

# TAX RETURN FILING INSTRUCTIONS

#### PUBLIC INSPECTION COPY

Prepared by	Grant Thornton LLP
Special Instructions	The return should be signed and dated by the appropriate officer(s).  Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.
Application for Recognition of Exemption	Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.  An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, response is generally required within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

#### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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. A For the 2021 calendar year, or tax year beginning JUL 1. 2021 and ending JUN 30, 2022 C Name of organization D Employer identification number Check if applicable: Address change FAITH AND LIBERTY DISCOVERY CENTER LLC Name change 83-2372645 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 215-309-0900 101 NORTH INDEPENDENCE MALL EAST 15,028,610. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return PHILADELPHIA, PA 19106 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DAVID VIEHMAN Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)527 ) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.FAITHANDLIBERTY.ORG H(c) Group exemption number ▶ X Other LLC K Form of organization: Corporation Trust Association L Year of formation: 2018 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: FLDC ENVISIONS A TRANSFORMED Governance AMERICA - A DAY WHEN ALL AMERICANS AND PEOPLE... SEE SCHEDULE O if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 21 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 20,511. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Current Year** 36,435,481, 14,931,187. Contributions and grants (Part VIII, line 1h) 8 Revenue 11,666. 54,167. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 10 6,077 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 23,131. 11 36,453,224 15 008 485. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,349,224. 1,636,862. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 5,517,015. 9,381,941. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,866,239. 11,018,803. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29,586,985. 3,989,682. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 53,906,544. 52,138,123 Total assets (Part X, line 16) 22,551,138 20,329,877. 21 Total liabilities (Part X, line 26) 三年 29,586,985. 33,576,667. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MATTHEW MUSGNUNG, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Prepared's signature ALYCIA SOLECKI P01272637 Paid Firm's name GRANT THRONTON LLP 36-6055558 Preparer Firm's EIN ▶

No

X Yes

Phone no. (215)561-4200

Firm's address > 2001 MARKET STREET, SUITE 700

May the IRS discuss this return with the preparer shown above? See instructions

PHILADELPHIA, PA 19103

Use Only

Form	1990 (2021) FAITH AND LIBERTY DISCOVERY CENTER LLC	83-2372645	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	Briefly describe the organization's mission:		
	FLDC EXPLORES THE RELATIONSHIP BETWEEN FAITH AND LIBERTY IN AMERICA		
	FROM ITS FOUNDING TO TODAY, BY ILLUMINATING THE INFLUENCE OF THE BIBLE		
	ON INDIVIDUALS IN KEY HISTORICAL AND PERSONAL MOMENTS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	s 🗓 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?	Ye:	s 🗓 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	s measured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$9,724,959. including grants of \$0. (Reve	enue \$	77,298.
	SEE SCHEDULE O		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$	Y
	, (		
4-	(0.1		,
4c	(Code:) (Expenses \$) (Reve	nue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ▶ 9,724,959.		000

83-2372645

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,	8	х	
•	Schedule D, Part III	<b>├°</b>		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<sub></sub>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form	990 (2021) FAITH AND LIBERTY DISCOVERY CENTER LLC 83-237	2645	Р	age 4
	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.00	110
		22		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<del></del>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	. 23	Х	-
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	. 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
06	Schedule L, Part I	250		<del></del>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30		20		x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	. 34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	_ ا		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	L	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	1		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u></u>		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<del>-</del> -
30		00	х	
Pai	Note: All Form 990 filers are required to complete Schedule O  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
ı al				
	Check if Schedule O contains a response or note to any line in this Part V		 T.	
	i i		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	11		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	х	1

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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
- Cu	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
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?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		
·	to file Form 8282?	7c		x
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?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			-
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
	(IIII COSIO DI CONTROLLA C		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	•		
17	List the states with which a copy of this Form 990 is required to be filed ▶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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	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			
	MATT MUSGNUNG - 215-309-0900			
	101 NORTH INDEPENDENCE MALL EAST, PHILADELPHIA, PA 19106			

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

**Employees, and Independent Contractors** 

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

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

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

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

Check this box if neither the organization n		orga T	niza			nper	sate			
(A)	(B)			Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than (		Reportable	Reportable	Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				- -		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		and related
	below	ividua	titutio	Officer	emp/	hest o	Former			organizations
7	line)	Pul	lns	0#0	, Ke	Hig B Hig	For			
(1) ROBERT BRIGGS	5.00	-						_		
PRESIDENT	40.00	Х		Х				0.	397,936.	58,249.
(2) JAMES PUCHY	5.00									
SECRETARY	40.00	Х		Х				0.	241,819.	44,265
(3) PATRICK MURDOCK	5.00									
VICE PRESIDENT (END SEPT 2021)	40.00	Х	_	Х	<u> </u>			0.	192,263.	40,853
(4) MARK WILSON	5.00									
TREASURER (END JULY 2021)	40.00	Х		Х				0.	165,228.	38,344
(5) MATT MUSGNUNG	5.00									
TREASURER (BEG AUGUST 2021)	40.00	Х		Х				0.	136,301.	48,089
(6) DANIEL E. CORTI	40.00									
DIRECTOR, FLDC	0.00	_				Х		147,351.	0.	25,454
(7) ALAN CRIPPEN	40.00									
EXECUTIVE DIRECTOR (END DEC 2021)	0.00	<u> </u>		Х				0.	109,241.	39,099.
		<u> </u>								
		-								
		<u> </u>								
		<u> </u>								
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FOIII 990 (2021) 1111111 1110 1111	DINII DIDCO	• ===							23 237204	<b>-</b>	aye •
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount o other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensa from the organiza and rela organizat	ne tion ted
		•									
1b Subtotal								147,351.	1,242,788.	294	,353.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							<u>▶</u>	147,351.	0. 1,242,788.	294	0. ,353.
<ul><li>Total number of individuals (including but n compensation from the organization</li></ul>	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable		1
										Yes	No
2 Did the organization list any former officer	director truct	00 l		mnl	01/0		hia	haat aammanaatad amn	lovoo on		

