

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning and ending

Form header section containing organization name (NATIONAL LIBERTY MUSEUM), EIN (23-2788633), address (321 CHESTNUT STREET, PHILADELPHIA, PA 19106), principal officer (ALAINE K. ARNOTT), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue (Total: 1,940,780), expenses (Total: 3,493,764), and net assets (Total: 19,712,011).

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.

Signature block for ALAINE K. ARNOTT, CEO & PRESIDENT, dated 07/28/2025.

Preparer information for RICHARD RUVELSON, dated 07/29/2025, with contact details for WITHUMSMITH+BROWN, PC.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2024)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 (SEE SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 791,929. including grants of \$) (Revenue \$ 23,653.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 458,426. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 275,558. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O
(Expenses \$ 143,867. including grants of \$) (Revenue \$ NONE)

4e Total program service expenses 1,669,780.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<input checked="" type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<input checked="" type="checkbox"/>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input checked="" type="checkbox"/>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		<input checked="" type="checkbox"/>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		<input checked="" type="checkbox"/>
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 If "Yes," complete Form 6069.		

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 (26), 1b (26), 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 NJ, PA,
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.
ALAINE K. ARNOTT, PH.D 321 CHESTNUT STREET PHILADELPHIA, PA 19106

JSA 215-925-2800

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 X

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, box 6 of 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 dotted 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) ALAINE K. ARNOTT, PH.D. CEO & PRESIDENT	40.00 NONE	X		X				210,626.	NONE	40,052.
(2) BRIAN EFFRON BOARD CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(3) DENNIS EGEN VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(4) DR. NIGEL BROWN SECRETARY	2.00 NONE	X		X				NONE	NONE	NONE
(5) STEWART GERSON TREASURER	2.00 NONE	X		X				NONE	NONE	NONE
(6) THOMAS A. CARAMANICO BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE
(7) NORMAN COHN BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE
(8) RACHEL D'ARGENIO BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE
(9) DR. BRIAN ENGLANDER, M.D. BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE
(10) GWEN BOROWSKY BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE
(11) JENNIFER HANNA BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE
(12) DANIEL KAUFMAN BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE
(13) DR. HERB KEAN, M.D. BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE
(14) CAM MAIO BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ERNEST MAY BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(16) GARRETT PRICE BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(17) CYMA SATELL BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(18) SCOTT SATELL BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(19) SHERRIE SAVETT BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(20) TOM SCANNAPIECO BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(21) ADELE SCHAEFFER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(22) DR. ARLENE SILVERS, PH.D. BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(23) CLAUDIA SPRINGER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(24) DOUGLAS O. TOZOUR BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(25) MICHAEL TRIMBLE BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							210,626.	NONE	40,052.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							210,626.	NONE	40,052.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
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>	4	
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>	5	

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	116,979.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	158,982.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	740,576.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		1,016,537.				
	Program Service Revenue	2a	ADMISSION INCOME	Business Code	713990	52,423.	52,423.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			52,423.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,064,340.		1,064,340.	
	4	Income from investment of tax-exempt bond proceeds . . .		NONE				
	5	Royalties		NONE				
	6a	Gross rents	6a	(i) Real	3,727.			
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	3,727.	NONE			
	d	Net rental income or (loss)			3,727.		3,727.	
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	1,901,823.	16,500.		
				(ii) Other				
	b	Less: cost or other basis and sales expenses . .	7b	1,996,131.				
	c	Gain or (loss)	7c	-94,308.	16,500.			
d	Net gain or (loss)			-77,808.		-77,808.		
8a	Gross income from fundraising events (not including \$ <u>116,979.</u> of contributions reported on line 1c). See Part IV, line 18	8a		86,018.				
			8b	180,001.				
c	Net income or (loss) from fundraising events			-93,983.		-93,983.		
9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE				
			9b	NONE				
c	Net income or (loss) from gaming activities			NONE				
10a	Gross sales of inventory, less returns and allowances	10a		14,819.				
			10b	41,949.				
c	Net income or (loss) from sales of inventory			-27,130.	-28,770.	1,640.		
Miscellaneous Revenue	11a	OTHER INCOME	Business Code	900099	2,674.		2,674.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			2,674.			
12	Total revenue. See instructions			1,940,780.	23,653.	1,640.	898,950.	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	250,678.	151,589.	76,033.	23,056.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	940,315.	568,615.	282,637.	89,063.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9 Other employee benefits	117,917.	71,314.	37,460.	9,143.
10 Payroll taxes	102,405.	61,930.	32,533.	7,942.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	20,248.		20,248.	
c Accounting	122,165.	80,628.	29,320.	12,217.
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	75,000.			75,000.
f Investment management fees	76,925.		76,925.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 511,559.	80,977.	221,619.	208,963.
12 Advertising and promotion	1,220.	800.	420.	
13 Office expenses	214,222.	118,175.	92,966.	3,081.
14 Information technology	102,145.	54,130.	41,671.	6,344.
15 Royalties	NONE			
16 Occupancy	157,388.	118,157.	28,705.	10,526.
17 Travel	20,504.	8,614.	11,547.	343.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	6,321.	3,961.	2,245.	115.
20 Interest	154,568.		154,568.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	445,982.	294,348.	107,035.	44,599.
23 Insurance	71,282.	47,046.	17,108.	7,128.
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 BAD DEBT EXPENSE	30,112.		30,112.	
b ADVOCACY EXPENSE	45,800.		3,500.	42,300.
c MISCELLANEOUS	27,008.	9,496.	13,921.	3,591.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	3,493,764.	1,669,780.	1,280,573.	543,411.
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 <input type="checkbox"/> 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 [X]

