

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

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

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization NATIONAL LIBERTY MUSEUM		D Employer identification number 23-2788633
	Doing business as		E Telephone number 215-925-2800
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	321 CHESTNUT STREET		G Gross receipts \$ 8,480,524.
City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19106			
F Name and address of principal officer: ALAINE K. ARNOTT, PH.D. SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>	
J Website: WWW.LIBERTYMUSEUM.ORG		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1994	M State of legal domicile: PA
H(c) Group exemption number ▶			

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE NATIONAL LIBERTY MUSEUM EMPOWERS VISITORS TO PROTECT AND ADVANCE LIBERTY FOR ALL.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	40
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	39
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	36
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-20,361.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,820,885.	2,248,731.
	9 Program service revenue (Part VIII, line 2g)	31,115.	35,962.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,156,971.	4,207,694.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-220,027.	-37,816.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,788,944.	6,454,571.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,537,525.	1,619,754.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	39,169.	72,357.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 481,113.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,220,594.	1,490,273.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,797,288.	3,182,384.	
19 Revenue less expenses. Subtract line 18 from line 12	-8,344.	3,272,187.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 22,121,755.	End of Year 29,022,169.
	21 Total liabilities (Part X, line 26)	1,876,379.	1,758,180.
	22 Net assets or fund balances. Subtract line 21 from line 20	20,245,376.	27,263,989.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Alaine Arnett</i>	Date 11/9/2022			
	ALAINE K. ARNOTT, PH.D., CEO EFF 1.20.22	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name JENNIFER SOLOT	Preparer's signature <i>Jennifer Solot CPA</i>	Date 11/07/2022	Check if self-employed <input type="checkbox"/>	PTIN P00749373
	Firm's name BBD, LLP	Firm's EIN 23-2896692	Firm's address 1835 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19103	Phone no. 215-567-7770	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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 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 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,455,464. including grants of \$) (Revenue \$)

