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | **1** | 11,533,570 |
| .  .  2e | 519,977. |
| a Donated services and use of facilities b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.) | 2a | 2,700 |
| 2b |  |
| 2c |  |
| 2d | 517,277 |
| e Add lines 2a through 2d  3 Subtract line 2e from line 1  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 ?b I 4a I | | |
| 3 | 11,013,593. |
| 4c | 0. |
| b Other (Describe in Part XIII.) | 4b |  |
| c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c.*(This must equal Form 990, Part I, line 18.)* ....... .. . | | |
| 5 | 11,0131jo |

1 **Part** XIIII **Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part Ill, 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 4:

THE ORGANIZATION'S COLLECTION OF HISTORICAL TREASURES INCLUDES THE USS MISSOURI SHIP AND OTHER HISTORICAL ARTIFACTS. THE USS MISSOURI SHIP FURTHERS THE ORGANIZATION'S EXEMPT PURPOSE BY PROVIDING A NATIONAL

MEMORIAL COMMEMORATING THE END OF HOSTILITIES IN WORLD WAR II. THE SHIP IS ON PUBLIC EXHIBITION.

PART X, LINE 2: MANAGEMENT HAS EVALUATED THE ASSOCIATION'S TAX POSITIONS AND CONCLUDED

THAT THE ASSOCIATION HAS MAINTAINED ITS TAX EXEMPT STATUS AND HAS NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE

FINANCIAL STATEMENTS.

4 4

10·01· 14 Schedule D (Form 990) 2014

USS MISSOURI MEMORIAL ASSOCIATION, INC. 99-0310903 Paes



PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD EXPENSE -517,277.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD EXPENSE 517,277.

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Schedule D (Form 990) 2014

|  |  |  |
| --- | --- | --- |
| **SCHEDULE J**  **(Form 990)**  **Departmenl of the TreaSII)'**  **InternalRevenue Servtce** | **Compensation Information**  For certain Officers,Directors, Trustees,Key Employees, and Highest  Compensated Employees  .... Complete if the organization answered "Yes" on Form 990,Part IV, line 23.  .... Attach to Form 990.  .... Information about Schedule **J** (Form 9901 and its instructions is at ""'" ;,., .nnn | OMB No 1545-0047 |
| **2014**  Open to Public  Inspection |

Name of the organization

Employer identification number

USS MISSOURI MEMORIAL ASSOCIATION, INC. 99-0310903

I**Part** I I **Questions Regarding Compensation**

|  |  |  |  |
| --- | --- | --- | --- |
| ' | | Yes | No |
|  | 1b |  |  |
| 2 |  |  |
| 4a |  | X |
| 4b |  | X |
| 4c |  | X |
| Sa |  | X |
| Sb |  | X |
|  |  |  |
| 6a X | | |
| 6b X | | |
| 7 X | | |

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 Ill to provide any relevant information regarding these items.

DFirst·class or charter travel DHousing allowance or residence for personal use DTravel for companions DPayments for business use of personal residence DTax indemnification and gross-up payments DHealth or socialclub dues or initiation fees DDiscretionary spending account DPersonal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No,·complete Part Ill to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,

trustees, and officers. including the CEO/Executive Director, regarding the items checked inline 1a?

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 Ill.

lXJ Compensation committee 00 Written employment contract

D Independent compensation consultant 00 Compensation survey or study

00 Form 990 of other organizations 00 Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII,Sec tion A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part Ill.

Only section 501(c)(3),501(c)(4), and 501(c)(29) organizations must complete l ines 5-9.

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:

a The organization?

b Any related organization?

If "Yes" to line Sa or Sb. describe in Part Ill.

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:

a The organization?

b Any related organization?

If "Yes " to line 6a or 6b, describe in Part Ill.