Table with columns: (A) Beginning of year, (B) End of year. Rows include Assets (1-16) and Liabilities (17-26). Net Assets or Fund Balances (27-33) include sections for FASB ASC 958 and non-FASB ASC 958 organizations.

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 1,940,780. Line 2: Total expenses 3,493,764. Line 3: Revenue less expenses -1,552,984. Line 4: Net assets at beginning 21,239,767. Line 5: Net unrealized gains 304,386. Line 6: Donated services. Line 7: Investment expenses. Line 8: Prior period adjustments. Line 9: Other changes -279,158. Line 10: Net assets at end 19,712,011.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: [] Cash [X] Accrual [] Other
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
2b Were the organization's financial statements audited by an independent accountant?
2c 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?
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
3b 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.

Table with 3 columns: Question, Yes, No. Row 2a: Yes [], No [X]. Row 2b: Yes [X], No []. Row 2c: Yes [X], No []. Row 3a: Yes [], No [X]. Row 3b: Yes [], No [].

**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

2024

**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 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2024

JSA
4E1210 1.000

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2024 (50.15%); 15 Public support percentage from 2023 Schedule A, Part II, line 14 (57.70%); 16a 33 1/3% support test - 2024 (checked); 16b 33 1/3% support test - 2023; 17a 10%-facts-and-circumstances test - 2024; 17b 10%-facts-and-circumstances test - 2023; 18 Private foundation.

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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 on line 12 of 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 (<i>explain in detail in Part VI</i>):		
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 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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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 - OTHER INCOME

DESCRIPTION	2020	2021	2022	2023	2024	TOTAL
GROSS INCOME FROM FUNDRAISING	26,614.	104,737.	323,205.	237,533.	99,197.	791,286.
OTHER INCOME	4,537.	NONE	NONE	NONE	2,674.	7,211.
TOTALS	31,151.	104,737.	323,205.	237,533.	101,871.	798,497.

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

NATIONAL LIBERTY MUSEUM

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 <p style="text-align: center;">NATIONAL LIBERTY MUSEUM</p>	Employer identification number <p style="text-align: center;">23-2788633</p>
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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	PHILA FUNDER COLLABORATIVE FOR THE SEMIQ 321 CHESTNUT STREET PHILADELPHIA, PA 19106	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DENNIS EGEN 370 EAST GOWEN AVENUE PHILADELPHIA, PA 19119	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD, SUITE 1200 JENKINTOWN, PA 19046-3549	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PA DEPT OF COMMUNITY AND ECONOMIC DEV 400 NORHT ST, 4TH FLOOR HARRISBURG, PA 17120	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CHEVROLET PHILADELPHIA LMA 500 WOODWARD AVE DETROIT, MI 48226	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MCLEAN CONTRIBUTIONSHIP 230 SUGARTOWN ROAD, SUITE 30 WAYNE, PA 19087	\$ 52,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">NATIONAL LIBERTY MUSEUM</p>	Employer identification number <p style="text-align: center;">23-2788633</p>
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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	NJM INSURANCE GROUP 301 SULLIVAN WAY WEST TRENTON, NJ 08628	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	PA HISTORICAL AND MUSEUM COMMISSION 400 NORTH STREET, 2ND FLOOR HARRISBURG, PA 17120	\$ 32,982.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	PA COUNCIL OF THE ARTS 216 FINANCE BUILDING HARRISBURG, PA 17120	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	WILLIAM PENN FOUNDATION 100 N 18TH STREET PHILADELPHIA, PA 19103	\$ 110,000.	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.)