#### **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
LF DRISCOLL COMPANY, 401 E. CITY AVE, STE.		
500, BALA CYNWYD, PA 19004-1124	CONSTRUCTION MANAGEMENT	2,895,299.
ZENITH SYSTEMS, LLC	AUDIT VISUAL AND TECHNOLOGY	
5055 CORBIN DRIVE, CLEVELAND, OH 44128-5462	INSTALLATION	2,349,125.
LOCAL PROJECTS, 123 WILLIAM STREET, RM		
801, NEW YORK, NY 10038-3825	EXHIBIT PLANNING AND DESIGN	2,017,011.
HADLEY EXHIBITS, INC		
1700 ELMWOOD AVE, BUFFALO, NY 14207-2408	EXHIBIT MANUFACTURE AND DESIGN	1,188,308.
ORCHESTRATE EXPERIENCE, 781 WHEELER STREET		
NW, STUDIO 11, ATLANTA, GA 30318-5287	EVENT PLANNING	359,310.
2 Total number of independent contractors (including but not limited to the	se listed above) who received more than	
\$100,000 of compensation from the organization	.4	
	· · · · · · · · · · · · · · · · · · ·	_ 000 ()

83-2372645

Form 990 (2021)
Part VIII

Statement of Revenue

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
(0, (0	1.0	Endorated compaigns					
발		a Federated campaigns 1a					
Sra Dou		Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c					
E E	C	d Related organizations1d	14,931,187.				
S, (	e	e Government grants (contributions) 1e					
ΡĠ	f	All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f					
ĒÖ		Noncash contributions included in lines 1a-1f	8,803,555.				
츳띭		Total. Add lines 1a-1f	<b>•</b>	14,931,187.			
<u> </u>		Totall / Ida III Ida III Ida	Business Code	, ,			
_	0 -	ADMISSION TICKET SALES	712110	54,167.	54,167.		
<u>i</u>	2 a	•	712110	34,107.	34,107.		
e c	k	)					
n S	c						
e a⊒	C	·					
Program Service Revenue	e						
ď	f	All other program service revenue					
	ç	Total. Add lines 2a-2f	<b>&gt;</b>	54,167.			
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5						
	3	Royalties(i) Real	(ii) Personal				
	_		(ii) i ersoriai				
		Gross rents					
		Less: rental expenses 6b					
	C	Rental income or (loss)					
	c	Net rental income or (loss)	<b></b>				
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
ā		and sales expenses <b>7b</b>					
en		Gain or (loss) 7c					
ě		Net gain or (loss)					
ther Revenue		Gross income from fundraising events (not					
풀	0 0	· · · · · · · · · · · · · · · · · · ·					
0							
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events	<u></u>				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
	k	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a	43,256.				
	ŀ	Less: cost of goods sold 10k	<del>'                                    </del>				
				23,131.	2,620.	20,511.	
-+		Net income or (loss) from sales of inventory	Business Code	25,151.	2,020.	20,311.	
S			Dusiness Code				
eor re	11 a						
en de	k	<b>.</b>					
Miscellaneous Revenue	C						
Ais	c	d All other revenue					
_	e	Total. Add lines 11a-11d	<b>&gt;</b>				
	12	Total revenue. See instructions	<b>&gt;</b>	15,008,485.	56,787.	20,511.	0.

#### 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 respons  Do not include amounts reported on lines 6b,  7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	1,193,468.	819,889.	373,579.	
7 Other salaries and wages	1,173,400.	010,000.	3,3,3,5,	
	63,621.	63,621.		
section 401(k) and 403(b) employer contributions)  9 Other employee benefits	379,773.	262,702.	117,071.	
	5,5,775.	202,702.	11,,0,1.	
10 Payroll taxes				
a Management				
b Legal	12,897.	7,479.	5,418.	
c Accounting		, , , , , ,	7 1	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	487,207.	487,207.		
12 Advertising and promotion	878,680.	96,616.		782,064
13 Office expenses	45,364.	37,734.		7,630
14 Information technology	33,582.	33,582.		
15 Royalties				
16 Occupancy	1,343,495.	1,343,495.		
<b>17</b> Travel	16,310.	12,038.		4,272
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	15,193.	15,193.		
19 Conferences, conventions, and meetings	623,296.	623,296.		
20 Interest	023,250.	023,250.		
Payments to affiliates	5,304,462.	5,304,462.		
23 Insurance	120,387.	120,387.		
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 EQUIP, REPAIRS & RENTAL	501,068.	497,258.		3,810
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,018,803.	9,724,959.	496,068.	797,776
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (202

