

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2020 calendar year, or tax year beginning		and ending	
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization AACA MUSEUM, INC.		D Employer identification number 25-1716419
	Doing business as		E Telephone number 717-566-7100
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	161 MUSEUM DRIVE		G Gross receipts \$ 3,019,253.
	City or town, state or province, country, and ZIP or foreign postal code HERSHEY, PA 17033		
	F Name and address of principal officer: JEFFREY BLIEMEISTER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No	
J Website: WWW.AACAMUSEUM.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1993	M State of legal domicile: PA

Part I Summary					
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>ACQUIRE, RESTORE, PRESERVE AND DISPLAY VARIOUS MODES OF ANTIQUE TRANSPORTATION AND RELATED ITEMS.</u>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	20		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	20		
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	26		
	6	Total number of volunteers (estimate if necessary)	153		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	11,640.		
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue			Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	679,744.	2,206,160.	
	9	Program service revenue (Part VIII, line 2g)	584,314.	288,346.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-17,651.	-50,335.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	311,961.	136,185.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,558,368.	2,580,356.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	860,348.	614,331.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 42,695.			
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	842,761.	782,466.	
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,703,109.	1,396,797.	
19		Revenue less expenses. Subtract line 18 from line 12	-144,741.	1,183,559.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	17,517,939.	18,115,188.	
	21	Total liabilities (Part X, line 26)	1,627,731.	1,562,411.	
	22	Net assets or fund balances. Subtract line 21 from line 20	15,890,208.	16,552,777.	

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	▶	Signature of officer <i>Jeffrey Bliemeister</i>	Date 11-11-2021
	▶	JEFFREY BLIEMEISTER, EXECUTIVE DIRECTOR Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>Kerri N. Bogda</i>	Date 11/11/21
	Firm's name ▶ BAKER TILLY US, LLP	Firm's EIN ▶ 39-0859910	Check if self-employed <input checked="" type="checkbox"/> PTIN P00760402
	Firm's address ▶ 1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601	Phone no. 717.740.4863	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE AACA MUSEUM IS DEDICATED TO THE PRESERVATION AND PRESENTATION OF MOTOR VEHICLE HISTORY IN A MANNER THAT PROVIDES FOR THE EDUCATION AND ENTERTAINMENT OF OUR GUESTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 1,223,773. including grants of \$ 0.) (Revenue \$ 141,248.)

THE PRINCIPAL PROGRAM SERVICE OF THE AACA MUSEUM CONSISTS OF OPERATING AN AUTOMOTIVE/TRANSPORTATION MUSEUM, OPEN TO THE PUBLIC 362 DAYS PER YEAR. IT IS DEDICATED TO THE PRESERVATION, EDUCATION, AND DISPLAY OF MOTOR VEHICLE HISTORY, AND IT HOSTED 31,000 VISITORS THIS YEAR. THE DISPLAYS IN THE MUSEUM ARE EDUCATIONAL IN NATURE, AND THERE ARE SPECIFIC EDUCATIONAL PROGRAMS CONDUCTED AS WELL. IN RECOGNITION OF THE QUALITY OF ITS DISPLAY, THE AACA MUSEUM HAS BEEN DESIGNATED BY THE SMITHSONIAN INSTITUTION AS AN AFFILIATE MUSEUM. THE AACA MUSEUM HAS ALSO BEEN RECOGNIZED BY A WIDE VARIETY OF AUTOMOTIVE JOURNALS AND NEWS PERIODICALS AS ONE OF THE TOP AUTOMOTIVE MUSEUMS IN THE WORLD. IN RECENT YEARS, INCLUDING 2020, THE MUSEUM WAS LISTED IN THE TOP TEN OF USA TODAY'S ONLINE POLL FOR BEST ATTRACTION FOR CAR LOVERS AS WELL AS

4b (Code:) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 543.)

