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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2021 calendar year, or tax year beginning and en	ding		
В	Check if applicable	C Name of organization		D Employer identi	fication number
	Addres change	NATIONAL LIBERTY MUSEUM			
	Name change	Doing business as		23-2788	633
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  321 CHESTNUT STREET	om/suite	E Telephone numb	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	8,480,524.
	Amend return	PHILADELPHIA, PA 19100		H(a) Is this a group	
	Applica tion pendin	F Name and address of principal officer: ADATNE R. AKNOTT, FI.	1.D.	for subordinate	
_	•	SAME AS C ABOVE	527	H(b) Are all subordinates	
		mpt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or e: ► WWW • LIBERTYMUSEUM • ORG	527	•	a list. See instructions
		organization: X Corporation Trust Association Other	l Year o	H(c) Group exempt	M State of legal domicile: PA
		Summary	L Tour o	7 101111ation: 233 2	W Otato of logal doffilolio. 2 22
	T 4 7	Briefly describe the organization's mission or most significant activities: THE NA	NOITA	AL LIBERTY	MUSEUM
Governance	]	EMPOWERS VISITORS TO PROTECT AND ADVANCE I	JIBER'	TY FOR ALL	•
š	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net	
Š	8 1			<u>3</u>	
∞ ∞	+ '	Number of independent voting members of the governing body (Part VI, line 1b)			
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			2.5
Εį		Total number of volunteers (estimate if necessary)			
Aci		Total unrelated business revenue from Part VIII, column (C), line 12			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
	, ,	Contributions and greats (Part VIII line 1h)	-	Prior Year 1,820,885	Current Year 2,248,731.
Jue		Contributions and grants (Part VIII, line 1h)		31,115	
Revenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,156,971	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-220,027	
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,788,944	-
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
		Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,537,525	. 1,619,754.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		39,169	. 72,357.
xpe	. b -	Fotal fundraising expenses (Part IX, column (D), line 25)	3.		
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,220,594	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,797,288	1
	19	Revenue less expenses. Subtract line 18 from line 12		-8,344	
Net Assets or				ginning of Current Yea	
Ssei	<b>20</b>	Fotal assets (Part X, line 16)		22,121,755	
let A	21	Total liabilities (Part X, line 26)		1,876,379 20,245,376	
	<u>22                                    </u>	Net assets or fund balances. Subtract line 21 from line 20		20,243,370	• 27,203,909•
_		ties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	ents, and to the hest of	my knowledge and helief, it is
	•	, and complete. Declaration of preparer (other than officer) is based on all information of which		•	my knowledge and belief, it is
				11/9/2022	
Sig	n n	Alaine ArnoH Signature of officer		Date	
He		▲ ALAINE K. ARNOTT, PH.D., CEO EFF 1.20.2	22		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Pa		JENNIFER SOLOT Soundy Solot. CA	4	11/07/2022 if self-empl	
	H-	Firm's name BBD, LLP		Firm's EIN	23-2896692
Us	e Only	Firm's address 1835 MARKET STREET, 3RD FLOOR			15 568 5550
_		PHILADELPHIA, PA 19103		Phone no.2	15-567-7770
Ma	ιy the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: NATIONAL LIBERTY MUSEUM ("NLM" OR THE "ORGANIZATION") IS A NONPROFIT
	ORGANIZATION, LOCATED IN THE HEART OF HISTORIC PHILADELPHIA, WHOSE
	MISSION IS TO ILLUMINATE THE STRENGTH AND FRAGILITY OF LIBERTY BY
	PRESENTING THE STORIES OF PEOPLE WHOSE POSITIVE ACTIONS INSPIRE US TO
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$379, 103. including grants of \$) (Revenue \$35, 962.)
	EXHIBITIONS - CONTEMPORARY ART IS THE PRIMARY ARTISTIC MEDIUM OF NLM.
	THROUGHOUT THE YEAR, NLM CURATES TEMPORARY EXHIBITIONS THAT APPEAL TO
	ALL AGES AND INTEREST, SHOWCASING BOTH NEW AND RENOWNED ARTISTS WHOSE
	ART EXPLORES NLM'S THEME OF LIBERTY IN INNOVATIVE AND CREATIVE WAYS.
	ARTISTS INTERACT WITH THE PUBLIC THROUGH DEMONSTRATIONS, WORKSHOPS,
	LECTURES, AND PANEL DISCUSSIONS.
4b	(Code:) (Expenses \$ 247,850 • including grants of \$) (Revenue \$)
	YOUNG HEROES OUTREACH PROGRAM - THE NATIONAL LIBERTY MUSEUM'S YOUNG
	HEROES OUTREACH PROGRAM (YHOP) IS A YEAR-LONG CIVIC AND LEADERSHIP
	EDUCATION PROGRAM FOR GRADES 4-8. YHOP WAS DEVELOPED TO EXTEND THE
	NLM'S MISSION INTO THE CLASSROOM AND APPLIES AN ENGAGING
	STUDENT-CENTERED APPROACH TO A UNIQUE INTERSECTION OF CIVICS AND
	GOVERNMENT INSTRUCTION, SOCIAL-EMOTIONAL LEARNING, AND CHARACTER
	EDUCATION. OPPORTUNITIES ARE EMBEDDED THROUGHOUT THIS PROGRAM FOR
	STUDENTS TO USE CRITICAL THINKING AND PRACTICE WHAT THEY HAVE LEARNED
	TO PROBLEM-SOLVE REAL-LIFE SOCIAL ISSUES AND BRING ABOUT TANGIBLE, POSITIVE CHANGES IN THEIR SCHOOL AND COMMUNITY. THE PROGRAM INCLUDES
	COMPREHENSIVE PROFESSIONAL DEVELOPMENT AND SUPPORT FOR TEACHERS, WHO
	WORK IN PARTNERSHIP WITH MUSEUM EDUCATORS TO IMPLEMENT THIS UNIQUE,
4c	(Code: ) (Expenses \$ 361,378 • including grants of \$ ) (Revenue \$ )
	K-12 LEARNING EXPERIENCES - NLM OFFERS A RANGE OF ENGAGING VIRTUAL AND
	IN-PERSON LEARNING EXPERIENCES FOR SCHOOLS. NLM'S STANDARDS-ALIGNED
	PROGRAMS INTRODUCE AND EXPLORE THE CONCEPT OF LIBERTY THROUGH REAL-LIFE
	APPLICATIONS. DRAWING INSPIRATION FROM THE MUSEUM'S GALLERIES AND
	CHANGING EXHIBITIONS, THESE HANDS-ON, INTERACTIVE LEARNING EXPERIENCES
	EXPLORE SPECIFIC THEMES, SUCH AS: HOW TO CREATE CHANGE; MEDIA LITERACY
	AND CITIZENSHIP; CONFLICT RESOLUTION; AND ALLYSHIP. ALL STUDENT
	LEARNING EXPERIENCES INCLUDE PRE- AND POST-VISIT MATERIALS FOR USE IN
	THE CLASSROOM AND ARE REGULARLY EVALUATED.
4.1	Others are green as wises (Describe an Calcabile O.)
40	Other program services (Describe on Schedule O.) (Expenses \$ 1,455,464 • including grants of \$ ) (Revenue \$ )
40	(Expenses \$ 1,455,464 • including grants of \$ ) (Revenue \$ )  Total program service expenses > 2,443,795 •
_ <del></del>	Form <b>990</b> (2021)
132002	SEE SCHEDULE O FOR CONTINUATION(S)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		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	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	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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 D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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 D, Part VII	11b		X
С	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 D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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 D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<b> </b> ₩
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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. See instructions	17	Х	
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	18	Х	<u> </u>
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 III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	21		X

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Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<del></del>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	x	
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	-
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	<del></del>	
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
55	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
40000		Г	aan	(2021)

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NATIONAL LIBERTY MUSEUM
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return2a	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<b>2</b> b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
За	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 line 3b, provide an explanation on Schedule O		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over				l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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 (FBA				37
5a	, , , , , , , , , , , , , , , , , , , ,		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization		٥-		X
	any contributions that were not tax deductible as charitable contributions?		6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		ao		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	to the navor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		7.5		
Ĭ	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Г	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re	equired?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a For	m 1098-C?	7h	N/	A
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?	N/A	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	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?	N/A	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders N/A 11a				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)				
19a	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		IZU		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				,,
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				177
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
<b>4</b> -	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	N/A	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes." complete Form 6069.		17		
	n rea, complete runn uuua.				