# Form 990 (2021) Part X | Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			7,055,793.	1	2,907,972
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			373.	4	78
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B) L		6	
ပ္သ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			51,435.	8	59,87
¥	9	Down and all assessment and all affectives at all assessments			81,866.	9	113,42
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	57,361,898.			
	b	Less: accumulated depreciation	. 10b	7,733,911.	44,948,656.	10c	49,627,98
1	11	Investments - publicly traded securities				11	
1	12	Investments - other securities. See Part IV, line	11			12	
1	13	Investments - program-related. See Part IV, line	e 11			13	
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11			0.	15	1,196,49
1	16	Total assets. Add lines 1 through 15 (must ed	ual line 3	3)	52,138,123.	16	53,906,54
1	17	Accounts payable and accrued expenses			586,495.	17	379,88
1	18	Grants payable				18	
1	19	Deferred revenue			0.	19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
္က 2	22	Loans and other payables to any current or for	rmer offic	er, director,			
≝		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		22	
-	23	Secured mortgages and notes payable to unre	elated thir	d parties		23	
2	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
2	25	Other liabilities (including federal income tax, p	oayables <sup>·</sup>	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			21,964,643.	25	19,949,99
2	26				22,551,138.	26	20,329,87
,,		Organizations that follow FASB ASC 958, cl	neck her	e 🕨 🗓			
<u>ဗိ</u> ု		and complete lines 27, 28, 32, and 33.					
<u> </u>	27	Net assets without donor restrictions	29,586,985.	27	33,576,66		
<u>n</u>   2	28	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC	eck here 🕨 📖				
<u> </u>		and complete lines 29 through 33.					
ဋ္ဌ 2	29	Capital stock or trust principal, or current fund				29	
2   3	30	Paid-in or capital surplus, or land, building, or				30	
ا ب	31	Retained earnings, endowment, accumulated				31	
<b>₽</b>   3	32	Total net assets or fund balances		<u> </u>	29,586,985.	32	33,576,66
3	33	Total liabilities and net assets/fund balances			52,138,123.	33	53,906,544 Form <b>990</b> (202

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15	,008,	485.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	,018,	803.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	,989,	682.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29	,586,	985.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	33	,576,	667.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** FAITH AND LIBERTY DISCOVERY CENTER LLC 83-2372645 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	0.	0.	0.	36,435,481.	14,931,187.	51,366,668.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	0.	0.	0.	0.	0.	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0.	0.	0.	0.	0.	
4	Total. Add lines 1 through 3				36,435,481.	14,931,187.	51,366,668.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						51,366,668.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4				36,435,481.	14,931,187.	51,366,668.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	0.	0.	0.	0.	0.	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	0.	0.	0.	0.	0.	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						51,366,668.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	72,380.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor						X
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (I					14	<u>%</u>
15	Public support percentage from 2020					15	<u>%</u>
16a	33 1/3% support test - 2021. If the c						
_	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2020. If the d						. $\Box$
	and <b>stop here.</b> The organization qual		•				
17a	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the fact		•	•	•	VI how the organiz	ation
	meets the facts-and-circumstances te	· ·	•				
b	10% -facts-and-circumstances test	-					U% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						<b>P</b>
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	▶∟

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						<b>.</b> —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

132023 01-04-22

Schedule A (Form 990) 2021

Т.,

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	•		
	6		
	7		
	7		
	8		
	3		
	9a		
	9b		
	9с		
	10a		
	10b		
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	duic A (1 offi 550) 2021	3-2372645	Pa	age <b>5</b>
Pai	rt IV Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ers, ed		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	• •	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).			
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? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	,tions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	see instruction	1.	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

За

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1	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 mus	t complete	e Sections A through E.	
Section A - Adjusted Net Income (A) Prior Year (B) Current (options				
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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-functional	ılly integrat	ed Type III supporting orga	ınization (see
	instructions)			

Schedule A (Form 990) 2021

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1			
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3			
4	Amounts paid to acquire exempt-use assets		4			
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5			
_6	Other distributions (describe in Part VI). See instructions.		6			
_7_	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2021 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
		(i)	(ii)	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	d From 2019					
<u>e</u>	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2021 distributable amount					
<u>i</u>	Carryover from 2016 not applied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
<u> </u>	Applied to 2021 distributable amount					
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
_8_	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
<u>a</u>	Excess from 2020  Excess from 2021					

Schedule A (Form 990) 2021

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

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Employer identification number

FAI	TH AND LIBERTY DISCOVERY CENTER LLC	83-2372645				
Organization type (check o	ne):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule.	a Can instructions				
Note: Only a section 501(c)(	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Figure 1. Complete Parts I and II.	d that received from any one				
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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
aution: 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 name "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 at it doesn't meet the filing requirements of Schedule B (Form 990).						