Name of organization

NATIONAL LIBERTY MUSEUM

Employer identification number

23-2788633

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 <p style="text-align: center;">NATIONAL LIBERTY MUSEUM</p>	Employer identification number <p style="text-align: center;">23-2788633</p>
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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 information once. See instructions.) \$ _____
 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	
_____ _____ _____		_____ _____ _____	

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.

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

Table with 2 columns: Name of the organization (NATIONAL LIBERTY MUSEUM) and 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: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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: Line number, Description, and Amount. Includes questions 1a, 1b, 2a, 2b regarding 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

Part V Endowment Funds

Complete if the organization answered "Yes" 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	2,563,703.	2,420,601.	2,979,222.	2,889,021.	2,835,982.
b Contributions					
c Net investment earnings, gains, and losses	46,427.	263,704.	-343,626.	346,767.	183,485.
d Grants or scholarships					
e Other expenditures for facilities and programs	105,530.	120,602.	214,995.	256,566.	130,446.
f Administrative expenses					
g End of year balance	2,504,600.	2,563,703.	2,420,601.	2,979,222.	2,889,021.

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

- a Board designated or quasi-endowment NONE %
- b Permanent endowment 100.0000 %
- c Term endowment NONE %

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:

- (i) Unrelated organizations?
- (ii) Related organizations?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		9,141,653.	4,856,644.	4,285,009.
c Leasehold improvements				
d Equipment		120,845.	98,561.	22,314.
e Other		101,580.		101,580.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,408,903.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2) through (9) and Total.

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 1,940,780.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 3,493,764.

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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

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 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

Part XIII Supplemental Information (continued)

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 2024, RIGHT 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 \$16,500 WHICH IS INCLUDED IN REVENUE.

PART V, LINE 4:

TO SUPPORT ACTIVITIES FOR PERPETUITY

PART X, LINE 2:

NLM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN RECORDED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS AND INCURRED NO INTEREST OR PENALTIES FOR THE YEARS ENDED.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

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

**Open to Public
Inspection**

Name of the organization

NATIONAL LIBERTY MUSEUM

Employer identification number

23-2788633

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

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

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				NONE	75,000.	NONE

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

NJ, PA,

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))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	202,997.		202,997.
	2	Less: Contributions	116,979.		116,979.
	3	Gross income (line 1 minus line 2)	86,018.		86,018.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	37,575.		37,575.
	7	Food and beverages	13,661.		13,661.
	8	Entertainment	6,067.		6,067.
	9	Other direct expenses	122,698.		122,698.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			180,001.
11	Net income summary. Subtract line 10 from line 3, column (d)			-93,983.	

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 ▶ _____

- 15 a 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 explanation 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).

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES
=====

NAME:

FAIRMOUNT VENTURES

ADDRESS:

30 SOUTH 15TH STREET, SUITE 500
PHILADELPHIA, PA 19102

ACTIVITY :

GRANT WRITING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 75,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

**SCHEDULE J
(Form 990)**

(Rev. December 2024)

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

**Open to Public
Inspection**

Name of the organization

NATIONAL LIBERTY MUSEUM

Employer identification number

23-2788633

Part I Questions Regarding Compensation

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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

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?

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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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				
ALAINE K. ARNOTT, PH.D 1 CEO & PRESIDENT	(i)	203,126.	7,500.	NONE	650.	39,402.	250,678.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL LIBERTY MUSEUM

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

23-2788633

FORM 990, PART III, LINE 1:

ACTIONS INSPIRE US TO PROTECT AND ADVANCE LIBERTY FOR ALL. VISITORS TO
NLM ENJOY AN ENGAGING, EDUCATIONAL, AND ENTERTAINING EXPERIENCE AS THEY
EXPLORE THE CONCEPT OF LIBERTY AND ITS COMPLEXITY IN THE MUSEUMS'
SIGNATURE GALLERIES AND ITS SLATE OF CHANGING TEMPORARY EXHIBITIONS.
NLM'S CORE THEMES FOR YOUNG PEOPLE AND ADULTS INCLUDE LEADERSHIP;
DIVERSITY AND INCLUSION; PEACEFUL CONFLICT RESOLUTION; AND CIVIC
ENGAGEMENT.