6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 39			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►PA , NJ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fina	ncial	
	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  ATATNE K. ARNOTT PH.D. CEO EFF - 215-925-2800			
	<u></u> 213 313 2000			
	321 CHESTNUT STREET, PHILADELPHIA, PA 19106		. 000	(0004)

132006 12-09-21

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	J		Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	not c , unle cer an	ss pe	rson i	is bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) GWEN BOROWSKY	40.00	X		Ψ,				150 000		1 600
CEO THRU 1.20.22	40.00	Α.		Х				159,000.	0.	1,623.
(2) DR. ALAINE ARNOTT CAO/CFO THRU 1.20.22	40.00	1		x				130,904.	0.	7,808.
(3) MARGARET SWEENEY	40.00			^				130,904.	0.	7,000.
VP OF DEVELOPMENT THRU 10.2021	40.00					Х		103,762.	0.	2,860.
(4) BRIAN EFFRON	2.00							-		-
PRESIDENT		Х		Х				0.	0.	0.
(5) ADELE SCHAEFFER	2.00									
TRUSTEE		X						0.	0.	0.
(6) ALAN LINDY	2.00									
TRUSTEE		Х						0.	0.	0.
(7) DR. ARLENE SILVERS	2.00									
TRUSTEE		Х						0.	0.	0.
(8) ARNOLD M. PESKIN	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(9) BERNARD J. KELLEY	2.00									_
TRUSTEE		Х						0.	0.	0.
(10) BRENDAN M. GILMORE	2.00	ļ								
TRUSTEE		Х						0.	0.	0.
(11) BRIAN DAGGETT	2.00	۱								
TRUSTEE		Х						0.	0.	0.
(12) DR. BRIAN ENGLANDER	2.00	١								_
TRUSTEE	2 00	Х						0.	0.	0.
(13) CAM MAIO	2.00	٠,								_
TRUSTEE	2 00	Х						0.	0.	0.
(14) CLAUDIA SPRINGER	2.00	x						0.	0.	_
TRUSTEE	2 00	^						0.	0.	0.
(15) CYMA SATELL TRUSTEE	2.00	x						0.	0.	0.
(16) DANIEL KAUFMAN	2.00	^						0.	0.	<u> </u>
TRUSTEE	<b></b>	X						0.	0.	0.
(17) DAVID GRUBER	2.00	122						0.	· ·	<u></u>
TRUSTEE	2.00	X						0.	0.	0.
120007 10 00 01					<u> </u>					Form <b>990</b> (2021)

23-2788633 NATIONAL LIBERTY MUSEUM Page 8 Form 990 (2021) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations (ey employee 1099-NEC) and related below organizations line) 2.00 (18) DOUGLAS O. TOZOUR 0. 0. 0. TRUSTEE (19) EDWARD M. SATELL 2.00 X 0 0. 0. TRUSTEE 2.00 (20) ELAINE LEVITT 0 X 0. 0. TRUSTEE (21) ERNIE MAY 2.00 X 0 0. TRUSTEE 0. (22) ETTA WINIGRAD 2.00 0 0. TRUSTEE Х 0. (23) FRANZ RABAUER 2.00 X 0. 0. TRUSTEE 0. 2.00(24) GARRETT PRICE X 0 . 0. 0. TRUSTEE 2.00 (25) DR. HERB KEAN 0. X 0. 0. TRUSTEE 2.00 (26) JACK FARBER TRUSTEE Х 0 0 0. 393,666. 0. 12,291 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 12,291. 393,666. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

			163	140
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х
0	the Blades and at October tons			

#### Section 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 compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address		<b>(B)</b> Description of serv	/ices	(C) Compensation
JACOBS WYPER ARCHITECTS LLP	10107	A D CULT MER COULD A I	DEGLON	200 710
1232 CHANCELLOR ST, PHILADELPHIA, PA	19107	ARCHITECTURAL	DESIGN	208,710.

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd F	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	neck	all t	hat	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	٦				oyee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l frus		ee/	npen				organizations
	below	Individual trustee or director	Institutional trustee	_	mplo	stcoi	io.			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(27) JASON THACKER	2.00									
TRUSTEE		Х						0.	0.	0.
(28) LAURIE WAGMAN	2.00									
TRUSTEE		Х						0.	0.	0 .
(29) LISA PACELL	2.00									
TRUSTEE		Х						0.	0.	0 .
(30) MICHAEL B. AZEEZ	2.00									
TRUSTEE		Х						0.	0.	0 .
(31) NICOLE L. LEVINE	2.00									
TRUSTEE		Х						0.	0.	0.
(32) DR. NIGEL BROWN	2.00									
TRUSTEE		Х						0.	0.	0 .
(33) NORMAN COHN	2.00									
TRUSTEE		Х						0.	0.	0.
(34) RACHEL D'ARGENIO	2.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(35) SHELBY FORD	2.00								_	
TRUSTEE		Х						0.	0.	0.
(36) SHERRIE SAVETT	2.00									
TRUSTEE		Х						0.	0.	0.
(37) STEPHEN K. LEFF	2.00									
TRUSTEE		Х						0.	0.	0 .
(38) STEWART GERSON	2.00									
TRUSTEE		Х						0.	0.	0 .
(39) SUZANNE BINSWANGER	2.00									
TRUSTEE		Х						0.	0.	0 .
(40) THOMAS CARAMANICO	2.00	,,							0	0
TRUSTEE	2 00	Х						0.	0.	0 .
(41) THOMAS SCANNAPIECO	2.00	Į							_	^
TRUSTEE	1 2 00	Х	$\vdash$	$\vdash \vdash$				0.	0.	0 .
(42) UMA VISWANATHAN	2.00								0	0
TRUSTEE		Х						0.	0.	0 .
			$\vdash$			$\vdash$				
		ł								
		1								
		ł				l	l			

Form 990 (2021) NATIONAL Part VIII Statement of Revenue NATIONAL LIBERTY MUSEUM

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		Officer if deficable of contains a response	or riote to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	` '	Revenuè éxcluded
					function revenue	business revenue	from tax under
<u> </u>							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
Sra Iou	b	Membership dues 1b	4,805.				
S, (	c	Fundraising events 1c	261,677.				
ar,		Related organizations 1d					
s, (		Government grants (contributions)	908,276.				
Ö		All other contributions, gifts, grants, and	·				
탈	•	similar amounts not included above 1f	1,073,973.				
호텔	_	· · · · · · · · · · · · · · · · · · ·					
ğΕ	_			2,248,731.			
<del>=  </del>	<u> </u>	Total. Add lines 1a-1f		2,240,731.			
			Business Code	25.060	25.050		
<u>:</u>	2 a	ADMISSION INCOME	713990	35,962.	35,962.		
e ⊆	b						
n S	c	÷					
ev lev	c	I					
Program Service Revenue	e	•					
ᇫ	f	All other program service revenue					
	c	Total. Add lines 2a-2f		35,962.			
	3	Investment income (including dividends, intere		·			
	•	other similar amounts)		2,084,005.			2084005.
	4	Income from investment of tax-exempt bond p		2,002,000.			
			t				
	5	Royalties(i) Real					
	_		(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 3,110,989.	896,100.				
	b	Less: cost or other basis					
e le		and sales expenses <b>7b</b> 1,858,604.	24,796.				
len/		Gain or (loss) 7c 1,252,385.	871,304.				
Revenue		Net gain or (loss)		2,123,689.			2123689.
her F		Gross income from fundraising events (not		2,220,000.			
g	0 6	•					
١							
		contributions reported on line 1c). See	00 100				
		Part IV, line 18 <b>8a</b>	92,189.				
		Less: direct expenses8b	109,644.				
		1 1	<b></b>	-17,455.			-17,455.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a	12,548.				
	r	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory		-20,361.		-20,361.	
$\rightarrow$			Business Code	20,002.		20,002.	
ns			Busiliess Code				
Jed ue	11 a		<del></del>				
la	b						
Miscellaneous Revenue	C		ļļ				
≝¯		All other revenue					
	e	Total. Add lines 11a-11d	<b>&gt;</b>				
	12	Total revenue. See instructions		6,454,571.	35,962.	-20,361.	4190239.