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

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

Name of organization

Employer identification number

FAITH AND LIBERTY DISCOVERY CENTER LLC

83-2372645

Part I	<b>Contributors</b> (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		\$\$	Person X Payroll  Noncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Humo, address, and Zif T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Humb, dud 655, and Zif T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization

Employer identification number

FAITH AND LIBERTY DISCOVERY CENTER LLC

83-2372645

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I NETWORK EQUIP: \$169,591; LEASEHOLD: \$8,633,964 1 8,803,555. 03/01/22 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Schedule B (Form 990) (2021) Page **4** 

Name of or	ganization	Employer identification number	
FAITH AN	D LIBERTY DISCOVERY CENTER LLC		83-2372645
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through <b>(e) and</b> the following line e charitable, etc., contributions of <b>\$1,000 o</b>	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
	Transferee's name, address, ar	nd 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 g	
	Transferee's name, address, ar	nd 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 g	gift
	Transferee's name, address, ar	nd 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 g	gift
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

FAITH AND LIBERTY DISCOVERY CENTER LLC

**Employer identification number** 83 - 2372645

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or Ac	counts. Complete if the	
	, , , , , , , , , , , , , , , , , , ,	(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in dor	nor advised fund	ds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No	
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant fund	s can be used o	nly	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	ourpose conferr	ing	
	impermissible private benefit?			Yes No	
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Fo	rm 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).			
	Preservation of land for public use (for example, recreating	ion or education) 🔲 Presei	vation of a histo	orically important land area	
	Protection of natural habitat	Preser	vation of a certi	fied historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in t	the form of a co	nservation easement on the last	
	day of the tax year.			Held at the End of the Tax Year	
а	Total number of conservation easements			2a	
b				2b	
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c	
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a histori	ic structure		
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminate	ed by the organi	zation during the tax	
	year ▶				
4	Number of states where property subject to conservation ease	ement is located >			
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, han	dling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforce	cing conservation	n easements during the year	
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing o	conservation ea	sements during the year	
	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sec	tion 170(h)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?			Yes No	
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and	expense statem	ent and	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financia	l statements tha	at describes the	
Da	organization's accounting for conservation easements.	Aut Historiaal Tussaures	ou Othou C	imiles Accets	
Pai	Organizations Maintaining Collections of		s, or Other S	imilar Assets.	
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 958	•			
	of art, historical treasures, or other similar assets held for publ	,		nce of public	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 958				
	art, historical treasures, or other similar assets held for public	exhibition, education, or researc	ch in furtherance	e of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
_				•	
2	If the organization received or held works of art, historical trea		financial gain, p	provide	
	the following amounts required to be reported under FASB AS				
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021	

132051 10-28-21

X Public exhibition

X Scholarly research

collection items (check all that apply):

С	X Preservation for future generations	S								
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 sol	icit or rec	eive donations	of art, his	storical treas	sures, or other	similar ass	sets		
	to be sold to raise funds rather than to b								Yes	X No
Par	rt IV Escrow and Custodial Ar			ete if the	organizatio	n answered "Y	es" on Fo	rm 990, Part I	V, line 9, or	
	reported an amount on Form 990	, Part X,	line 21.							
1a	Is the organization an agent, trustee, cu	stodian o	r other intermed	liary for c	contributions	s or other asset	ts not incl	uded		
	on Form 990, Part X?							[	Yes	No
b	If "Yes," explain the arrangement in Part	XIII and	complete the fo	llowing ta	able:					
									Amoun	<u>t</u>
С	Beginning balance							1c		
d	d Additions during the year 1d							1d		
е	Distributions during the year							1e		
f	•									
2a	Did the organization include an amount	on Form	990, Part X, line	21, for e	escrow or cu	ıstodial accoun	nt liability?	L	Yes	No
	If "Yes," explain the arrangement in Part									
Pai	rt V Endowment Funds. Comp					1				
		<u> </u>	Current year	(b) P	rior year	(c) Two years	back (d)	Three years bac	ck (e) Four	years back
	Beginning of year balance	l l								
	Contributions									
С	Net investment earnings, gains, and loss									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g						<u> </u>				
2	Provide the estimated percentage of the			e (line 1g	ı, column (a)	) held as:				
а	· ·			%						
	Permanent endowment		_%							
С	Term endowment		1.4000/							
٥-	The percentages on lines 2a, 2b, and 2c			. 4 41 4	t and bald an	and an almost a trade a conse				
за	Are there endowment funds not in the p	ossessior	n of the organiza	ation that	t are neid ar	na administered	tor the o	rganization	ſ	Yes No
	by:								20(1)	163 140
	(i) Unrelated organizations									
h	(ii) Related organizations  If "Yes" on line 3a(ii), are the related organizations									
<b>1</b>	Describe in Part XIII the intended uses of								[30]	
Par	rt VI Land, Buildings, and Equ	ipment	• • • • • • • • • • • • • • • • • • •	WITHELL II	urius.					
	Complete if the organization ans			). Part IV	. line 11a. S	ee Form 990. F	Part X. line	10.		
	Description of property	I	(a) Cost or c		<u> </u>	or other	(c) Accu		(d) Boo	k value
	bescription of property		basis (investr			(other)	depre		( <b>a)</b> 500	K value
1a	Land			,		` /				
	Buildings									0.
	Leasehold improvements				38	,117,137.	2	,427,923.	35	689,214.
	Equipment					,741,095.		,259,306.		481,789.
	Other					,503,666.		,046,682.		456,984.
	al. Add lines 1a through 1e. (Column (d) m		Form 990 Part	X colum						627,987.
		usi cquai	, om ood, rait	,, colull	<u>(D), III I</u>			Schedi		n 990) 2021
								2334	(, -,,,	,