FROM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY AWARD PROGRAMS - CORE TO THE NLM'S MISSION IS HOSTING ANNUAL
AWARDS PROGRAMS CELEBRATING "EVERYDAY" HEROS IN THE COMMUNITY. THE MUSEUM
CURRENTLY OFFERS TWO AWARD PROGRAMS PUBLICLY HONORING OUTSTANDING
CITIZENS FROM AMONG TEACHERS AND FIRST RESPONDERS. TO DATE, 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.

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

BOARD MEMBERS SCOTT AND CYMA SATELL ARE RELATED AND LAURIE WAGMAN AND
GWEN BOROSKY ARE RELATED.

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 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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL LIBERTY MUSEUM

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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2024

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23-2788633

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 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

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

2024

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Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

NATIONAL LIBERTY MUSEUM

23-2788633

THE ANNUAL BUDGET REVIEW.

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

THE ORGANIZATION MAKES ALL DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, XI, LINE 9, CHANGE IN NET ASSETS:

CHANGE IN DONATED SERVICES AND USE OF FACILITIES -279,158

Name of the organization

Employer identification number

NATIONAL LIBERTY MUSEUM

23-2788633

FORM 990, PART III - PROGRAM SERVICE
=====

LINE 4A, PROGRAM SERVICE

EXHIBITIONS - THROUGH ITS CHANGING EXHIBITION PROGRAM, NLM CURATES CONTEMPORARY DIALOGUES ABOUT LIBERTY AND ITS COMPLEXITY THROUGH A RANGE OF METHODS, INCLUDING CALL-TO-ARTISTS, COLLABORATIONS AND CONCEPTUAL SHOWS, NLM INVITES ARTISTS, COMMUNITY PARTNERS AND SUBJECT EXPERTS TO EXPLORE LIBERTY IN INNOVATIVE AND CREATIVE WAYS. ARTISTS AND OTHER CONTRIBUTORS INTERACT WITH THE PUBLIC THROUGH DEMONSTRATIONS, WORKSHOPS, LECTURES, AND PANEL DISCUSSIONS.

LINE 4B, PROGRAM SERVICE

YOUNG HEROES OUTREACH PROGRAM - THE NATIONAL LIBERTY MUSEUM'S YOUNG HEROES OUTREACH PROGRAM (YHOP) IS A YEAR-LONG CIVICS PROGRAM FOR GRADES 4-8. YHOP EXTENDS THE NLM'S MISSION INTO THE CLASSROOM AND APPLIES AN ENGAGING STUDENT-CENTERED APPROACH TO CIVIC 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 EDUCATIONS TO IMPLEMENT THIS UNIQUE, EVIDENCE BASED PROGRAM IN THEIR SCHOOLS.

LINE 4C, PROGRAM SERVICE

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 INSPIRATIONS FROM THE MUSEUM'S GALLERIES AND CHANGING EXHIBITIONS, THESE HANDS-ON INTERACTIVE LEARNING EXPERIENCES EXPLORE SPECIFIED 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.

Name of the organization

Employer identification number

NATIONAL LIBERTY MUSEUM

23-2788633

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

=====

DESCRIPTION -----	GRANTS -----	EXPENSES -----	REVENUE -----
COMMUNITY AWARDS		143,867.	NONE
TOTALS		143,867.	NONE
		=====	=====

Name of the organization

Employer identification number

NATIONAL LIBERTY MUSEUM

23-2788633

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

R. JOHN BURNS
1231 TURNBURY LN
NORTH WALES, PA 19454

CONSULTING

162,500.

RADAR NONPROFIT SOLUTIONS
2810 N CHURCH STREET, PMB 19321
WILMINGTON, DE 19802

ACCOUNTING

150,986.