4e Total program service expenses 2,443,795.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (40), 1b (39), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GWEN BOROWSKY CEO THRU 1.20.22	40.00	X		X				159,000.	0.	1,623.
(2) DR. ALAINE ARNOTT CAO/CFO THRU 1.20.22	40.00			X				130,904.	0.	7,808.
(3) MARGARET SWEENEY VP OF DEVELOPMENT THRU 10.2021	40.00					X		103,762.	0.	2,860.
(4) BRIAN EFFRON PRESIDENT	2.00	X		X				0.	0.	0.
(5) ADELE SCHAEFFER TRUSTEE	2.00	X						0.	0.	0.
(6) ALAN LINDY TRUSTEE	2.00	X						0.	0.	0.
(7) DR. ARLENE SILVERS TRUSTEE	2.00	X						0.	0.	0.
(8) ARNOLD M. PESKIN TRUSTEE	2.00	X						0.	0.	0.
(9) BERNARD J. KELLEY TRUSTEE	2.00	X						0.	0.	0.
(10) BRENDAN M. GILMORE TRUSTEE	2.00	X						0.	0.	0.
(11) BRIAN DAGGETT TRUSTEE	2.00	X						0.	0.	0.
(12) DR. BRIAN ENGLANDER TRUSTEE	2.00	X						0.	0.	0.
(13) CAM MAIO TRUSTEE	2.00	X						0.	0.	0.
(14) CLAUDIA SPRINGER TRUSTEE	2.00	X						0.	0.	0.
(15) CYMA SATELL TRUSTEE	2.00	X						0.	0.	0.
(16) DANIEL KAUFMAN TRUSTEE	2.00	X						0.	0.	0.
(17) DAVID GRUBER TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DOUGLAS O. TOZOUR TRUSTEE	2.00	X						0.	0.	0.
(19) EDWARD M. SATELL TRUSTEE	2.00	X						0.	0.	0.
(20) ELAINE LEVITT TRUSTEE	2.00	X						0.	0.	0.
(21) ERNIE MAY TRUSTEE	2.00	X						0.	0.	0.
(22) ETTA WINIGRAD TRUSTEE	2.00	X						0.	0.	0.
(23) FRANZ RABAUER TRUSTEE	2.00	X						0.	0.	0.
(24) GARRETT PRICE TRUSTEE	2.00	X						0.	0.	0.
(25) DR. HERB KEAN TRUSTEE	2.00	X						0.	0.	0.
(26) JACK FARBER TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								393,666.	0.	12,291.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								393,666.	0.	12,291.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JACOBS WYPER ARCHITECTS LLP 1232 CHANCELLOR ST, PHILADELPHIA, PA 19107	ARCHITECTURAL DESIGN	208,710.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JASON THACKER TRUSTEE	2.00	X						0.	0.	0.
(28) LAURIE WAGMAN TRUSTEE	2.00	X						0.	0.	0.
(29) LISA PACELL TRUSTEE	2.00	X						0.	0.	0.
(30) MICHAEL B. AZEEZ TRUSTEE	2.00	X						0.	0.	0.
(31) NICOLE L. LEVINE TRUSTEE	2.00	X						0.	0.	0.
(32) DR. NIGEL BROWN TRUSTEE	2.00	X						0.	0.	0.
(33) NORMAN COHN TRUSTEE	2.00	X						0.	0.	0.
(34) RACHEL D'ARGENIO TRUSTEE	2.00	X						0.	0.	0.
(35) SHELBY FORD TRUSTEE	2.00	X						0.	0.	0.
(36) SHERRIE SAVETT TRUSTEE	2.00	X						0.	0.	0.
(37) STEPHEN K. LEFF TRUSTEE	2.00	X						0.	0.	0.
(38) STEWART GERSON TRUSTEE	2.00	X						0.	0.	0.
(39) SUZANNE BINSWANGER TRUSTEE	2.00	X						0.	0.	0.
(40) THOMAS CARAMANICO TRUSTEE	2.00	X						0.	0.	0.
(41) THOMAS SCANNAPIECO TRUSTEE	2.00	X						0.	0.	0.
(42) UMA VISWANATHAN TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	4,805.				
	c Fundraising events	1c	261,677.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	908,276.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,073,973.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			2,248,731.			
Program Service Revenue	2 a ADMISSION INCOME	Business Code	713990	35,962.	35,962.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			35,962.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,084,005.		2084005.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	3,110,989.	896,100.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,858,604.	24,796.			
	c Gain or (loss)	7c	1,252,385.	871,304.			
	d Net gain or (loss)			2,123,689.		2123689.	
8 a Gross income from fundraising events (not including \$ 261,677. of contributions reported on line 1c). See Part IV, line 18	8a		92,189.				
			109,644.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-17,455.		-17,455.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		12,548.				
			32,909.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			-20,361.		-20,361.		
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			6,454,571.	35,962.	-20,361.	4190239.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	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)				
7 Other salaries and wages	1,025,468.	898,273.	3,250.	123,945.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,616.	4,452.	109.	1,055.
9 Other employee benefits	185,471.	145,490.	3,477.	36,504.
10 Payroll taxes	103,865.	82,350.	2,008.	19,507.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	72,357.			72,357.
f Investment management fees	93,190.		93,190.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	509,368.	386,436.	71,479.	51,453.
12 Advertising and promotion	53,045.	52,127.		918.
13 Office expenses	57,344.	48,640.	2,836.	5,868.
14 Information technology	6,647.	4,482.	1,442.	723.
15 Royalties				
16 Occupancy	101,517.	93,189.		8,328.
17 Travel	7,153.	5,241.	1,225.	687.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	29,115.	19,332.	6,515.	3,268.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	324,802.	323,710.	727.	365.
23 Insurance	62,077.	41,219.	13,891.	6,967.
24 Other expenses. Itemize expenses not covered 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 O.)				
a MISCELLANEOUS	146,253.	119,861.	14,447.	11,945.
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.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,182,384.	2,443,795.	257,476.	481,113.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 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 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	760,266.	8	719,054.
	9 Prepaid expenses and deferred charges	128,394.	9	308,959.
	10a 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.		
	11 Investments - publicly traded securities	3,302,390.	10c	3,423,024.
	12 Investments - other securities. See Part IV, line 11	15,351,977.	11	15,707,283.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	22,121,755.	15		
17 Accounts payable and accrued expenses	129,028.	16	29,022,169.	
18 Grants payable		17	333,208.	
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties	1,393,601.	22		
24 Unsecured notes and loans payable to unrelated third parties	319,227.	23	1,392,716.	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	0.	
26 Total liabilities. Add lines 17 through 25	34,523.	25	32,256.	
	1,876,379.	26	1,758,180.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,653,901.	27	17,888,198.
	28 Net assets with donor restrictions	4,591,475.	28	9,375,791.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	20,245,376.	32	27,263,989.
33 Total liabilities and net assets/fund balances	22,121,755.	33	29,022,169.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,454,571.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,182,384.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,272,187.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,245,376.
5	Net unrealized gains (losses) on investments	5	-1,279,598.
6	Donated services and use of facilities	6	5,031,113.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-5,089.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27,263,989.