d Loan or exchange program

Other\_\_\_\_

Schedule D (Form 990) 2021 FAITH AND LIBERTY	DISCOVERY CENTER I	iLC :	83-2372645	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15		
	Description		(b) Book v	value
(1)			+ (2, 2222	
			+	
(2)			+	
(3)			+	
(4)			+	
(5)			+	
(6)			+	
(7)			+	
(8)			+	
(9) 			+	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>	<b>)</b>	<u> </u>	
Part X Other Liabilities.	- F 000 D-+ N/ P	44 446 O Faura 000 Bart V. Fra 0	F	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2		
1. (a) Description of liability			(b) Book v	value
(1) Federal income taxes				
(2) LETTER OF CREDIT PAYABLE TO AMERICAN B	IBLE SOCIETY		19,9	949,997.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(0)				

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

Schedule D (Form 990) 2021

19,949,997.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ...

Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line	e 12.)	5	
Par	t XII Reconciliation of Expenses per Audited Financial		es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part			
	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 18.)	5	
Par	t XIII Supplemental Information.			
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	art V, line 4; Part X, line 2; Part X	l,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.		
PART	III, LINE 4:			
THE	ORGANIZATION DISPLAYS HISTORICALLY SIGNIFICANT VERSION	NS OF THE BIBLE		
AND	OTHER ARTIFACTS THAT DEMONSTRATE THE BIBLE'S INFLUENC	E ON OUR COUNTRY		
FROM	ITS FOUNDING THROUGH PRESENT DAY.			
PART	X, LINE 2:			
THE	ORGANIZATION IS INCLUDED WITHIN THE CONSOLIDATED FINAL	NCIAL STATEMENTS		
OT 3:	MEDICAN DIDLE GOGILEN / MAIL GOGILEN AND GOGILEN MAG	DEMEDIATIVED MILLS		
OF A	MERICAN BIBLE SOCIETY (THE SOCIETY). THE SOCIETY HAS	DETERMINED THAT		
miran	E ADE NO MAMEDIAL INGERMATN MAY POGEMEONG MUAM DEGILED	E DEGOGNITHION OF		
TUEK	E ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIR	E VUCOGNILION OK		
חדפת	LOSIDE IN THE CONSOLIDATED PINAMOTAL STATEMENTS			
חדפה	LOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.			
PART	XI LINE 2D - OTHER ADJUSTMENTS:			

29

#### SCHEDULE J (Form 990)

Department of the Treasury

**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.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

FAITH AND LIBERTY DISCOVERY CENTER LLC

Employer identification number 83-2372645

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			l
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only 10 15 15 15 15 15 15 15 15 15 15 15 15 15			
_	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: The organization?	5a		х
	The organization? Any related organization?	5b		x
J	If "Yes" on line 5a or 5b, describe in Part III.	OD		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
·	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		х
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ROBERT BRIGGS	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	392,617.	0.	5,319.	32,000.	26,249.	456,185.	0.	
(2) JAMES PUCHY	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	236,058.	0.	5,761.	18,091.	26,174.	286,084.	0.	
(3) PATRICK MURDOCK	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	189,570.	0.	2,693.	15,834.	25,019.	233,116.	0.	
(4) MARK WILSON	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	163,990.	0.	1,238.	13,545.	24,799.	203,572.	0.	
	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	135,873.	0.	428.	11,491.	36,598.	184,390.	0.	
	(i)	147,052.	0.	299.	11,948.	13,506.	172,805.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
ALL COMPENSATION TO OFFICERS REPORTED ON PART VII AND SCHEDULE J OF THE
ORGANIZATIONS 990 WAS DETERMINED AND PAID BY A RELATED ORGANIZATION,
AMERICAN BIBLE SOCIETY. THE RELATED ENTITY CHECKS THE FOLLOWING BOXES FOR
SCHEDULE J, QUESTION 3 ON ITS FORM 990:
- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- FORM 990 OF OTHER ORGANIZATIONS
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number FAITH AND LIBERTY DISCOVERY CENTER LLC 83-2372645

Par	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de	•	<b>+</b> 0
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion amoun	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ( LEASEHOLD IMP )	Х	1	8,633,964.			
26	Other ( NETWORK EQUIP )	X	1	169,591.	FMV		
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization	•	•				
	for which the organization completed Form 8283	3, Part V, D	onee Acknowledge	ement <b>29</b>		0	_
				=		Yes	No
30a	During the year, did the organization receive by				•		
	must hold for at least three years from the date		,	·		00	v
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.	aliou Haat ::-	autica the	of any nameton days a section	tions?	04	v
31	Does the organization have a gift acceptance po				LIUI IS ?	31	X
3∠a	Does the organization hire or use third parties or		-	· ·		222	x
h	contributions?  If "Yes," describe in Part II.					32a	
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is cho	cked		
55	describe in Part II.	1011111 (C) 101	a type or property	ioi willon coluinin (a) is the	oncu,		
	GOOGING III I GIL II.						