PUBLIC EDUCATION IS AN INTEGRAL COMPONENT OF THE MUSEUM'S MISSION AND LINKED TO ITS ACTIVITIES. THE EDUCATIONAL PROGRAM BEGINS WITH THE WIDE VARIETY OF CARS, TRUCKS, BUSES AND MOTORCYCLES DISPLAYED (APPROXIMATELY 150 IN THE MAIN BUILDING) THAT RANGE FROM THE LATE 1800S THROUGH THE 1990S. IT IS SUPPORTED BY HISTORICALLY ACCURATE BACKDROPS THAT POPULATE EACH DECADE SCENE IN THE MAIN GALLERY. ADDITIONALLY, SMALLER THEMES EXHIBITIONS MAY BE FOUND THROUGHOUT ALL THREE FLOORS, INCLUDING TWO WHEELED VEHICLES, A WORLD CLASS DISPLAY OF APPROXIMATELY 500 RADIATOR CAPS AND HOOD ORNAMENTS ARRANGED CHRONOLOGICALLY AND GEOGRAPHICALLY BY COUNTRY OF ORIGIN, LICENSE PLATE COLLECTIONS, THEMED AND GROUPED TWO-DIMENSIONAL ARTWORK AND STAND-ALONE INTERACTIVE UNITS PLACED THROUGHOUT OUR SPACE.

4c (Code:) (Expenses \$ 13,520. including grants of \$ 0.) (Revenue \$ 146,555.)

THE AACA MUSEUM, INC. IS A PUBLIC NON-PROFIT ORGANIZATION THAT OFFERS A DIVERSE MEMBERSHIP PROGRAM. THE MEMBERSHIP PROGRAM IS INTENDED TO GROW OUR "MUSEUM FAMILY" ACROSS ALL CATEGORIES FROM INDIVIDUALS AND FAMILIES TO CORPORATE MEMBERS. ACCORDINGLY, SOME OF THE CURRENT CATEGORIES INCLUDE: INDIVIDUAL, FAMILY, SUPPORTING, LIFETIME AND 161 SOCIETY, OUR HIGHEST LEVEL OF MEMBERSHIP WHOSE MEMBERS PERIODICALLY HAVE THE OPPORTUNITY TO PARTICIPATE IN AUTOMOTIVE BASED TRAVELS LOCALLY, DOMESTICALLY AND SOMETIMES INTERNATIONALLY. RECENTLY, THE MUSEUM HAS EXPANDED ITS MEMBERSHIP LEVELS TO INCLUDE A TUCKER MEMBERSHIP, FOCUSED ON OUR WORLD CLASS COLLECTION, AND OFFERING SPECIAL EDUCATIONAL PROGRAMS, NEWSLETTERS AND OTHER SUBJECT RELATED BENEFITS AS WELL AS A SIMILAR MEMBERSHIP FOR THOSE INTERESTED IN BUSES. WE ALSO NOW HAVE A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,237,293.**

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part 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 Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 26		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	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).			
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		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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		X
If "Yes," see 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		X
If "Yes," complete Form 4720, Schedule O.			

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 ☒**Section A. Governing Body and Management**

	1a	1b	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.	20			
b Enter the number of voting members included on line 1a, above, who are independent		20		
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?				X
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?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			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				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in 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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in 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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ 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 financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
DARECK CAROWAY, FINANCE, ADMIN., & OPERATIONS MANAGER - 717-566-7100
161 MUSEUM DRIVE, HERSHEY, PA 17033