132009 12-09-21

# Part IX | Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX.								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
_	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,	200 224	145 205	22 000	121 051			
_	trustees, and key employees	299,334.	145,285.	22,998.	131,051			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
_	persons described in section 4958(c)(3)(B)	1 025 460	000 272	2 250	123,945			
7	Other salaries and wages	1,025,468.	898,273.	3,250.	143,945			
8	Pension plan accruals and contributions (include	5,616.	4 450	109.	1 055			
_	section 401(k) and 403(b) employer contributions)	185,471.	4,452. 145,490.	3,477.	1,055 36,504			
9	Other employee benefits	103,471.	82,350.	2,008.	19,507			
10	Payroll taxes	103,003.	04,330.	2,000.	19,507			
11	Fees for services (nonemployees):							
b	Legal							
	•							
	Lobbying	72,357.			72 257			
е	,	93,190.		93,190.	72,357			
f	Investment management fees	93,190.		33,130.				
g	,	509,368.	386,436.	71,479.	E1 /E2			
	column (A), amount, list line 11g expenses on Sch O.)	53,045.	52,127.	11,413.	51,453 918			
12	Advertising and promotion	57,344.	48,640.	2,836.	5,868			
13	Office expenses	6,647.	4,482.	1,442.	723			
14	Information technology	0,047.	4,402.	1,442.	123			
15	Royalties	101,517.	93,189.		8,328			
16	Occupancy	7,153.	5,241.	1,225.	687			
17	Travel	7,133.	J, 241 •	1,223.	007			
18	Payments of travel or entertainment expenses							
40	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	29,115.	19,332.	6,515.	3,268			
20	Interest Payments to offiliates	27,1130	17,3320	0,515.	5,200			
21	Payments to affiliates	324,802.	323,710.	727.	365			
22	Depreciation, depletion, and amortization	62,077.	41,219.	13,891.	6,967			
23 24	Insurance Other expenses. Itemize expenses not covered	02,077.	± 1, 4 ± 7 •	10,001.	0,501			
<b>24</b>	above. (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)							
_	MISCELLANEOUS	146,253.	119,861.	14,447.	11,945			
a b	OTHER PROGRAM EXPENSES	83,647.	62,443.	17,028.	4,176			
C	DUES & CREDIT CARD PROC	8,359.	7,717.	52.	590			
d	EQUIPMENT RENTAL	7,756.	3,548.	2,802.	1,406			
	All other expenses	,,,,,,,,,	3,340	2,002.	<b>1,400</b>			
25	Total functional expenses. Add lines 1 through 24e	3,182,384.	2,443,795.	257,476.	481,113			
<u>25</u> 26	Joint costs. Complete this line only if the organization	3,202,001	_,,	20.,1.00				
20	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							
	0.10.00.01				Earm <b>990</b> (2021			

# Form 990 (2021) Part X Balance Sheet

Part X		Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	ı	Cash - non-interest-bearing			797,037.	1	2,349,671
2		Savings and temporary cash investments			274,462.	2	272,419
3		Pledges and grants receivable, net			1,507,229.	3	1,210,646
4		Accounts receivable, net		4	5,031,113		
5	5	Loans and other receivables from any current of	forme	r officer, director,			
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	ons		5	
6	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
ទ្ឋ 7	7	Notes and loans receivable, net				7	
Assets	3	Inventories for sale or use			760,266.	8	719,054
₹   9					128,394.	9	308,959
10	)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,190,172.			
	b	Less: accumulated depreciation	10b	3,767,148.	3,302,390.	10c	3,423,024
11		Investments - publicly traded securities			15,351,977.	11	15,707,283
12	2	Investments - other securities. See Part IV, line	11			12	
13	3	Investments - program-related. See Part IV, line	11			13	
14	ŀ	Intangible assets				14	
15	5	Other assets. See Part IV, line 11		15			
16	<u> </u>	Total assets. Add lines 1 through 15 (must equ	22,121,755.	16	29,022,169		
17	7	Accounts payable and accrued expenses	129,028.	17	333,208		
18	3	Grants payable		18			
19	)	Deferred revenue			19		
20	)	Tax-exempt bond liabilities				20	
21	ı	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ខ្ជ   22		Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the			1 202 601	22	1 200 516
23		Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	1,393,601.	23	1,392,716
24		Unsecured notes and loans payable to unrelate		_	319,227.	24	U
25	5	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	24 522		22 25
		of Schedule D			34,523.		32,256
26	<u> </u>	Total liabilities. Add lines 17 through 25			1,876,379.	26	1,758,180
<sub>κ</sub>		Organizations that follow FASB ASC 958, che	ck her	e ▶ 🔼			
ğ		and complete lines 27, 28, 32, and 33.			15,653,901.		17 000 100
27					4,591,475.	27	17,888,198 9,375,791
<u> </u>		Net assets with donor restrictions			4,331,413.	28	9,313,191
Ē		Organizations that do not follow FASB ASC 9	58, cne	eck nere			
5   22		and complete lines 29 through 33.				00	
29		Capital stock or trust principal, or current funds				29	
30		Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund balances 22 8 29 30 1 31 32		Retained earnings, endowment, accumulated in			20,245,376.	31	27,263,989
_		Total lightilities and not assets (fund belonged			22,121,755.	32	29,022,169
33	<u> </u>	Total liabilities and net assets/fund balances		<u> </u>	44,141,133.	33	Form <b>990</b> (202

Pa	TXI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,45 3,18				
2	Total expenses (must equal Part IX, column (A), line 25)  2						
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		20,24				
5	Net unrealized gains (losses) on investments	5	-1,27				
6	Donated services and use of facilities	6	5,03	1,1	13.		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	5,0	89.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	27,26	3,9	89.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	∍ O.					
2a	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	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** 23-2788633 NATIONAL LIBERTY MUSEUM Reason for Public Charity Status (All organizations

Га	111	neason for Public (	onanty Status.	All organizations must c	ompiete ti	iis part.) S	ee instructions.				
he	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)					
1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit describ	ped in			
		section 170(b)(1)(A)(iv). (C									
6		A federal, state, or local go	•	nental unit described in s	section 17	70(b)(1)(A)	(v).				
	X	An organization that norma	_					public described in			
		section 170(b)(1)(A)(vi). (C	-	a. part or no capport.			anni or morni and general	pasio accombca in			
8		A community trust describe	•	(1)(Δ)(vi) (Complete Part	+ II )						
9	一	An agricultural research org				ed in coni	inction with a land-grant	college			
9		or university or a non-land-				-	-	-			
		university:	grant college or agric	ulture (see iristructions).	Litter the	marrie, city	y, and state of the colleg	Je oi			
10			Ily receives (1) more	than 22 1/20/, of its supp	nort from	oontributie	one membership fees a	nd aross reseints from			
10		An organization that norma									
		activities related to its exen									
		income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	ilred by the organization	arter June 30, 1975.			
4.4		See section 509(a)(2). (Con		ivaly to toot for public or	foty Coo	aastian E(	00(a)(4)				
11 12	H	An organization organized	•	•	-			numnees of one or			
12		An organization organized a	•	•	-		•				
		more publicly supported or						Sheck the box on			
_		lines 12a through 12d that	* -			•		. at ta			
а	L		•	•		•					
		the supported organization			a majority (	of the aire	ctors or trustees of the s	supporting			
_		organization. You must o									
b			•					-			
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported			
		organization(s). You mus									
С							• •	ed with,			
		its supported organizatio		•							
d			<b>/ integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported organi	ization(s)			
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness			
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.				
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information		` ` '	(iv) le the erge	nization listed					
	(	<ul><li>i) Name of supported organization</li></ul>	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
nt:	ı							I			

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

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

Sec	ction A. Public Support	дологи, расс		,					
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and	,	. ,	. ,	,	,			
	membership fees received. (Do not								
	include any "unusual grants.")	1784171.	2588007.	2401324.	1820885.	2248731.	10843118.		
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	1784171.	2588007.	2401324.	1820885.	2248731.	10843118.		
	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						580,232.		
6	Public support. Subtract line 5 from line 4.						10262886.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	1784171.	2588007.	2401324.	1820885.	2248731.	10843118.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources $\dots$	377,673.	466,138.	484,779.	659,210.	2084005.	4071805.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on	37,983.	8,169.	2,972.			49,124.		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	101,132.	113,489.	98,258.	31,151.	104,737.	448,767.		
11	<b>Total support.</b> Add lines 7 through 10						15412814.		
12	Gross receipts from related activities,	•	,			12	563,993.		
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	. —		
<u></u>	organization, check this box and stor						<u></u> ▶∟⊥		
	ction C. Computation of Publ			. (0)		I I	66.59 %		
	Public support percentage for 2021 (					14	<u> </u>		
	Public support percentage from 2020					15			
16a	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
	stop here. The organization qualifies as a publicly supported organization								
D	b 33 1/3% support test - 2020. 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								
17.	and stop here. The organization qualifies as a publicly supported organization								
17 a	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	•			=		_			
J.	meets the facts-and-circumstances to	-	· · · · · · · · · · · · · · · · · · ·		-	17a, and line 15 is			
D	10% -facts-and-circumstances tes	-					1U70 UI		
	more, and if the organization meets the organization meets the facts-and-circ				-				
10	•		-						
18	Private foundation. If the organization	in did flot Crieck a	DOX OIT III IE 13, 10	a, 100, 17a, 01 171	J, UTICUN ITIIS DUX 2	110 300 113111101101	ıs		