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

Schedule M (Form 990) 2021

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M
AMERICAN BIBLE SOCIETY (ABS) HAD FUNDED THE CONSTRUCTION TO BUILD OUT A
PORTION OF THE FIRST FLOOR ADJACENT TO THE FAITH AND LIBERTY DISCOVERY
CENTER. THE ASSETS RELATED TO THAT PROJECT WERE RECORDED ON THE ABS
BALANCE SHEET. DURING 2022 ABS DONATED THOSE ASSETS TO THE FLDC, WHICH
WERE COMPRISED OF LEASEHOLD IMPROVEMENTS AND NETWORK EQUIPMENT.

Schedule M (Form 990) 2021

### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

FAITH AND LIBERTY DISCOVERY CENTER LLC	83-2372645
FORM 990, PART I, LINE 1	
OF GOOD WILL FROM AROUND THE WORLD SHARE A COMMON UNDERSTANDING,	
KNOWLEDGE, AND APPRECIATION OF THE BIBLE'S INFLUENCE AS A CULTURAL	
FORCE IN SHAPING AMERICAN IDEALS, VALUES, AND INSTITUTIONS. FLDC	
EXPLORES THE RELATIONSHIP BETWEEN FAITH AND LIBERTY IN AMERICA FROM ITS	
FOUNDING TO TODAY, BY ILLUMINATING THE INFLUENCE OF THE BIBLE ON	
INDIVIDUALS IN KEY HISTORICAL AND PERSONAL MOMENTS.	
1. DISCOVERY CENTER. THE FLDC STAFF WILL WELCOME A PROJECTED 250,000	
ANNUAL VISITORS INTO ITS HIGHLY INTERACTIVE AND IMMERSIVE CULTURAL	
ATTRACTION (THE "DISCOVERY CENTER") LOCATED ON INDEPENDENCE MALL IN	
PHILADELPHIA, AND MILLIONS OF ANNUAL VIRTUAL VISITORS TO ITS DIGITAL	
PLATFORM, FAITHANDLIBERTY.ORG. A TEAM OF 18 FULL TIME PLUS BETWEEN 9	
20 SEASONAL PART-TIME STAFF WILL MARKET, OPERATE AND STEWARD THE	
EXPERIENCE, WHICH WILL BE OPEN EVERY DAY WITH THE EXCEPTION OF	
THANKSGIVING AND CHRISTMAS. THE FLDC STAFF ALSO WILL OVERSEE A HYBRID	_
INTERACTIVE RETAIL STORE WHERE DISCOVERY CENTER VISITORS AND OTHER	_
CUSTOMERS CAN PURCHASE ITEMS RELATED TO THE FLDC EXPERIENCE. ALL OF	_
THIS WILL REFLECT 40% OF THE CENTER'S ACTIVITIES.	
2. FAITH AND LIBERTY EDUCATIONAL PROGRAMMING. IN ADDITION, FLDC WILL	
OFFER WORLD-CLASS EDUCATIONAL PROGRAMMING AND PRODUCTS FOR SCRIPTURE	
ENGAGEMENT THAT FOSTER DISCOVERY, EXPLORATION, UNDERSTANDING, AND	
APPRECIATION OF THE BIBLE'S INFLUENCE IN AMERICAN CIVILIZATION IN	
SUPPORT OF ABS'S ORGANIZATIONAL GOAL OF 100 MILLION AMERICAN ENGAGED	
WITH GOD'S WORD BY 2026. THE PROGRAM OFFERINGS INCLUDE AFFILIATED	