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 Ill

8 Were any amounts reported in Form 990, Part VII,paid or accrued pursuant to a contract that was subject to the i

initial contract exception described in Regulations section 53.4958-4(a)(3)? If ' Yes,• describe in Part Ill 8 X

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Requlations section 53.4958·6(c)? 9

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

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Schedule J (Form 990) 2014

USS MISSOURI MEMORIAL ASSOCIATION, INC. 99-0310903 Paae 2



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

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

Note.The sum of columns (B)(i)·(iii) for each listed individual must equalthe totalamount of Form 990, Part VII,Section A, line 1a, appilcable column (D) and (E) amounts for that individual.

(A) Name and Title

(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation other deferred benefits (B)(i)·(D) in column (B)

(i) Base (ii) Bonus & (iii) Other compensation reported as deferred

compensation incentive reportable in prior Form 990 compensation compensation

( 1) MICHAEL CARR (i) 171,876. 0. 2,993. 922. 5,921. 181,712. o.

PRESIDENT & CEO l!ii) 0. 0. 0. 0. 0. 0. 0 .

(i) ltii) (i) (ii) (i) (ii) (i) (ii) (i)

l !ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i)

l tii) (i)

(ii)

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Schedule J (Form 990) 2014

USS MISSOURI MEMORIAL ASSOCIATION, INC. 99-0310903 Paoe 3



Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b. 3.4a, 4b, 4c, Sa, 5b, 6a.6b,7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2014

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10·13 14

**SCHEDULE 0**

(Form 990 or 990-EZ)

**Department of the Treasury**

**Internal Revenue Service**

Name of the organization

**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.

USS MISSOURI MEMORIAL ASSOCIATION, INC.

OMB No 1545-0047

**2014**

Open to Public

Ins ection

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SHARING HER STORY AND PLACE IN HISTORY.



FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: EDUCATIONAL ARTIFACTS AND EXHIBITS, AND TO PROVIDE IMPROVED DISABLED ACCESS.

FORM 990, PART V:

QUESTIONS 7G AND 7H ARE NOT APPLICABLE TO THE EXEMPT ORGANIZATION. AS SUCH, THEY HAVE BEEN MARKED NO.

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

THE RETURN PREPARER EMAILS A COPY OF THE FORM 990 TO THE VICE PRESIDENT FOR REVIEW. THE VICE PRESIDENT, THE PRESIDENT, AND THE ASSOCIATION'S TREASURER REVIEW THE FORM PRIOR TO THE FILING OF THE FINAL VERSION.

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

THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REVIEWING THE DISCLOSURE DOCUMENTS ANNUA LLY AT A BOARD

OF DIRECTORS MEETING.

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

THE PROCESS USED TO DETERMINE THE COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL INCLUDES REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE AND THE HUMAN RESOURCES COMMITTEE OF THE GOVERNING BODY. COMPARABILITY DATA IS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule 0 (Form 990 or 990-EZ) (2014)

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08-27-14

Name of the organization

Pa e 2

Employer identification number

USS MISSOURI MEMORIAL ASSOCIATION, INC. 99-0310903

OBTAINED FROM THE HAWAII EMPLOYERS COUNCIL. THE GOVERNING BODY MAINTAINS DOCUMENTATION AND RECORDKEEPING OF THE DELIBERATIONS DURING THE REVIEW PROCESS. FOR OTHER OFFICERS (VICE PRESIDENT & CFO, VICE PRESIDENT & CHIEF OPERATING OFFICER, AND VICE PRESIDENT OF FACILITIES AND ENGINEERING) THE PROCESS USED IN 2014 TO DETERMINE COMPENSATION INCLUDED PERFORMANCE REVIEWS PERFORMED BY THE PRESIDENT & CEO AND REVIEW AND APPROVAL OF SALARY RECOMMENDATIONS BY THE HUMAN RESOURCES COMMITTEE OF THE GOVERNING BODY. COMPARABILITY DATA IS OBTAINED FROM THE HAWAII EMPLOYERS COUNCIL. THE HUMAN RESOURCES COMMITTEE MAINTAINS DOCUMENTATION AND RECORDKEEPING OF THE PROCESS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

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

YEAR.