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY BLIEMEISTER EXECUTIVE DIRECTOR	50.00			X				99,235.	0.	24,987.
(2) RICHARD P. SILLS, ESQ PRESIDENT AND DIRECTOR	10.00	X		X				0.	0.	0.
(3) DALE YINGST VICE PRESIDENT AND DIRECTOR	8.00	X		X				0.	0.	0.
(4) ALAN L. BRECHBILL TREASURER AND DIRECTOR	5.00	X		X				0.	0.	0.
(5) WILLIAM S. ROTHERMEL SECRETARY AND DIRECTOR	12.00	X		X				0.	0.	0.
(6) EDMUND CAMMACK DIRECTOR	1.00	X						0.	0.	0.
(7) WILLIAM CAMMACK DIRECTOR	1.00	X						0.	0.	0.
(8) RICHARD A. CLYNE DIRECTOR	3.00	X						0.	0.	0.
(9) JOHN DOCKENDORF DIRECTOR	1.00	X						0.	0.	0.
(10) WILLIAM EDMUNDS DIRECTOR	3.00	X						0.	0.	0.
(11) HENRY W. HALLOWELL, III DIRECTOR	30.00	X						0.	0.	0.
(12) JIM HESS DIRECTOR	1.00	X						0.	0.	0.
(13) JOEL HOPKINS DIRECTOR	1.00	X						0.	0.	0.
(14) JON KIRSSIN DIRECTOR	1.00	X						0.	0.	0.
(15) MARK LIEBERMAN DIRECTOR	1.00	X						0.	0.	0.
(16) JOHN OAKMAN DIRECTOR	1.00	X						0.	0.	0.
(17) DON RISSE DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANTONIA W. ROTHMAN DIRECTOR	10.00	X						0.	0.	0.
(19) ANDREW SAFT DIRECTOR	3.00	X						0.	0.	0.
(20) JOHN TUCKER DIRECTOR	1.00	X						0.	0.	0.
(21) GERALD WEBER DIRECTOR (RESIGNED FEB. '20)	1.00	X						0.	0.	0.
(22) CHAD WINTERS DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								99,235.	0.	24,987.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								99,235.	0.	24,987.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	14,124.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	110,476.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,081,560.			
	g	Noncash contributions included in lines 1a-1f	1g	\$1,593,700.			
	h	Total. Add lines 1a-1f		2,206,160.			
Program Service Revenue	2 a	MEMBERSHIP DUES	Business Code	713990	144,941.	144,941.	
	b	MUSEUM ADMISSIONS		713990	141,248.	141,248.	
	c	TOUR SALES		713990	1,614.	1,614.	
	d	EDUCATION REVENUE		713990	543.	543.	
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		288,346.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			52,708.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	71,072.			
b		Less: rental expenses	(ii) Personal	8,802.			
c		Rental income or (loss)		62,270.			
d		Net rental income or (loss)		62,270.			62,270.
7 a		Gross amount from sales of assets other than inventory	(i) Securities	3,633.	228,444.		
b		Less: cost or other basis and sales expenses	(ii) Other	12,920.	322,200.		
c		Gain or (loss)		-9,287.	-93,756.		
d		Net gain or (loss)		-103,043.			-103,043.
8 a		Gross income from fundraising events (not including \$ 14,124. of contributions reported on line 1c). See Part IV, line 18		0.			
b		Less: direct expenses		0.			
c		Net income or (loss) from fundraising events		0.			
9 a	Gross income from gaming activities. See Part IV, line 19		101,711.				
b	Less: direct expenses		65,184.				
c	Net income or (loss) from gaming activities		36,527.			36,527.	
10 a	Gross sales of inventory, less returns and allowances		64,007.				
b	Less: cost of goods sold		29,791.				
c	Net income or (loss) from sales of inventory		34,216.		11,640.	22,576.	
Miscellaneous Revenue	11 a	LAWNCARE & SNOW REMOV.	Business Code	900099	1,800.		1,800.
	b	CREDIT CARD REWARDS		900099	714.		714.
	c	COLLECTION LOAN REV.		900099	600.		600.
	d	All other revenue		900099	58.		58.
	e	Total. Add lines 11a-11d		3,172.			
	12	Total revenue. See instructions		2,580,356.	288,346.	11,640.	74,210.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	124,222.	108,877.	9,134.	6,211.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	379,194.	333,690.	26,544.	18,960.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,354.	7,123.	813.	418.
9 Other employee benefits	56,418.	48,519.	5,077.	2,822.
10 Payroll taxes	46,143.	41,304.	2,823.	2,016.
11 Fees for services (nonemployees):				
a Management				
b Legal	19,581.	8,826.	10,755.	
c Accounting	24,870.	11,210.	13,660.	
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 O.)				
12 Advertising and promotion	103,391.	103,391.		
13 Office expenses	119,363.	100,604.	15,608.	3,151.
14 Information technology	3,218.	2,615.	413.	190.
15 Royalties				
16 Occupancy	100,022.	95,746.	4,276.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,274.	1,208.	40.	26.
20 Interest	43,459.	39,982.	3,477.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	239,996.	220,796.	19,200.	
23 Insurance	52,681.	48,505.	4,176.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VEHICLE EXPENSE	28,908.	28,908.		
b EXHIBIT EXPENSE	11,402.	11,402.		
c TICKET EXPENSE	11,349.	11,349.		
d MUSEUM EVENT EXPENSE	7,888.			7,888.
e All other expenses	15,064.	13,238.	813.	1,013.
25 Total functional expenses. Add lines 1 through 24e	1,396,797.	1,237,293.	116,809.	42,695.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,200.	1	2,550.
	2 Savings and temporary cash investments	263,343.	2	247,613.
	3 Pledges and grants receivable, net	249,389.	3	271,379.
	4 Accounts receivable, net	91,478.	4	54,618.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	48,344.	8	47,911.
	9 Prepaid expenses and deferred charges	76,772.	9	69,815.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,816,503.		
	b Less: accumulated depreciation	10b 3,716,936.		
		5,286,036.	10c	5,099,567.
	11 Investments - publicly traded securities	1,774,608.	11	1,974,666.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	9,725,769.	15	10,347,069.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	17,517,939.	16	18,115,188.	
Liabilities	17 Accounts payable and accrued expenses	196,230.	17	188,148.
	18 Grants payable		18	
	19 Deferred revenue	118,880.	19	27,233.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,277,385.	23	989,733.
	24 Unsecured notes and loans payable to unrelated third parties		24	314,823.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	35,236.	25	42,474.
	26 Total liabilities. Add lines 17 through 25	1,627,731.	26	1,562,411.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,800,305.	27	15,430,408.
	28 Net assets with donor restrictions	1,089,903.	28	1,122,369.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	15,890,208.	32	16,552,777.
	33 Total liabilities and net assets/fund balances	17,517,939.	33	18,115,188.