Schedule O (Form 990) 2021

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

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** FAITH AND LIBERTY DISCOVERY CENTER LLC 83-2372645 SCHOLARS PROGRAMS, LECTURES PROGRAM, COLLOQUIA/CONFERENCES PROGRAM, SEMINARS/BRIEFINGS PROGRAM, FELLOWSHIP PROGRAM, INTERNSHIP PROGRAM TEACHER INSTITUTE, INTERMEDIATE AND SECONDARY SCHOOL PROGRAMMING, INTERPRETIVE DRAMATIC AND PERFORMING ARTS PROGRAMS, AND EDUCATIONAL PRODUCTS AND CURRICULA. THESE PROGRAMS AND ACTIVITIES WILL BE LED BY A COMBINATION OF VOLUNTEER AND STAFFED ADMINISTRATION, MANAGEMENT, EVENT PLANNING, MARKETING/PR, CURRICULUM DEVELOPMENT, GUEST RELATIONS, RECRUITMENT, RESIDENT LIFE, FACULTY, MENTORS, GUEST SCHOLARS, REGISTRAR, ENROLLMENT, PROGRAM DESIGN, MUSICIANS, ACTORS, REENACTORS AND INTERPRETERS. WRITERS AND CONTENT DEVELOPERS. AUDIO AND VIDEO EDITORS, GRAPHIC DESIGNERS, SOFTWARE DESIGNERS, PRODUCTION MANAGERS AND OTHER CONSULTANTS. THIS WILL REFLECT 40% OF THE CENTER'S ACTIVITIES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE FAITH AND LIBERTY DISCOVERY CENTER IS THE NEWEST HIGH-TECH AND HIGH-TOUCH ATTRACTION IN PHILADELPHIA, AMERICA'S FOUNDING CITY. IT HAS BEEN DESIGNED TO GUIDE THE VISITOR IN A PERSONAL EXPLORATION OF THE RELATIONSHIP BETWEEN FAITH AND LIBERTY IN THE AMERICAN EXPERIENCE BY ILLUMINATING THE INFLUENCE OF THE BIBLE ON INDIVIDUALS IN KEY HISTORICAL AND PERSONAL MOMENTS. THE CENTER'S GALLERIES AND EXHIBITS REVEAL PERSONAL STORIES OF HOW FAITH GUIDES LIBERTY TOWARD JUSTICE. AMERICAN VALUES LIKE FAITH, LIBERTY, JUSTICE, HOPE, UNITY AND LOVE HAVE SHAPED OUR COUNTRY AND FORMED US AS A PEOPLE. THESE SAME VALUES HAVE MOTIVATED SOME OF OUR GREATEST CULTURAL MOMENTS AND POLITICAL ACHIEVEMENTS FROM INDEPENDENCE, TO EMANCIPATION, TO WOMEN'S SUFFRAGE, AND TO CIVIL RIGHTS. AND THESE VALUES HAVE PULLED US THROUGH THE NATION'S DARKEST DAYS OF WAR, DOMESTIC STRIFE, AND TERRORIST ATTACKS. VISITORS TO THE FAITH AND LIBERTY DISCOVERY CENTER ARE ENCOURAGED TO

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization **Employer identification number** FAITH AND LIBERTY DISCOVERY CENTER LLC 83-2372645 EXPLORE THESE VALUES, THEIR SOURCE, AND THE INCREDIBLE LIVES OF PEOPLE THEY HAVE INSPIRED FROM AMERICA'S FOUNDING THROUGH TODAY. FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF MANAGERS SHALL CONSIST OF THREE OR MORE MANAGERS. THE BOARD OF DIRECTORS OF THE MEMBER SHALL HAVE THE SOLE RIGHT TO APPOINT INDIVIDUALS TO THE BOARD OF MANAGERS. AT LEAST TWO-THIRDS OF THE BOARD OF MANAGERS WILL BE MEMBERS OF THE ABS SENIOR LEADERSHIP TEAM; I.E., THE STAFF MEMBERS WHO PROVIDE EXECUTIVE OVERSIGHT OVER ABS. FORM 990, PART VI, SECTION A, LINE 7B: SUBJECT TO THE AUTHORITY OF THE MEMBER, THE BOARD OF MANAGERS SHALL MANAGE THE LLC'S BUSINESS AND AFFAIRS, AND MAY EXERCISE ALL OF THE RIGHTS, POWERS AND AUTHORITIES OF THE CORPORATION UNDER THE ACT, AND DO ALL SUCH LAWFUL ACTS AND THINGS THAT ARE NOT PROHIBITED BY STATUTE, THE ARTICLES OF ORGANIZATION, OR BY THIS OPERATING AGREEMENT. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE CURRENTLY NO EXISTING COMMITTEES WITHIN THE GOVERNING BODY OF THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE BOARD OF MANAGERS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES ARE REGULARLY COUNSELED BY THE MEMBER'S LEGAL COUNSEL STAFF IN CONFLICT OF INTEREST AWARENESS AND ARE REQUIRED TO FILE CONFLICT OF INTEREST DISCLOSURE STATEMENTS ANNUALLY. CONFLICTS IDENTIFIED ARE