Part XII Financial Statements and Reporting

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

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

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

2021

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 [] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (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 the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 [] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 [] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 [] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 [] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 [] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations []
g Provide the following information about the supported organization(s).

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1784171.	2588007.	2401324.	1820885.	2248731.	10843118.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						580,232.
6 Public support. Subtract line 5 from line 4.						10262886.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(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	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 Total support. Add lines 7 through 10						15412814.
12 Gross receipts from related activities, etc. (see instructions)					12	563,993.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	66.59 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	72.19 %
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	<input checked="" type="checkbox"/>	
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 and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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 meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI **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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS INCOME FROM FUNDRAISING

2017 AMOUNT: \$ 70,000.

2018 AMOUNT: \$ 71,000.

2019 AMOUNT: \$ 47,804.

2020 AMOUNT: \$ 26,614.

2021 AMOUNT: \$ 104,737.

MISCELLANEOUS INCOME

2017 AMOUNT: \$ 31,132.

2018 AMOUNT: \$ 42,489.

2019 AMOUNT: \$ 50,454.

2020 AMOUNT: \$ 4,537.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

NATIONAL LIBERTY MUSEUM

Employer identification number

23-2788633

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization NATIONAL LIBERTY MUSEUM	Employer identification number 23-2788633
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>80,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>48,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>75,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL LIBERTY MUSEUM	Employer identification number 23-2788633
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 615,879.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 292,398.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL LIBERTY MUSEUM	Employer identification number 23-2788633
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization NATIONAL LIBERTY MUSEUM	Employer identification number 23-2788633
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

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

2021

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,889,021.	2,835,982.	2,493,574.	2,785,938.	2,536,698.
b Contributions					
c Net investment earnings, gains, and losses	346,767.	183,485.	444,496.	-174,814.	358,897.
d Grants or scholarships					
e Other expenditures for facilities and programs	256,566.	130,446.	102,088.	117,550.	109,657.
f Administrative expenses					
g End of year balance	2,979,222.	2,889,021.	2,835,982.	2,493,574.	2,785,938.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,236,520.	2,098,584.	1,137,936.
c Leasehold improvements		3,401,446.	1,589,365.	1,812,081.
d Equipment		552,206.	79,199.	473,007.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,423,024.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY LIABILITY	32,256.
(3)	
(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...

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

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:			
	a Net unrealized gains (losses) on investments	2a	-1,279,598.	
	b Donated services and use of facilities	2b	5,427,113.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	24,796.	
	e 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:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	93,190.	
	b Other (Describe in Part XIII.)	4b	1,479,070.	
	c Add lines 4a and 4b	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.

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

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:			
	a Donated services and use of facilities	2a	396,000.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	32,909.	
	e 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:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	93,190.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	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 STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE 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

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.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GLASS AUCTION (event type)	(event type)	NONE (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.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	109,644.			109,644.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				109,644.
11 Net income summary. Subtract line 10 from line 3, column (d)				-17,455.	

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

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

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

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

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

(I) NAME OF FUNDRAISER: FAIRMOUNT VENTURES

(I) ADDRESS OF FUNDRAISER:

P.O. BOX 36834, 1234 MARKET ST, PHILADELPHIA, PA 19107

**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.

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Questions Regarding Compensation

	Yes	No
1a 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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 organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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:		
a The organization?	5a	X
b Any related organization?	5b	X
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:		
a The organization?	6a	X
b Any related organization?	6b	X
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 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 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GWEN BOROWSKY CEO THRU 1.20.22	(i)	159,000.	0.	0.	1,623.	0.	160,623.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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

2021

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, GLASS
ART IS USED TO MAKE THE POINT THAT FREEDOM 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, 3)
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.

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization NATIONAL LIBERTY MUSEUM	Employer identification number 23-2788633
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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, OFFICIAL INFORMATION OR OTHER INFORMATION GAINED THROUGH THEIR EMPLOYMENT BY

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

Name of the organization NATIONAL LIBERTY MUSEUM	Employer identification number 23-2788633
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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 ANNUITY	-5,089.
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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.