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	qualify under the tests listed beat ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	inone under coetion 512						
4							
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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons Amounts included on lines 2 and 3 received		+				
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		/-\ 0047	(I-) 0040	(-) 0040	(-I) 0000	(-) 0004	(6) T-+-1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
•••	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>							<u> </u>
	ction C. Computation of Publ					T I	
	Public support percentage for 2021 (I					15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					127	
17						17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box as						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└┴

132023 01-04-22

Schedule A (Form 990) 2021

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
4	A /Earr	~ 000	0004

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ly member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		n Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more s	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported	-		
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rised, or controlled the supporting organization.	2		
		C. Type II Supporting Organizations	_		
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
		D. All Type III Supporting Organizations	•		
		<i>y</i>		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	-	son of the relationship described on line 2, above, did the organization's supported organizations have a	_		
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
		. Type III Functionally Integrated Supporting Organizations			
		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in	structio	ns).	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		be organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		I the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		a programing everying a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations							
1										
	All other Type III non-functionally integrated supporting organizations mu-	st complete	Sections A through E.							
Section A - Adjusted Net Income (A) Prior Year (B) Currer (option										
1	Net short-term capital gain	1								
2	Recoveries of prior-year distributions	2								
3	Other gross income (see instructions)	3								
4	Add lines 1 through 3.	4								
5	Depreciation and depletion	5								
6	Portion of operating expenses paid or incurred for production or									
	collection of gross income or for management, conservation, or									
	maintenance of property held for production of income (see instructions)	6								
7	Other expenses (see instructions)	7								
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8								
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1	Aggregate fair market value of all non-exempt-use assets (see									
	instructions for short tax year or assets held for part of year):									
а	Average monthly value of securities	1a								
b	Average monthly cash balances	1b								
С	Fair market value of other non-exempt-use assets	1c								
d	Total (add lines 1a, 1b, and 1c)	1d								
е	Discount claimed for blockage or other factors									
	(explain in detail in Part VI):									
2	Acquisition indebtedness applicable to non-exempt-use assets	2								
3	Subtract line 2 from line 1d.	3								
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,									
	see instructions).	4								
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6	Multiply line 5 by 0.035.	6								
7	Recoveries of prior-year distributions	7								
8	Minimum Asset Amount (add line 7 to line 6)	8								
Sect	on C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, column A)	1								
2	Enter 0.85 of line 1.	2								
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3								
4	Enter greater of line 2 or line 3.	4								
5	Income tax imposed in prior year	5								
6	Distributable Amount. Subtract line 5 from line 4, unless subject to									
	emergency temporary reduction (see instructions).	6								
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting ora	anization (see						
	instructions).	, 0		,						

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

e Excess from 2021

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHE	OULE	Α,	PART	II,	LINE	10,	EXPLANA	ATION	FOR	OTHER	INCOME:
GROS	SINC	COME	FRO	M FU	NDRAI	SING					
2017	AMOU	JNT:	\$	70,	000.						
2018	AMOU	JNT:	\$	71,	000.						
2019	AMOU	JNT:	\$	47,	804.						
2020	AMOU	JNT:	\$	26,	614.						
2021	AMOU	JNT:	\$	104	,737.						
MISCI	ELLAN	IEOU	S IN	COME							
2017	AMOU	JNT:	\$	31,	132.						
2018	AMOU	JNT:	\$	42,	489.						
2019	AMOU	JNT:	\$	50,	454.						
2020	AMOU	JNT:	\$	4,5	37.						

# **Schedule B** (Form 990)

**Schedule of Contributors** 

▶ Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

NATIONAL LIBERTY MUSEUM 23-2788633								
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
• •	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.						
General Rule								
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor							
Special Rules								
sections 509(a)( contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one						
contributor, duri	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contributio is checked, ente purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{1}{2} \]							
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# NATIONAL LIBERTY MUSEUM

23-2788633

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 75,750.	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# NATIONAL LIBERTY MUSEUM

23-2788633

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 615,879.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 292,398.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3** 

Name of organization

Employer identification number

# NATIONAL LIBERTY MUSEUM

23-2788633

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	Schedule B (Form 990) (2

Schedule B (Form 990) (2021) Name of organization Employer identification number 23-2788633 NATIONAL LIBERTY MUSEUM Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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

123454 11-11-21

Schedule B (Form 990) (2021)

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

NATIONAL LIBERTY MUSEUM

**Employer identification number** 23-2788633

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	e 6.					
		(a) Donor advised t	funds (	b) Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{v}$	writing that the assets held	l in donor advised fun				
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gran	t funds can be used o	only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confer	ring			
_	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes"	on Form 990, Part IV	, line 7.			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).					
	Preservation of land for public use (for example, recrea			orically important land area			
	Protection of natural habitat	F	Preservation of a certi	fied historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribut	ion in the form of a co				
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements			2a			
b	•			2b			
C	Number of conservation easements on a certified historic str			2c			
d	Number of conservation easements included in (c) acquired a						
_	listed in the National Register			2d			
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or ter	rminated by the orgar	nization during the tax			
	year -						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per			Yes No			
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		onforcing concernati				
6	Stan and volunteer flours devoted to florittoning, inspecting,	mandling of violations, and	emorcing conservati	on easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfo	rcing conservation ea	esements during the year			
•	\$ \$	and crite	roing conscivation ca	decine its during the year			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(F	3)(i)			
•	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footr		•				
	organization's accounting for conservation easements.	ŭ					
Par	t III Organizations Maintaining Collections of	f Art, Historical Trea	sures, or Other	Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reven	ue statement and ba	lance sheet works			
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, c	or research in furthera	nce of public			
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that descr	ribes these items.				
b	<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public	exhibition, education, or r	esearch in furtheranc	e of public service,			
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$			
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treatment						
	the following amounts required to be reported under FASB A	SC 958 relating to these it	ems:				
а	Revenue included on Form 990, Part VIII, line 1						
<u>b</u>	Assets included in Form 990, Part X			. ▶ \$			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021			

	t III   Organizations Maintaining C	ollections of Ar		easures, or	Other	Simil	ar Asse	<b>ts</b> (continu		je <b>Z</b>
	Using the organization's acquisition, accession		-					•	/	—
•	collection items (check all that apply):	on, and other record	o, or core arry or the	Tollowing that	mano oig	, moant	400 01 110			
а	X Public exhibition	d	X Loan or exc	hange progran	n					
b	Scholarly research	e	Other	nange program						
c	Preservation for future generations	Č								
4	Provide a description of the organization's co	allections and explain	how they further t	he organization	n's evemi	nt nurna	nse in Par	+ XIII		
5	During the year, did the organization solicit or						Joe IIII ai	t XIII.		
3	to be sold to raise funds rather than to be ma						X	Yes		No
Par	t IV Escrow and Custodial Arrange									140
	reported an amount on Form 990, Par		te ii trie organizatio	ii alisweled i	63 0111	01111 330	, raitiv,	III 16 3, OI		
	Is the organization an agent, trustee, custodi		iary for contribution	s or other ass	ets not in	ncluded				
Iu	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					_ 103		140
b	Tres, explain the arrangement in rait Ama	and complete the for	lowing table.					Amount		
_	Paginning balance					1c		,		
	Beginning balance					1d				
	Additions during the year					1e				
	Distributions during the year					1f				
	Ending balance  Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.		•		•	y :		_ 1 <b>c</b> s	H	INO
	t V   Endowment Funds. Complete if									
	2 I Ziras William I arrasi complete ii	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	vears ba	ack
10	Beginning of year balance	2,889,021.	2,835,982.	2,493	<del></del>		85,938.		536,6	
	T	2,005,021.	2,033,302.	2,455	,374.	2,1	03,330.	<u> </u>	330,0	<del></del>
	Contributions	346,767.	183,485.	444	496.	_1	74,814.		358,8	9.7
	Net investment earnings, gains, and losses	340,707.	103,403.	111,	, = 50.		74,014.		330,0	<del></del>
	Grants or scholarships									
е	Other expenditures for facilities	256,566.	130,446.	102	,088.	1	17,550.		100 6	57
	and programs	230,300.	130,440.	102	, 000.		17,330.		109,6	<del>37.</del>
	Administrative expenses	2,979,222.	2,889,021.	2,835	982	2 4	93,574.	2	785,9	3 8
_	End of year balance				, 302.	2,4	93,374.	۷,	105,5	<del>50.</del>
2	Provide the estimated percentage of the curr	ent year end balance		a)) neid as:						
	Board designated or quasi-endowment ►  Permanent endowment ► 100	0/	_%							
		%								
С		%								
0-	The percentages on lines 2a, 2b, and 2c short	•								
Зa	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	na administere	ea for the	e organiz	zation	Г	Yes I	No
	by:									X
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations								-+	
D	If "Yes" on line 3a(ii), are the related organiza							3b		
Day	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment tunas.							—
Pai	Complete if the organization answered		Dort IV line 11e 9	Coo Form 000	Dort V lir	20.10				
	*							<b></b>		
	Description of property	(a) Cost or ot		or other		umulate	ea	(d) Book	value	
	ld	basis (investm	ierit) Dasis	(other)	depre	eciation				
	Land		2 72	6,520.	2 00	98,5	81	1,137	02	6
	Buildings		3,43	1,446.	1 50	89,3	65	$\frac{1,13}{1,812}$		
	Leasehold improvements		3,40	2,206.		79,1		172	,00	7
	Equipment		33	4,400.		12,1	99.	4/3	, 00	<u> </u>
	Other		V ookuman (D) lim - 4	(00.)			<del>.   -</del>	3,423	<u> </u>	<del>/</del>
rotal	. Add lines 1a through 1e. (Column (d) must ed	yuai ruiiii 990, Part i	∧, coiuititi (ಡ), line l	<i>UC.)</i>				J, 443	, U Z	<b>—</b> •