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** FAITH AND LIBERTY DISCOVERY CENTER LLC 83-2372645 INVESTIGATED BY THE MEMBER'S INTERNAL AUDIT AND LEGAL STAFF FOR RESOLUTION WITH MANAGEMENT AND THE BOARD OF MANAGERS. FORM 990, PART VI, SECTION B, LINE 15: ALL COMPENSATION TO TRUSTEES/DIRECTORS REPORTED ON PART VII AND SCHEDULE J OF THE ORGANIZATIONS 990 WAS DETERMINED AND PAID BY A RELATED ORGANIZATION, AMERICAN BIBLE SOCIETY (THE SOCIETY). THE SOCIETY DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES AND THE ORGANIZATION HAS ADOPTED THE PROCEDURES FOR IT'S EXECUTIVE IN THE FOLLOWING MANNER PRESCRIBED IN THE REGULATIONS. COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED BY THE BOARD OF DIRECTORS, AS FACILITATED BY THE CHAIRPERSON OF THE BOARD. THE CHAIRPERSON RELIES ON A NUMBER OF DIFFERENT SOURCES TO DETERMINE COMPENSATION INCLUDING, BUT NOT LIMITED TO COMPENSATION BENCHMARK SURVEYS AND STUDIES, COMPENSATION PAID TO SIMILAR OFFICER AT SIMILAR INSTITUTIONS (I.E. BY REVIEWING THE FORM 990 OF OTHER ORGANIZATIONS), INCLUDING THOSE IN MAJOR URBAN CENTERS. RECOMMENDATIONS WERE BASED ON A COMPREHENSIVE STUDY LEVERAGING EXTERNAL, INDEPENDENT RESEARCH BY GUIDE STAR AND OTHER 3RD PARTY CONSULTING ORGANIZATIONS. THE CHAIRPERSON THEN RECOMMENDS THE CEO COMPENSATION TO THE FULL BOARD OF DIRECTORS FOR ITS APPROVAL. THE BOARD OF DIRECTORS' APPROVAL IS DOCUMENTED IN MINUTES. COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS DETERMINED USING VARIOUS SOURCES BY HUMAN RESOURCES SUCH AS COMPENSATION SURVEYS AND STUDIES, INCLUDING INFORMATION ON FORM 990 OF OTHER ORGANIZATIONS AS WELL AS INDEPENDENT COMPENSATION STUDIES. HUMAN RESOURCES THEN OBTAINS APPROVAL FOR THE RECOMMENDED COMPENSATION FROM THE OFFICERS'

Name of the organization  FAITH AND LIBERTY DISCOVERY CENTER LLC	Employer identification number 83-2372645
OR KEY EMPLOYEES' NEXT HIGHER LEVEL MANAGER. FINAL COMPENSATION AMOUNT IS	03 2372043
THEN COMMUNICATED TO THE OFFICER OR KEY EMPLOYEE BY HUMAN RESOURCES.	
THE COMMONICATED TO THE OTTERN ON REI EMISCIES BY NORMAN RESOURCES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FAITH AND LIBERTY DISCOVERY CENTER MAKES ITS FORM 990 AVAILABLE ON THE	
WEBSITE WWW.AMERICANBIBLE.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS AND	
CONFLICT OF INTEREST STATEMENT ARE AVAILABLE UPON REQUEST, TO THE EXTENT	
REQUIRED BY LAW AND AT MANAGEMENT'S DISCRETION.	

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

Related Organizations and Unrelated Partnerships

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

FAITH AND LIBERTY DISCOVERY CENTER LLC

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

83-2372645

	(b)	(c)	(d)	(e)	, T		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	I	<b>I</b>	I .			9
Part II Identification of Related Tax-Exempt Org organizations during the tax year.	anizations. Complete if the organization	tion answered "Yes" on Form 990	), Part IV, line 34, l	pecause it had one	e or more re	elated tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) controlling entity	conti	<b>g)</b> 512(b)(13) rolled :ity?
				501(c)(3))			Yes	No
AMERICAN BIBLE SOCIETY - 13-1623885  101 N INDEPENDENCE MALL E FL8								
PHILADELPHIA, PA 19106	BIBLE ENGAGEMENT	NEW YORK	501(C)(3)	LINE 7	N/A			х

		0 11 20 1	"' "	D . N . II . O .		
Dort III Ide	entification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34,	because it had one or r	nore related
org	ganizations treated as a partnership during the tax year.					

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) (f)  Type of entity (C corp, S corp, or trust) (share of total income income)		(g) Share of end-of-year assets	(h) Percentage ownership	I Cor	
		country)		,				Yes	No
-	-								
-									
	-								

art V	Transactions With Related Organizations.	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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Not	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or mor	e related organizations liste	d in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
	Gift, grant, or capital contribution to related organization(s)									
	c Gift, grant, or capital contribution from related organization(s)									
	d Loans or loan guarantees to or for related organization(s)									
е	e Loans or loan guarantees by related organization(s)									
f	f Dividends from related organization(s)			1f		Х				
g	g Sale of assets to related organization(s)									
	h Purchase of assets from related organization(s)			1h		Х				
i	i Exchange of assets with related organization(s)			1i		Х				
j	j Lease of facilities, equipment, or other assets to related organization(s)									
k	k Lease of facilities, equipment, or other assets from related organization(s)									
1	Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)										
р	p Reimbursement paid to related organization(s) for expenses			1p		Х				
	q Reimbursement paid by related organization(s) for expenses			1q		Х				
r	r Other transfer of cash or property to related organization(s)			1r	х					
s	s Other transfer of cash or property from related organization(s)			1s		Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including covered	d relationships and transaction thresholds.							
(a) Name of related organization  (b) Transaction type (a-s)  (c) Amount involved Method of determining amount involved										
1)	1									
2)										

(4) <u>(5)</u> Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Genera manag partn	(k) Percen ging owners	) ntage rship
								Ochodolo			