Name of the organization

Employer identification number

NATIONAL LIBERTY MUSEUM

23-2788633

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
CONSULTING FEES	349,339.	904.	173,422.	175,013.
FEES FOR SERVICES	66,213.	35,628.	2,201.	28,384.
PAYROLL FEES	45,678.	30,147.	10,963.	4,568.
OTHER PROFESSIONAL FEES	50,329.	14,298.	35,033.	998.
 TOTALS	 ----- 511,559. =====	 ----- 80,977. =====	 ----- 221,619. =====	 ----- 208,963. =====

Name of the organization

Employer identification number

NATIONAL LIBERTY MUSEUM

23-2788633

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	241,122.	28,939.
TOTALS	----- 241,122. =====	----- 28,939. =====

Name of the organization

Employer identification number

NATIONAL LIBERTY MUSEUM

23-2788633

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
PUBLICLY TRADED SECURITIES	11,611,863.	11,804,389.	FMV
CHARITABLE GIFT ANNUITIES	217,009.	244,457.	FMV
TOTALS	11,828,872.	12,048,846.	

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

2024

For calendar year 2024 or other tax year beginning, 2024, and ending, 20

Department of the Treasury Internal Revenue Service

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 an 501(c)(3).

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

Section A: Check box if address changed. Section B: Exempt under section 501(C)(3). Section C: Book value of all assets at end of year 22463808.

Section G: Check organization type. Section H: Check if filing only to claim. Section I: Check if a 501(c)(3) organization filing a consolidated return.

Section J: Enter the number of attached Schedules A (Form 990-T) 1.

Section K: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

Section L: The books are in care of ALAINE K. ARNOTT, PH.D Telephone number 215-925-2800

Section M: Part I Total Unrelated Business Taxable Income 321 CHESTNUT STREET, PHILADELPHIA, PA 19106

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount.

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount.

Table with 4 rows for Part III: Tax and Payments. Columns include line number, description, and amount.

Part III Tax and Payments (continued)

Table with 11 rows and 2 columns. Row 5: Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5. Row 6a: Payments: Preceding year's overpayment credited to the current year 6a 4,798. Row 6b: Current year's estimated tax payments. Check if section 643(g) election applies 6b. Row 6c: Tax deposited with Form 8868 6c. Row 6d: Foreign organizations: Tax paid or withheld at source (see instructions) 6d. Row 6e: Backup withholding (see instructions) 6e. Row 6f: Credit for small employer health insurance premiums (attach Form 8941) 6f. Row 6g: Elective payment election amount from Form 3800 6g. Row 6h: Payment from Form 2439 6h. Row 6i: Credit from Form 4136 6i. Row 6j: Other (see instructions) 6j. Row 7: Total payments. Add lines 6a through 6j 7 4,798. Row 8: Estimated tax penalty (see instructions). Check if Form 2220 is attached 8. Row 9: Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9. Row 10: Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 4,798. Row 11: Enter the amount of line 10 you want: Credited to 2025 estimated tax 4,798. Refunded 11.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

Table with 5 main rows and 2 columns (Yes/No). Row 1: At any time during the 2024 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. Row 2: During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Yes No X. Row 3: Enter the amount of tax-exempt interest received or accrued during the tax year \$. Row 4: Enter available pre-2018 NOL carryovers here \$. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. Row 5: Post-2017 NOL carryovers. Enter the Business Activity Code and available 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. Table with 2 columns: Business Activity Code, Available post-2017 NOL carryover. Row 5.1: 459420, \$ 32,331. Row 5.2: \$. Row 5.3: \$. Row 5.4: \$. Row 5.5: \$. Row 6a: Reserved for future use. Row 6b: Reserved for future use.

Part V Supplemental Information

Provide any additional information. See instructions.

Signature area with fields for Signature of officer (ALAINE K. ARNOTT), Date (07/28/2025), Title (CEO & PRESIDENT), Preparer's name (RICHARD RUVELSON), Preparer's signature (RICHARD RUVELSON), Date (07/29/2025), Firm's name (WITHUMSMITH+BROWN, PC), Firm's EIN (22-2027092), Firm's address (4600 EAST-WEST HWY, #900, BETHESDA, MD 20814), and Phone no. (301-272-6000). Includes a box for 'May the IRS discuss this return with the preparer shown below' with Yes/No options.

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

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

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**Open to Public Inspection 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) 459420	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
1a Gross receipts or sales <u>14,819.</u>				
b Less returns and allowances _____ c Balance	1c	14,819.		
2 Cost of goods sold (Part III, line 8).	2	13,179.		
3 Gross profit. Subtract line 2 from line 1c	3	1,640.		1,640.
4a Capital gain net income (attach Schedule 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	1,640.		1,640.