3,423,024. Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 NATIONAL I	LIBERTY MUSEUM	23	3-2788633 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye			od of voor manufacture
(a) Description of security or category (including name of securit		(c) Method of valuation: Cost or en	id-ot-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>		
Part IX Other Assets.			
Complete if the organization answered "Ye		1d. See Form 990, Part X, line 15.	1 (1) D
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15 )		
Part X Other Liabilities.	iiile 13.)	······	·
Complete if the organization answered "Ye	es" on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 2	5
1. (a) Description of liability	50 0111 01111 000, 1 di t 1 v , iii 10 1	10 01 111. 000 1 01111 000, 1 011 1, 1110 2	(b) Book value
(1) Federal income taxes			(a) I sell tuile
(2) CHARITABLE GIFT ANNUITY	LIABILITY		32,256.
(3)			32,230
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 25.)		32,256.
	,	······	. ,

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

Schedule D (Form 990) 2021

OCH	stale D (1 01111 990) 2021 11111 2 2 2 2 2 1				1 reger
Pai	rt XI Reconciliation of Revenue per Audited Financial State	ements Wit	h Revenue per R	leturi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	9,054,622.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,279,598.		
b	Donated services and use of facilities	2b	5,427,113.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	24,796.		
е	Add lines 2a through 2d			2e	4,172,311.
3	Subtract line 2e from line 1			3	4,882,311.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	93,190.		
b	Other (Describe in Part XIII.)	4b	1,479,070.		
С	Add lines <b>4a</b> and <b>4b</b>	· ·		4c	1,572,260.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,454,571.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	3,518,103.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	396,000.		
b	Prior year adjustments	2b			
С	Other losses	1 - 1			
d	Other (Describe in Part XIII.)	2d	32,909.		
е	Add lines 2a through 2d			2e	428,909.
3	Subtract line 2e from line 1			3	3,089,194.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	93,190.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	<u>-</u>		4c	93,190.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,182,384.

#### Part XIII Supplemental Information.

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

#### PART III, LINE 1A:

THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE ORGANIZATION'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED, OR AS NET ASSETS WITH DONOR RESTRICTIONS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED ON THE FINANCIAL PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE STATEMENTS. REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

THE ORGANIZATION'S COLLECTIONS ARE PRIMARILY GLASS ART THAT ILLUSTRATES

Part XIII | Supplemental Information (continued)

THE CONNECTION BETWEEN FREEDOM AND SELF-EXPRESSION. EACH OF THE ITEMS IS

CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR

EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE

COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR

SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS.

#### PART III, LINE 4:

THE ORGANIZATION'S COLLECTIONS ARE PRIMARILY GLASS ART THAT ILLUSTRATES

THE CONNECTION BETWEEN FREEDOM AND SELF-EXPRESSION. EACH OF THE ITEMS IS

CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR

EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY.

COLLECTION ITEMS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR

SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS AND FOR THE DIRECT

CARE OF THE COLLECTION. DIRECT CARE INCLUDES EXPENDITURES THAT PROVIDE A

DIRECT BENEFIT TO THE COLLECTION BY ENHANCING ITS LIFE, USEFULNESS, OR

QUALITY AND EXCLUDES EXPENDITURES FOR ROUTINE MAINTENANCE OF THE

COLLECTION.

DURING 2021, THREE PAINTINGS FROM THE COLLECTION WERE DETERMINED TO NO

LONGER BE IN LINE WITH THE MUSEUM'S EXHIBIT AND WERE SUBSEQUENTLY SOLD AT

AUCTION RESULTING IN AN INCREASE IN NET ASSETS WITHOUT DONOR RESTRICTIONS

OF \$896,100 WHICH IS INCLUDED IN REVENUE.

#### PART V, LINE 4:

TO SUPPORT ACTIVITIES FOR PERPETUITY

#### PART X, LINE 2:

GAAP REQUIRES ENTITIES TO EVALUATE, MEASURE, RECOGNIZE AND DISCLOSE ANY

UNCERTAIN TAX POSITIONS. GAAP PRESCRIBES A MINIMUM RECOGNITION THRESHOLD

Schedule D (Form 990) 2021

132055 10-28-21

Part XIII Supplemental Information (continued)
THAT A TAX POSITION IS REQUIRED TO MEET IN ORDER TO BE RECOGNIZED IN THE
FINANCIAL STATEMENTS. THE ORGANIZATION BELIEVES THAT IT HAD NO UNCERTAIN
TAX POSITIONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
LOSS ON DISPOSAL OF EQUIPMENT 24,796
PART XI, LINE 4B - OTHER ADJUSTMENTS:
GIFT SHOP SALARIES & BENEFITS -32,909
PROCEEDS FROM SALE OF COLLECTION ITEMS 896,100
PPP LOAN FORGIVENESS 615,879
TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,479,070
PART XII, LINE 2D - OTHER ADJUSTMENTS:
GIFT SHOP SALARIES & BENEFITS 32,909

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

NATIONAL LIBERTY MUSEUM 23-2788633 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events **d** X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) FAIRMOUNT VENTURES - P.O. BOX Yes No 36834, 1234 MARKET ST, Х Λ GRANT WRITING 72,357 0. 72 357 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. PA,NJ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gr	oss income on Form 990			ots greater than \$5,000.
			(a) Event #1 GLASS	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			AUCTION			col. <b>(c)</b> )
æ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	353,866.			353,866.
	2	Less: Contributions	261,677.			261,677.
	3	Gross income (line 1 minus line 2)	92,189.			92,189.
	4	Cash prizes				
Se	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	109,644.			109,644.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b>&gt;</b>	109,644.
		Net income summary. Subtract line 10 from li				-17,455.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Takal manahan (a dal
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %  No	☐ Yes % No	☐ Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization condu	_			
		he organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	•	_	•	Yes No