Part XI Reconciliation of Net AssetsCheck 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	2,580,356.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,396,797.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,183,559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,890,208.
5	Net unrealized gains (losses) on investments	5	15,553.
6	Donated services and use of facilities	6	91,667.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-628,210.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,552,777.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

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

2020

**Open to Public
Inspection**

Name of the organization

AACA MUSEUM, INC.

Employer identification number

25-1716419

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	786,896.	939,470.	1069228.	679,744.	2206160.	5681498.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	639,747.	639,694.	606,200.	584,314.	288,346.	2758301.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1426643.	1579164.	1675428.	1264058.	2494506.	8439799.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	175,136.	211,906.	27,221.	12,726.	52,732.	479,721.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	175,136.	211,906.	27,221.	12,726.	52,732.	479,721.
8 Public support. (Subtract line 7c from line 6.)						7960078.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	1426643.	1579164.	1675428.	1264058.	2494506.	8439799.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	316,129.	318,066.	298,317.	338,628.	123,780.	1394920.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	316,129.	318,066.	298,317.	338,628.	123,780.	1394920.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	289,738.	365,924.	300,981.	282,906.	168,890.	1408439.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2032510.	2263154.	2274726.	1885592.	2787176.	11243158.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	70.80 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	68.83 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	12.41 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	11.91 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section 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 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 supported 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.		
1		
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		