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			
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			
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C).	16			1,640.
17 Deduction for net operating loss. See instructions	17			1,312.
18 Unrelated business taxable income. Subtract line 17 from line 16.	18			328.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	23,779.
2	Purchases	2	5,646.
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	SEE STATEMENT 1. 1,696.
6	Total. Add lines 1 through 5	6	31,121.
7	Inventory at end of year	7	17,942.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	13,179.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
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)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11	Total dividends - received deductions included in line 10				

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	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
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	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
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals				

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals				

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

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

SCHEDULE A:GIFT SHOP SALES
PART III - LINE 4B - OTHER COSTS
=====

OTHER COST OF GOODS SOLD	1,696.
TOTAL OTHER COSTS	----- 1,696. =====

Mail to:

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
401 North St Rm 207
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 11/2023)

Fee: See instructions

Read all instructions prior to completing form.

Certificate number: 13644
(N/A if initial registration)

Fiscal year ended: 12 / 31 / 2024
MM DD YYYY

FEIN: -

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

Organization is exempt from registration because

Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: NATIONAL LIBERTY MUSEUM

Check if name change and give previous name _____

2. All other names used to solicit contributions: _____

3. Contact person: ALAINE K. ARNOTT, PH.D. Contact's e-mail: AARNOTT@LIBERTYMUSEUM.ORG

4. Principal address of organization: _____ Mailing address (if different than principal address): _____

321 CHESTNUT STREET _____

PHILADELPHIA _____

PA 19106 _____

County: PHILADELPHIA Phone number: 215-925-2800

800 number: _____ Fax number: _____

Email (if different than Contact's email): _____

Website: WWW.LIBERTYMUSEUM.ORG

Item 5 to be completed by initial registrants only

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.): _____

Where established: _____ Date established:* _____

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

Not Applicable
SEE STATEMENT 1

7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: / /
MM DD YYYY

Other _____

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.

 / /
MM DD YYYY

Other _____

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

10. Has the organization been granted IRS tax-exempt status? Yes No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes No
(If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? Yes No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules.
If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, social media, etc.): Does not solicit contributions

SEE STATEMENT 2

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

SEE STATEMENT 3

14. Is the organization registered to solicit contributions in any other state or municipality?

Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
NJ

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) Yes No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: _____ / _____ / _____
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

Not Applicable

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

Not Applicable

SEE STATEMENT 4

18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

Not Applicable

19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") Yes No Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

Yes No Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

Legal name of parent organization

Pennsylvania certificate number

21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 5

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

SEE STATEMENT 9

B. Have final responsibility for the custody of contributions:

SEE STATEMENT 10

C. Have final responsibility for final distribution of contributions:

SEE STATEMENT 11

D. Are responsible for custody of financial records:

SEE STATEMENT 12

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **
 Yes No

** (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

SEE STATEMENT 13

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and 10 P.S. § 162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer

Date

STEWART GERSON TREASURER
Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

ALAINE K. ARNOTT CEO & PRESI
Type or print name and title of Other Authorized Officer

Checklist for registration:

- Completed registration statement properly signed and dated.
- A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- Public Disclosure Form BCO-23 (if required)
- Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- Registration fee and any late filing fees
- Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

OFFICES, CHAPTERS, ETC. LOCATED IN PENNSYLVANIA (LINE 6)

=====

NAME, ADDRESS AND PHONE NUMBER

MAIN OFFICE
321 CHESTNUT STREET
PHILADELPHIA, PA, 19106
215-925-2800

MANNER OF CONTRIBUTION (LINE 12)
=====

CONTRIBUTIONS ARE SOLICITED BY DIRECT MAIL, TELEPHONE
REQUESTS, INTERNET REQUESTS, AND FUNDRAISING EVENTS.

PROGRAMS FOR CONTRIBUTION USED OR WILL BE USED (LINE 13)
=====

THE NATIONAL LIBERTY MUSEUM IS DEDICATED TO PRESERVING
FREEDOM AND DEMOCRACY BY FOSTERING FOOD CHARACTER AND
UNDERSTANDING FOR ALL PEOPLE THROUGH EDUCATION. THE
MUSEUM'S EXHIBITS OF GLASS ART - COMBINED WITH STORIES
OF HEROES FROM AROUND THE WORLD - INSPIRE VISITORS TO
APPRECIATE THE STRENGTH AND FRAGILITY OF DEMOCRACY AND
RECOGNIZE THE ROLE WE EACH PLAY IN SAFEGUARDING OUR
FREEDOM. THIS IS ALL IN EXISTENCE.