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Sch	edule G (Form 990) 2021	NATIONAL	LIBERTY	MUSEUM	23-2	788	633	Page 3	
11	Does the organization conduct of	gaming activities with	nonmembers?			,	Yes	☐ No	
12	Is the organization a grantor, beto administer charitable gaming?						Yes	□ No	
13	Indicate the percentage of gamil								
	The organization's facility					13a		%	
	An outside facility					$\vdash$		%	
	Enter the name and address of t								
	Name								
	Address >								
15a	Does the organization have a co	ntract with a third pa	arty from whom	the organization receives gaming	revenue?	. 🔲 ,	Yes	☐ No	
k	o If "Yes," enter the amount of gar				and the amount				
	of gaming revenue retained by the	<del></del>		<u> </u>					
C	If "Yes," enter name and addres	s of the third party:							
	Name								
	Address >								
16	Gaming manager information:								
	Name								
	Gaming manager compensation ▶ \$								
	Description of services provided	· •							
	Director/officer	Employee	II	ndependent contractor					
17	Mandatory distributions:								
a	Is the organization required unde	er state law to make	charitable distri	butions from the gaming proceed	ds to				
	retain the state gaming license?					٠ ـــــا ،	Yes	└─ No	
k	Enter the amount of distributions	•		ributed to other exempt organiza	tions or spent in the				
Pa	organization's own exempt activ			s required by Part I, line 2b, colur	nns (iii) and (v); and Pa	rt III, lir	nes 9,	9b, 10b,	
			-	ional information. See instruction		,			
SC	HEDULE G, PART I	, LINE 2B,	LIST OF	TEN HIGHEST PAIL	FUNDRAISER	.S:			
(I	) NAME OF FUNDRA	ISER: FAIRM	OUNT VE	NTURES					
(I	) ADDRESS OF FUNI	ORAISER:							
	O. BOX 36834, 123		ייי סטדו.ז	ADELPHIA, PA 191	0.7				
<u>F •</u>	O. DOA 30034, 123	14 MUNUET 2	)I, ENIUE	линити, га 191	-0 /				

Schedule G (Form 990) NATIONAL LIBERTY MUSEUM	23-2/88633 Page 4
Part IV   Supplemental Information (continued)	

## **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

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

Compensated Employees

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

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Open to Public Inspection

OMB No. 1545-0047

NATIONAL LIBERTY MUSEUM

**Employer identification number** 23-2788633

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

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

Schedule J (Form 990) 2021

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	<i>I-</i> 2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GWEN BOROWSKY	(i)	159,000.	0.	0.	1,623.	0.		0.
CEO THRU 1.20.22	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL LIBERTY MUSEUM

**Employer identification number** 23-2788633

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROTECT AND ADVANCE LIBERTY FOR ALL. VISITORS TO NLM ENJOY AN ENGAGING, EDUCATIONAL, AND ENTERTAINING EXPERIENCE AS THEY INTERACT WITH INCREDIBLE STORIES OF HEROS IN THE MUSEUM'S SIGNATURE GALLERIES AND ITS SLATE OF CHANGING TEMPORARY EXHIBITIONS. THROUGHOUT THE MUSEUM, ART IS USED TO MAKE THE POINT THAT FREEDEOM IS AS FRAGILE AS GLASS AND MUST BE PROTECTED. NLM'S CORE THEMES FOR YOUNG PEOPLE AND ADULTS INCLUDE LEADERSHIP; DIVERSITY AND INCLUSION; PEACEFUL CONFLICT RESOLUTION; AND CIVIC ENGAGEMENT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: EVIDENCE-BASED PROGRAM IN THEIR SCHOOLS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COMMUNITY AWARDS PROGRAMS - CORE TO THE NLM'S MISSION IS HOSTING ANNUAL AWARDS PROGRAMS CELEBRATING "EVERYDAY" LIBERTY HEROES IN THE COMMUNITY. THE MUSEUM CURRENTLY OFFERS FOUR ANNUAL AWARDS PROGRAMS PUBLICLY HONORING OUTSTANDING CITIZENS FROM AMONG 1) YOUTH, 2) EDUCATORS, FIRST RESPONDERS, AND 4) HEALTHCARE INNOVATORS. TO DATE, THE NLM HAS RECOGNIZED THOUSANDS OF EXCEPTIONAL MEN, WOMEN, AND YOUNG PEOPLE FROM EVERY WALK OF LIFE WHO HAVE USED THEIR TIME, TALENTS, AND RESOURCES TO KEEP LIBERTY THRIVING AND MAKE A POSITIVE IMPACT IN THE LIVES OF OTHERS ON A LOCAL AND GLOBAL SCALE.

ENGAGEMENT PROGRAMS -

NLM AMPLIFIES ITS IMPACT THROUGH DYNAMIC AND ENGAGING PROGRAMS THAT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

132211 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization NATIONAL LIBERTY MUSEUM **Employer identification number** 23-2788633

CONNECT OUR MISSION TO AUDIENCES WELL BEYOND OUR FOUR WALLS.

INITIATIVES INCLUDE TOURS; ARTIST-LED WORKSHOPS; TALK-BACK DISCUSSIONS WITH COMMUNITY LEADERS; PROFESSIONAL DEVELOPMENT OPPORTUNITIES; SPEAKER PROGRAMS; AND AFTER-HOURS EVENTS FEATURING LOCAL ARTISTS, MUSICIANS AND MAKERS. IN ADDITION TO YHOP, OUTREACH PROGRAMS INCLUDE BIG IDEAS FOR LITTLE LEARNERS, A PRE-K FAMILY LITERACY INITIATIVE DEVELOPED IN PARTNERSHIP WITH THE KROC CENTER OF PHILADELPHIA AND SUPPORTED BY THE WILLIAM PENN FOUNDATION.

EXPENSES \$ 1,455,464. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS EDWARD AND CYMA SATELL ARE MARRIED.

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

THE INDEPENDENT AUDIT FIRM PRESENTS THE AUDITED FINANCIAL STATEMENTS AND THE MANAGEMENT LETTER TO THE ENTIRE FINANCE COMMITTEE. THE ORGANIZATION'S COO REVIEWS THE 990 AND RECONCILES IT WITH THE AUDITED FINANCIAL STATEMENTS. THE BOARD WILL RECEIVE A COPY OF THE FORM 990 AFTER IT HAS BEEN REVIEWED BY THE FINANCE COMMITTEE AND THE CEO. THE ORGANIZATION'S CEO WILL THEN SIGN THE 990 THAT THE ORGANIZATION FILES WITH THE IRS.

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

OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES MUST REFRAIN FROM ANY PRIVATE BUSINESS OR PROFESSIONAL ACTIVITIES THAT PLACE THEM IN A POSITION OF CONFLICT BETWEEN THEIR PRIVATE INTERESTS AND THE INTERESTS OF THE MUSEUM. OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES WILL NOT ENGAGE IN ANY PRIVATE ACTIVITY WHICH INVOLVES USE OF, OR APPEARANCE OF THE USE OF,

OFFICAL INFORMATION OR OTHER INFORMATION GAINED THROUGH THEIR EMPLOYMENT BY 132212 11-11-21

Schedule O (Form 990) 2021 Page **2** 

Name of the organization NATIONAL LIBERTY MUSEUM

Employer identification number 23-2788633

THE MUSEUM, WHICH IS NOT AVAILABLE TO THE GENERAL PUBLIC OR WOULD NOT BE
MADE AVAILABLE UPON REQUEST, FOR PRIVATE GAIN FOR THEMSELVES, THEIR
FAMILIES, THEIR FRIENDS OR BUSINESS ASSOCIATES, EITHER DIRECTLY OR
INDIRECTLY. OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES WHO ARE NOT
CERTAIN WHETHER ANY PARTICULAR ACTIVITY OR RELATIONSHIP CREATES A CONFLICT
OR POTENTIAL CONFLICT OF INTEREST SHOULD DISCUSS THE MATTER WITH THEIR
SUPERVISOR OR THE CEO. THE MUSEUM REQUIRES BOARD MEMBERS AND EMPLOYEES TO
COMPLY WITH A CONFLICT OF INTEREST STATEMENT ANNUALLY.

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

THE BOARD CONVENES AN OBJECTIVE COMPENSATION COMMITTEE THAT IS INVOLVED IN DETERMINING EXECUTIVE COMPENSATION FOR NEW HIRES OR PROMOTIONS. THEY CONDUCT EXTENSIVE RESEARCH AND COMPARE COMPENSATION WITH SIMILAR ORGANIZATIONS, AS WELL AS AN ANALYSIS OF THE PERFORMANCE REVIEW, THE COMPENSATION OF EMPLOYEES IN SIMILAR ORGANIZATIONS, THE INDIVIDUAL'S BACKGROUND AND EXPERTISE AND LOCAL AND NATIONAL ECONOMIC CONDITIONS. EACH YEAR EXECUTIVE COMPENSATION IS APPROVED BY THE FINANCE COMMITTEE DURING THE ANNUAL BUDGET REVIEW.

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

THE ORGANIZATION MAKES ALL DOCUMENTS AVAILABLE UPON REQUEST.

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

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 314,329.

MANAGEMENT AND GENERAL EXPENSES 48,147.

FUNDRAISING EXPENSES 39,750.

TOTAL EXPENSES 402,226.