Section 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		

Section 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 the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in 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 supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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 in 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.		
a 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 .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:**OTHER INCOME**

2016 AMOUNT: \$ 1,235.

2017 AMOUNT: \$ 1,553.

2018 AMOUNT: \$ 911.

2019 AMOUNT: \$ 909.

2020 AMOUNT: \$ 772.

CAR PART SALES

2016 AMOUNT: \$ 2,236.

2017 AMOUNT: \$ 2,233.

VENDING MACHINE COMMISSIONS

2016 AMOUNT: \$ 1,370.

2017 AMOUNT: \$ 1,446.

2018 AMOUNT: \$ 468.

2019 AMOUNT: \$ 479.

LAWNCARE & SNOW REMOVAL

2016 AMOUNT: \$ 3,055.

2017 AMOUNT: \$ 2,544.

2018 AMOUNT: \$ 2,110.

2019 AMOUNT: \$ 2,680.

2020 AMOUNT: \$ 1,800.

NON-CHARITABLE FUNDRAISING REVENUE

2016 AMOUNT: \$ 96,354.

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.)

2017 AMOUNT: \$ 146,805.

2018 AMOUNT: \$ 106,028.

2019 AMOUNT: \$ 90,219.

GAMING REVENUE

2016 AMOUNT: \$ 43,625.

2017 AMOUNT: \$ 89,350.

2018 AMOUNT: \$ 77,480.

2019 AMOUNT: \$ 89,650.

2020 AMOUNT: \$ 101,711.

GROSS RECEIPTS FROM INVENTORY SALES

2016 AMOUNT: \$ 141,863.

2017 AMOUNT: \$ 121,993.

2018 AMOUNT: \$ 113,984.

2019 AMOUNT: \$ 98,969.

2020 AMOUNT: \$ 64,007.

COLLECTION LOAN REVENUE

2020 AMOUNT: \$ 600.

Schedule B

(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

AACA MUSEUM, INC.

Employer identification number

25-1716419

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization	Employer identification number
AACA MUSEUM, INC.	25-1716419

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>19,060.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>10,710.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>10,029.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
AACA MUSEUM, INC.	25-1716419

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>196,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>190,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
AACA MUSEUM, INC.	25-1716419

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 42,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 31,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 26,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 25,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 21,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 20,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
AACA MUSEUM, INC.	25-1716419

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 19,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 45,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
AACA MUSEUM, INC.	25-1716419

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 17,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 1,200,398.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
AACA MUSEUM, INC.	25-1716419

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	1969 FORD MUSTANG MACH 1	\$ 196,000.	11/12/20
12	1941 CADILLAC CONVERTIBLE SEDAN AND CADILLAC TOURING SEDAN	\$ 190,500.	08/03/20
13	1929 CHEVROLET AC SEDAN 4 DOOR	\$ 42,000.	07/08/20
14	1932 CHEVROLET DUMP TRUCK	\$ 31,500.	11/09/20
15	1976 CHEVROLET CORVETTE STINGRAY	\$ 26,500.	09/01/20
16	1947 FORD SUPER DELUXE SEDAN	\$ 25,000.	09/02/20

Name of organization	Employer identification number
AACA MUSEUM, INC.	25-1716419

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
17	1954 PACKARD CLIPPER	\$ 21,500.	12/09/20
18	1975 DODGE D100 ADVENTURER PICKUP	\$ 20,000.	05/31/20
19	1933 CHEVROLET MASTER EAGLE COUPE	\$ 19,000.	10/15/20
20	1960 STUDEBAKER LARK VI, 4 DOOR SEDAN	\$ 8,000.	02/27/20
21	1998 MCI 102 D-3 47 PASSENGER COACH -- BAILEY COACH	\$ 5,000.	09/04/20
22	1964 MCI MOTOR COACH	\$ 5,000.	07/31/20

Name of organization

Employer identification number

AACA MUSEUM, INC.