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICAN INTERFAITH INSTITUTE - 23-2224632 321 CHESTNUT STREET PHILADELPHIA, PA 19106	RESEARCH AND STUDY OF THE CAUSES OF RACIAL AND RELIGIOUS PREJUDICES	PENNSYLVANIA	501(C)(3)	LINE 10	NATIONAL LIBERTY MUSEUM	X	

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: 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 with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN INTERFAITH INSTITUTE	K	0 . FMV	
(2)			
(3)			
(4)			
(5)			
(6)			

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2021

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ **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).**

Department of the Treasury
Internal Revenue Service

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

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number	
	Print or Type	NATIONAL LIBERTY MUSEUM	23-2788633	
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 321 CHESTNUT STREET	E Group exemption number (see instructions)	
		City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19106	F <input type="checkbox"/> Check box if an amended return.	
		C Book value of all assets at end of year ▶ 29,022,169.		
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust				
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439				
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>				
J Enter the number of attached Schedules A (Form 990-T) ▶ 1				
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶				
L The books are in care of ▶ ALAINE K. ARNOTT, PH.D., CEO EFF Telephone number ▶ 215-925-2800				

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Part III Tax and Payments							
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a					
b	Other credits (see instructions)	1b					
c	General business credit. Attach Form 3800 (see instructions)	1c					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d					
e	Total credits. Add lines 1a through 1d	1e					
2	Subtract line 1e from Part II, line 7	2					0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)	3					
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under 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	5					0.
6a	Payments: A 2020 overpayment credited to 2021	6a		5,050.			
b	2021 estimated tax payments. Check if section 643(g) election applies	6b					
c	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	6g					
	Form 4136						
	Other						
	Total						
7	Total payments. Add lines 6a through 6g	7					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					
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10					5,050.
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax	11					0.

Part 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 authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a 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		
4	Enter available pre-2018 NOL carryovers here		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	453220	\$ 21,381.	
		\$	
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.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	<i>Alaine Arnold</i> Signature of officer	11/9/2022 Date	CEO EFF 12022 Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed
	JENNIFER SOLOT	<i>Jennifer Solot CPA</i>	11/07/2022	<input type="checkbox"/>
	Firm's name ▶ BBD, LLP	Firm's EIN ▶ 23-2896692		PTIN P00749373
Firm's address ▶ 1835 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19103			Phone no. 215-567-7770	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

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

▶ 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).

1
OMB No. 1545-0047

2021

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

A Name of the organization NATIONAL LIBERTY MUSEUM	B Employer identification number 23-2788633
C Unrelated business activity code (see instructions) ▶ 453220	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **GIFT SHOP SALES**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>12,548.</u>				
b Less returns and allowances _____ c Balance ▶	1c	12,548.		
2 Cost of goods sold (Part III, line 8)	2	32,909.		
3 Gross profit. Subtract line 2 from line 1c	3	-20,361.		-20,361.
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	-20,361.		-20,361.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)				
15 Total deductions. Add lines 1 through 14	15			0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 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	18			-20,361.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ► COST

Table with 8 rows and 2 columns. Row 1: Inventory at beginning of year 47,194. Row 2: Purchases 1,205. Row 3: Cost of labor 30,349. Row 4: Additional section 263A costs (attach statement) 0. Row 5: Other costs (attach statement) STATEMENT 2 2,560. Row 6: Total. Add lines 1 through 5 81,308. Row 7: Inventory at end of year 48,399. Row 8: Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 32,909. Row 9: Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table with 5 rows and 4 columns (A, B, C, D). Row 1: Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D. Row 2: Rent received or accrued. a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) b 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) c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D. Row 3: Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 0. Row 4: Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement). Row 5: Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

Table with 11 rows and 4 columns (A, B, C, D). Row 1: Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D. Row 2: Gross income from or allocable to debt-financed property. Row 3: Deductions directly connected with or allocable to debt-financed property. a Straight line depreciation (attach statement) b Other deductions (attach statement) c Total deductions (add lines 3a and 3b, columns A through D). Row 4: Amount of average acquisition debt on or allocable to debt-financed property (attach statement). Row 5: Average adjusted basis of or allocable to debt-financed property (attach statement). Row 6: Divide line 4 by line 5. Row 7: Gross income reportable. Multiply line 2 by line 6. Row 8: Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0. Row 9: Allocable deductions. Multiply line 3c by line 6. Row 10: Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0. Row 11: Total dividends-received deductions included in line 10 0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals row for Part VI with instructions for adding columns 5 and 10, and 6 and 11. Values shown as 0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides.

Totals row for Part VII with instructions for adding amounts in column 2 and column 5. Values shown as 0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 rows: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to income entered on line 5, 7. Excess exempt expenses.

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A
B
C
D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

	A	B	C	D
a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

	A	B	C	D
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less 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				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	1,439.	1,439.	0.	0.
12/31/20	21,381.	0.	21,381.	21,381.
NOL CARRYOVER 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 SOLD	2,560.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 5	2,560.