132212 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2** 

Name of the organization  NATIONAL LIBERTY MUSEUM	Employer identification number 23-2788633
CONTRACTS FACILITY:	
PROGRAM SERVICE EXPENSES	72,107.
MANAGEMENT AND GENERAL EXPENSES	23,332.
FUNDRAISING EXPENSES	11,703.
TOTAL EXPENSES	107,142.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	509,368.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF LIABILITY UNDER CHARITABLE GIFT ANNUIT	Y -5,089.

## **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization NATIONAL LIBERTY MUSEUM Employer identification number 23-2788633

Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	on Form 990, Part IV, line 3	3.				
(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state o	(d) or Total inco	(e) me End-of-yea		(f) controlling	<u> </u>
of disregarded entity		foreign country)			er	ntity	
	_						
	_						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34,	because it had on	e or more related tax-exe	∍mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr ent	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
AMERICAN INTERFAITH INSTITUTE - 23-2224632 321 CHESTNUT STREET	RESEARCH AND STUDY OF THE CAUSES OF RACIAL AND				NATIONAL LIBERTY		
PHILADELPHIA, PA 19106	RELIGIOUS PREJUDICES	PENNSYLVANIA	501(C)(3)	LINE 10	MUSEUM	Х	
	_						
	7						

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
or related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	20 of Schedule	partne	Ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
							I	L			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr ent	tion o)(13) rolled ity?
		country)		0. 1.204				Yes	No
									<u> </u>
									<u> </u>
									<u> </u>

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	l in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
- 1	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		Х
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizati	ion(s)			1n		Х
	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
a .	Reimbursement paid by related organization(s) for expenses				1a		Х
•	, , , , , , , , , , , , , , , , , , , ,				•		
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amount inv	olved		
(1) Z	AMERICAN INTERFAITH INSTITUTE	K	0.	FMV			
(2)							
<u>. ,                                     </u>							
(3)							
<u>(4)</u>							
<u>(5)</u>							
(6)							
	3 11-17-21	47	<u> </u>	Schedule I	R (For	n 990	2021

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners se	Share of	Share of	Dispre	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	excluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocat	tions?	of Schedule K-1	partner	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	
				$\vdash$						$\vdash$	1
				+							
				$\vdash$						$\vdash$	1
		l	l		1	I	1	1		1 1	1

Schedule R (Form 990) 2021

#### \*\* Public Disclosure Copy \*\* OMB No. 1545-0047 Form **990-T Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check hox if Name of organization ( Check box if name changed and see instructions.) address changed. NATIONAL LIBERTY MUSEUM 23-2788633 **B** Exempt under section Print EGroup exemption number X 501(c)(3) Number, street, and room or suite no. If a P.O. box, see instructions. Type 220(e) 321 CHESTNUT STREET 408(e) City or town, state or province, country, and ZIP or foreign postal code 408A ∫530(a) 529(a) 529A PHILADELPHIA, PA Check box if C Book value of all assets at end of year ..... an amended return. Check organization type ► X 501(c) corporation 501(c) trust \_\_ 401(a) trust Claim credit from Form 8941 Check if filing only to Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ► ALAINE K. ARNOTT, PH.D., CEO EFFTelephone number ► 215-925-2800 Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see 0. instructions) 2 Reserved 2 3 3 Add lines 1 and 2 0. 4 Charitable contributions (see instructions for limitation rules) 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 Trusts. Section 199A deduction. See instructions 9 9 1,000. Total deductions. Add lines 8 and 9 10 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 Part II Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1

Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on

Alternative minimum tax (trusts only)

Tax rate schedule or

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

123701 07-06-22

Proxy tax. See instructions

Other tax amounts. See instructions

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Schedule D (Form 1041)

Form **990-T** (2021)

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Form 990-T (2021) Page 2

	III Tax and Payments			ı age
1a	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b	Other credits (see instructions)  General business credit. Attach Form 3800 (see instructions)  1b  1c	-		
c C	Credit for prior year minimum tax (attach Form 8801 or 8827)			
d	, , , , , , , , , , , , , , , , , , , ,	<del></del>	10	
e	Total credits. Add lines 1a through 1d		le   2	0
2	Subtract line 1e from Part II, line 7 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		<del>-</del>	
3			3	
4	Other (attach statement)		3	
4	<b>Total tax.</b> Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under		.	٥
_	section 1294. Enter tax amount here		4	0
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 Payments: A 2020 overpayment credited to 2021  6a 5, 0		5	
6a		<del>50 •</del>		
b	2021 estimated tax payments. Check if section 643(g) election applies <b>6b</b>			
С.	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)  6d			
e	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941)  6f			
g	Other credits, adjustments, and payments: Form 2439			
_	Form 4136 Other Total <b>&gt;</b>		_	E 0E0
7	Total payments. Add lines 6a through 6g			5,050
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	E 0E0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		_	5,050
11 Dord	Enter the amount of line 10 you want: Credited to 2022 estimated tax > 5,050 • Refunde	d ▶ 1	11	0
	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other aut	-		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have t			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co	untry		37
_	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			37
	foreign trust?			X
_	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$			
4	Enter available pre-2018 NOL carryovers here ▶ \$ Do not include any post-2017 No.			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported		, line 4.	
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't redu			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instru			
	Business Activity Code Available post-2017			
	453220 \$		1,381.	
	\$			
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No	),"		
_	explain in Part V			
Part	V Supplemental Information			
Provide	the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.			
O:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	my knowled	dge and belief, it is	true,
Sign		May t	he IRS discuss this	return with
Here	CEO EFF 12022	the pr	eparer shown belo	w (see
	Signature of officer Date Title	instru	ctions)? $\mathbf{X}$ $\mathbf{Y}\epsilon$	s No
	Print/Type preparer's name Preparer's signature Date Check	if	PTIN	
Paid	11/07/2022 self- emp	loyed		
Prepa	arer DENNIFER SOLOT Confy Wat CAR		P00749	
Use (	Dniv   Firm's name ▶ BBD , LLP   Firm's E	IN 🕨	23-289	6692
	1835 MARKET STREET, 3RD FLOOR			
	Firm's address ► PHILADELPHIA, PA 19103 Phone r	io. 21	5-567-7	
123711 (	01-31-22		Form 99	<b>90-T</b> (202

### 1

## SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

2021

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection fo 501(c)(3) Organizations Only