08 27-14 Schedule 0 (Form 990 or 990-EZ) (2014)

Form **8868**

(Rev. January 2014)

**Department of the Treasury**

**;nternal Rev enue Ser v•ce**

**Application for Extension of Time To File an**

**Exempt Organization Return** OMS No. 1545·1709

.... File a separate application for each return.

.... Information about Form 8868 and its instructions is at [*www.lrs.gov/form8868*](http://www.lrs.gov/form8868) .

• If you are filing for an Automatic 3-Month Extension, complete only Part Iand check this box

• If you are filing for an Additional(Not Automatic) 3-Month Extension,complete only Part II (on page 2 of this form).

*Do not complete Part 11 unless* you have already been granted an automatic 3-month extension on a previously filed Form 8868.

.... X

Electronic filing *(a-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990·1), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,



A corporation required to file Form 990-T and requesting an automatic 6-month extension ·check this box and complete

Part I only .... D

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time*

*to file mcome tax returns.* Enter filer's identitvinq number

|  |  |  |  |
| --- | --- | --- | --- |
| Type or print  **: or** *""" 9vour* **return See**  onstruct•ons | Name of exempt organization or other filer, see instructions.  USS MISSOURI MEMORIAL ASSOCIATION, INC. | | Employer identifci ation number (EIN) or  99 - 0310 903 |
| **Number, street, and room or suite no. If a P.O. box, see instructions**  POST OFFICE BOX 8 7 9  City, town or post office, state, and ZIP code. For a foreign address,  AIEA, HI 96701 | **.** | Social security number (SSN) |
| see instructions. | |

Enter the Return code *tor* the return that this application is for (file a separate application for each return)

|  |  |  |  |
| --- | --- | --- | --- |
| Application  Is For | R eturn  Code | Application  Is For | Return  Code |
| Form 990 or Form 990·EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041·A | 08 |
| Form 4720 (individua)l | 03 | Form 4720jother than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401la)\_or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990·T (trust other than above) | 06 | Form 8870 | 12 |

THOMAS E. MANUEL

• Thebooksareinthecareof .... 63 COWPENS ST - HONOLULU, HI 96818

Telephone No..... 8 0 8 - 4 2 3 -115 7 Fax No. ....

• *It* the organization does not have an office or place of business in the United States, check this box .... D

• If this is for a Group Return, enter the organization's four digit Group Exemption Number {GEN) . *It* this is for the whole group, check this box .... D.*It* it is for part of the group,check this box .... D and at1ach a list with the names and EINs of all members the extension is for.

1 1 request an automatic 3-month (6 months for a corporation required to file Form 990·1) extension of time until

AUGUST 15 , 2 015 , to file the exempt organization return *tor* the organization named above. The extension is for the organization's return for:

.... CXJ calendar year 2 014 or

.... D tax year beginning --------- ---- - , and ending ---------- -- --

2 If the tax year entered in line 1 is for less than 12 months, check reason:

DChange in accounting period

|  |  |  |  |
| --- | --- | --- | --- |
| 3a b  c | If this application is for Forms 990-BL, 990-PF,990-T, 4720, or 6069, enter the tentative tax, less any  nonrefundable credits. See instructions. | 3a | $ 0. |
| If this application is for Forms 990-PF,990-T, 4720, or 6069, enter any refundable credits and  estimated tax payments made.Include any prior year overpayment allowed as a credit. | 3b | $ 0. |
| Balance due.Subtract line 3b from line 3a. Include your payment with this form, if required,  by using EFTPS (Electronic Federal Tax Payment Svsteml. See instructions. | 3c | $ 0 . |

DInitial return DFinal return

Caution.If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

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Form 8868 {Rev. 1·2014)