PROFESSIONAL FUND RAISING COUNSEL (LINE 17)

=====

NAME AND ADDRESS	PHONE NUMBER	CONTRACT DATES
FAIRMOUNT VENTURES 30 SOUTH 15TH STREET, SUITE 500 PHILADELPHIA, PA, 19102	215-717-2299	07/01/2024-12/31/2024

OFFICERS, DIRECTORS, TRUSTEES, AND EXECUTIVE STAFF OFFICERS (LINE 21)
=====

NAME, ADDRESS AND TITLE

ALAINE K. ARNOTT, PH.D.
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
CEO & PRESIDENT

BRIAN EFFRON
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
BOARD CHAIR

DENNIS EGEN
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
VICE CHAIR

DR. NIGEL BROWN
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
SECRETARY

GWEN BOROWSKY
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
BOARD MEMBER

THOMAS A. CARAMANICO
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
BOARD MEMBER

NORMAN COHN
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
BOARD MEMBER

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PHILADELPHIA, PA, 19106
BOARD MEMBER

DR. BRIAN ENGLANDER, M.D.
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
BOARD MEMBER

STEWART GERSON
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
BOARD MEMBER

JENNIFER HANNA
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PHILADELPHIA, PA, 19106
BOARD MEMBER

DANIEL KAUFMAN
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PHILADELPHIA, PA, 19106
BOARD MEMBER

DR. HERB KEAN, M.D.
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PHILADELPHIA, PA, 19106
BOARD MEMBER

CAM MAIO
321 CHESTNUT STREET

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BOARD MEMBER

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ERNEST MAY
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PHILADELPHIA, PA, 19106
BOARD MEMBER

GARRETT PRICE
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
BOARD MEMBER

CYMA SATELL
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
BOARD MEMBER

SCOTT SATELL
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
BOARD MEMBER

SHERRIE SAVETT
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
BOARD MEMBER

TOM SCANNAPIECO
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PHILADELPHIA, PA, 19106
BOARD MEMBER

ADELE SCHAEFFER
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BOARD MEMBER

OFFICERS, DIRECTORS, TRUSTEES, AND EXECUTIVE STAFF OFFICERS (LINE 21)

DR. ARLENE SILVERS, PH.D.
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PHILADELPHIA, PA, 19106
BOARD MEMBER

CLAUDIA SPRINGER
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
BOARD MEMBER

DOUGLAS O. TOZOUR
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
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MICHAEL TRIMBLE
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
BOARD MEMBER

LAURIE WAGMAN
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
BOARD MEMBER

BRENDAN GILMORE
321 CHESTNUT STREET

PHILADELPHIA, PA, 19106
BOARD MEMBER

INDIVIDUAL(S) RESPONSIBLE FOR SOLICITATION ACTIVITIES (LINE 22)
=====

NAME AND ADDRESS

ALAIN K. ARNOTT, PH.D., CEO & PRES
321 CHESTNUT STREET
PHILADELPHIA, PA 19106

INDIVIDUAL(S) RESPONSIBLE FOR CONTRIBUTIONS (LINE 22)
=====

NAME AND ADDRESS

ALAIN K. ARNOTT, PH.D., CEO & PRES
321 CHESTNUT STREET
PHILADELPHIA, PA 19106

INDIVIDUAL(S) RESPONSIBLE FOR FINAL DISTRIBUTION OF CONTRIBUTION(L22)
=====

NAME AND ADDRESS

ALAINE K. ARNOTT, PH.D., CEO & PRES
321 CHESTNUT STREET
PHILADELPHIA, PA 19106

INDIVIDUAL(S) RESPONSIBLE FOR CUSTODY OF FINANCIAL RECORDS (LINE 22)
=====

NAME AND ADDRESS

ALAIN K. ARNOTT, PH.D., CEO & PRES
321 CHESTNUT STREET
PHILADELPHIA, PA 19106

RELATED PARTIES (LINE 23)
=====

NAME, BUSINESS NAME AND ADDRESS

SCOTT SATELL
RELATED TO CYMA SATELL
321 CHESTNUT STREET
PHILADELPHIA , PA, 19106

CYMA SATELL
RELATED TO SCOTT SATELL
321 CHESTNUT STREET
PHILADELPHIA , PA, 19106

LAURIE WAGMAN
RELATED TO GWEN BOROSKY
321 CHESTNUT STREET
PHILADELPHIA , PA, 19106

GWEN BOROSKY
RELATED TO LAURIE WAGMAN
321 CHESTNUT STREET
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