A N	lame of the organization NATIONAL LIBERTY MUSEUM			B Employer id		
<u>c</u> .	Jnrelated business activity code (see instructions) ▶ 45322	0		<b>D</b> Sequence:	:	1 of 1
<u>E [</u>	Describe the unrelated trade or business   GIFT SHOP SA	LES				
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
	Gross receipts or sales 12,548.		12,548.			
	Less returns and allowances c Balance ▶	1c	32,909.			
2	Cost of goods sold (Part III, line 8)	2	-20,361.			-20,361.
3	Gross profit. Subtract line 2 from line 1c	3	-20,301.			-20,301.
4 a	Capital gain net income (attach Sch D (Form 1041 or Form	1.1				
	1120)). See instructions	4a				
	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach	_				
6	statement)	5 6				
6	Rent income (Part IV)	7				
7	Unrelated debt-financed income (Part V)	<del>                                     </del>				
8	Interest, annuities, royalties, and rents from a controlled					
_	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
40	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	<del></del>				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12	-20,361.			-20,361.
13	Total. Combine lines 3 through 12					
1 Pa	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	come			1	s must be
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions		7			
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15				F	15	0.
16	Unrelated business income before net operating loss deduction. S					
	column (C)				16	-20,361.
17	Deduction for net operating loss. See instructions				17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	3			18	-20,361.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part II	e A (Form 990-T) 2021				Page 2
artII	I Cost of Goods Sold Enter met	hod of inventory valuatio	n ► COST		
1	Inventory at beginning of year			1	47,194.
2	Purchases			2	1,205.
3	Cost of labor			3	30,349.
4	Additional section 263A costs (attach statement)			4	0.
5	Other costs (attach statement)		STATEME	NT 2 5	2,560.
6	Total. Add lines 1 through 5			6	81,308.
	Inventory at end of year				48,399.
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	32,909.
9	Do the rules of section 263A (with respect to property	produced or acquired fo			Yes X No
Part I	/ Rent Income (From Real Property and	d Personal Propert	y Leased with R	eal Property)	
1	Description of property (property street address, city,	state, ZIP code). Check i	f a dual-use. See instr	uctions.	
ı	A $\square$				
	в 🗆				
	c 🗆				
	$D \square$				
		Α	В	С	D
2	Rent received or accrued				
	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
			+		
	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
	Total rents received or accrued by property.				
•	Add lines 2a and 2b, columns A through D				
					0.
	Total ranta raggiuad ar agoruad. Add lina 2a galumna /				
	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, co	olumn (A)	
	Deductions directly connected with the income	through D. Enter nere a	and on Part I, line 6, co	olumn (A)	
		A through D. Enter nere a	and on Part I, line 6, co	blumn (A)	
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
4 i 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, lin			0.
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s	nter here and on Part I, linee instructions)	ne 6, column (B)	<b>&gt;</b>	
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, linee instructions)	ne 6, column (B)	<b>&gt;</b>	
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s	nter here and on Part I, linee instructions)	ne 6, column (B)	<b>&gt;</b>	
4 5 7 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,	nter here and on Part I, linee instructions)	ne 6, column (B)	<b>&gt;</b>	
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (street address, A	nter here and on Part I, linee instructions)	ne 6, column (B)	<b>&gt;</b>	
5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A  B  B	nter here and on Part I, linee instructions)	ne 6, column (B)	<b>&gt;</b>	
5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A   C	nter here and on Part I, linee instructions)	ne 6, column (B)	<b>&gt;</b>	
5 Part W	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A   C	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)	instructions.	0.
4 5 Part W	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A  B  C  Gross income from or allocable to debt-financed	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)	instructions.	0.
4 5 Part W	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A  B  C  D  D  D  D  D  D  D  D  D  D  D  D	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)	instructions.	0.
4 5 Part W	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Error Unrelated Debt-Financed Income (street address, A	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)	instructions.	0.
4 5 Part W	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Error Unrelated Debt-Financed Income (street address, A	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)	instructions.	0.
4 5 Part W	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (street address, a	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)	instructions.	0.
4 5 Part W 1 2 3 3 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  B  C  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)	instructions.	0.
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  B  C  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (add lines 3a and 3b,	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)	instructions.	0.
4 5 Part V 1 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  B  C  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)	instructions.	0.
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Error Unrelated Debt-Financed Income (street address, A	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)	instructions.	0.
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (statement)  Description of debt-financed property (street address, at a line and a line at	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)	instructions.	0.
4 5 Part W 1 2 3 5 6 5 7 5 7 5 7 6 7 6 7 6 7 6 7 6 7 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (statement)  Description of debt-financed property (street address, at a line and a line address)  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement)  Average adjusted basis of or allocable to debt-	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)	instructions.	0.
4 5 Part V 1 2 3 a b c c 5 4 4 5 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (statement)  Description of debt-financed property (street address, at a line and a line address)  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement)  Average adjusted basis of or allocable to debt-financed property (attach statement)	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use. See	e instructions.	D
4 5 Part V 1 2 3 5 6 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (statement)  Description of debt-financed property (street address, at the line address)  Bate to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement)  Average adjusted basis of or allocable to debt-financed property (attach statement)  Divide line 4 by line 5	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)	instructions.	D
4 5 Part V 1 2 3 a 5 c 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  B  B  C  D  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement)  Average adjusted basis of or allocable to debt-financed property (attach statement)  Divide line 4 by line 5  Gross income reportable. Multiply line 2 by line 6	A  A  A   A    A	B  B  %	c instructions.	D 96
4 5 Part V 1 2 3 a 5 c 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (statement)  Description of debt-financed property (street address, at the line address)  Bate to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement)  Average adjusted basis of or allocable to debt-financed property (attach statement)  Divide line 4 by line 5	A  A  A   A    A	B  B  %	c instructions.	D 96
4 5 Part V 1 2 3 a 5 c 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  B  B  C  D  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement)  Average adjusted basis of or allocable to debt-financed property (attach statement)  Divide line 4 by line 5  Gross income reportable. Multiply line 2 by line 6	A  A  A   A    A	B  B  %	c instructions.	D
4 5 Part V 1 2 3 a b c 5 6 7 8 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  B  B  C  D  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement)  Average adjusted basis of or allocable to debt-financed property (attach statement)  Divide line 4 by line 5  Gross income reportable. Multiply line 2 by line 6	A  A  A   A    A	B  B  %	c instructions.	0. D
4 5 Part V 1 2 3 a b c c 4 4 5 6 7 8 9 10	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (statement)  Description of debt-financed property (street address, at a line and a line at	A  A  A  Enter here and on Part I, lie ee instructions)  City, state, ZIP code). Che  A  Enter here and on Part  Sough D. Enter here and on Part	B  I, line 7, column (A)	c instructions.	D 96

Part	VI Interest, Ann	uities, R	oyalties, and R	ents fro	m Contro						
							xempt Contro				
	1. Name of controlle	2. Employer		3. Net unrelated 4. Total of sp		•	محالة منذ المحالمين المحان مناطعها الأحجالة			Deductions directly	
organization		identification		me (loss)	payn	nents made			ıniza-	Connected with	
			number	(see ins	structions)			tion's gro			ncome in column 5
<u>(1)</u>											
(2)											
(3)											
(4)				1		L					
	Tarrella la casa			<del></del>	Controlled O		1	- f l O		44.5	
					Total of specified payments made		<b>10.</b> Part of column 9 that is included in the controlling organization's				eductions directly
											onnected with me in column 10
		(36)					gross	income		111001	THE III COIGITIII TO
(1)											
(2)											
(3)											
(4)							Add solum	ns 5 and 1	$\frac{}{}$	۸۵۵۵	columns 6 and 11.
							Enter here				here and on Part I.
							1	olumn (A)	<i>'</i>	line	e 8, column (B)
Totals						•			0.		0.
Part	VII Investment	Income	of a Section 50	)1(c)(7)	(9) or (17	) Orga	nization (s	ee instructi			
		cription of		· (°)(· /)	2. Amou		3. Deduction			asides	5. Total deductions
		•			incon		directly conn	ected (atta		atement)	
							(attach state	ment)			(add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
					Add amou						Add amounts in column 5. Enter
					here and o						here and on Part I,
					line 9, colu	`_ ′					line 9, column (B)
Totals	\/III			<u></u>		0.					0.
Part	Exploited E		Activity Income	, Other	Than Adv	ertisir	ng Income	see instruc	tions)		
1	Description of exploite	,									
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)										
3	Expenses directly cor		•								
	line 10, column (B)									3	
4	Net income (loss) from						• .				
_	lines 5 through 7									4	
5	Gross income from ac								г	5	
6	Expenses attributable									6	
7	Excess exempt exper									_	
	4. Enter here and on F	-art II, line	12							7	

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a	consolidated bas	is.	
	A				
	В				
	c 🗆				_
	D				
Entor	amounts for each periodical listed above in the	corresponding column			
LIILEI	amounts for each periodical listed above in the		В	С	D
•		A	В		— <del>– –</del>
2	Gross advertising income				0.
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)		▶	
а		<u> </u>		1	
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)		▶	0.
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i				
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8 $_{\dots}$				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than	1			
	line 5, subtract line 6 from line 5. If line 5 is le	ess			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	reater of the line 8a, columns to	tal or zero here ar	nd on	
	Part II, line 13				0.
Part	X Compensation of Officers, Di	irectors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(2)				% %	
(3)				+	
				%	
(3) (4)	. Enter here and on Part II, line 1			%	0.
(3) (4) Total	i. Enter here and on Part II, line 1  XI Supplemental Information (see	ee instructions)		%	0.
(3) (4)		ee instructions)		%	0.
(3) (4) Total		ee instructions)		%	0.
(3) (4) Total		ee instructions)		%	0.
(3) (4) Total		ee instructions)		%	0.
(3) (4) Total		ee instructions)		%	0.
(3) (4) Total		ee instructions)		%	0.
(3) (4) Total		ee instructions)		%	0.
(3) (4) Total		ee instructions)		%	0.
(3) (4) Total		ee instructions)		%	0.
(3) (4) Total		ee instructions)		%	0.
(3) (4) Total		ee instructions)		%	0.
(3) (4) Total		ee instructions)		%	0.
(3) (4) Total		ee instructions)		%	0.
(3) (4) Total		ee instructions)		%	0.
(3) (4) Total		ee instructions)		%	0.
(3) (4) Total		ee instructions)		%	0.
(3) (4) Total		ee instructions)		%	0.

990-T SCH A	POST-201	17 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18 12/31/20	1,439. 21,381.	1,439.	0. 21,381.	0. 21,381.
NOL CARRYO	VER AVAILABLE THIS	YEAR	21,381.	21,381.

FORM 990-T (A)	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 2
DESCRIPTION		AMOUNT
OTHER COST OF GOODS SOL	JD.	2,560.
TOTAL TO FORM 990-T, SC	2,560.	