25-1716419

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23	1935 YELLOW COACH MODEL 722	\$ 5,000.	11/15/20
28	39 BUSES	\$ 982,700.	01/01/20
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
AACA MUSEUM, INC.	25-1716419

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

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

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020**Open to Public
Inspection****Name of the organization**

AACA MUSEUM, INC.

Employer identification number

25-1716419

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

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax
year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
organization's accounting for conservation easements.

Part III**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
service, provide 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, to report in its revenue statement and balance sheet works of
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,
provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ 1,685,367.

(ii) Assets included in Form 990, Part X ▶ \$ 10,345,959.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☒ Public exhibition d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,717,938.	1,477,993.	1,609,264.	1,518,780.	1,415,875.
b Contributions	10,676.	49,743.	8,800.	1,225.	11,545.
c Net investment earnings, gains, and losses	115,198.	243,202.	-89,071.	89,259.	91,360.
d Grants or scholarships					
e Other expenditures for facilities and programs	57,270.	53,000.	51,000.		
f Administrative expenses					
g End of year balance	1,786,542.	1,717,938.	1,477,993.	1,609,264.	1,518,780.

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

- a Board designated or quasi-endowment ☒ 66.9300 %
 b Permanent endowment ☒ 33.0700 %
 c Term endowment ☒ .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,055,324.		1,055,324.
b Buildings		7,138,619.	3,218,949.	3,919,670.
c Leasehold improvements				
d Equipment		393,258.	386,321.	6,937.
e Other		229,302.	111,666.	117,636.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,099,567.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ANTIQUE AUTOMOBILE COLLECTION	7,438,122.
(2) FILMS AND VIDEOS	6,943.
(3) AUTO MASCOTS	250,563.
(4) TUCKER ARCHIVES	2,427,436.
(5) INTEREST RECEIVABLE	1,110.
(6) OTHER DONATED PROPERTY	91,250.
(7) NATIVE AMERICAN ARTIFACTS	131,645.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	10,347,069.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) SECURITY DEPOSITS	42,474.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	42,474.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,133,352.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	15,553.
b	Donated services and use of facilities	2b	91,667.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-628,210.
e	Add lines 2a through 2d	2e	-520,990.
3	Subtract line 2e from line 1	3	2,654,342.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-73,986.
c	Add lines 4a and 4b	4c	-73,986.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,580,356.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,470,783.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	73,986.
e	Add lines 2a through 2d	2e	73,986.
3	Subtract line 2e from line 1	3	1,396,797.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,396,797.

Part XIII Supplemental Information.

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

PART III, LINE 4:

THE CAR COLLECTION IS THE BASIS UPON WHICH THE ORGANIZATION'S EXEMPT
PURPOSE IS ESTABLISHED.

PART V, LINE 4:

TO SUPPORT THE LONG TERM FINANCIAL HEALTH OF THE MUSEUM.

PART X, LINE 2:

THE MUSEUM ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION
THRESHOLD OF MORE LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE
APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF
THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX

Part XIII Supplemental Information *(continued)*

UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2020 AND 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CHARITABLE UNITRUST	21,990.
IMPAIRMENT LOSS	-650,200.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-628,210.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAMING EXPENSES	-65,184.
RENTAL EXPENSES	-8,802.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-73,986.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAMING EXPENSES	65,184.
RENTAL EXPENSES	8,802.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	73,986.

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

AACA MUSEUM, INC.

Employer identification number	
--------------------------------	--

25-1716419

Part I

Fundraising Activities.

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			101,711.	101,711.
Direct Expenses	2 Cash prizes			63,995.	63,995.
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			1,189.	1,189.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 10.00 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				65,184.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				36,527.

9 Enter the state(s) in which the organization conducts gaming activities: PAa Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | | |
|--------------------------------------|------------|-------|---|
| a The organization's facility | 13a | 90.00 | % |
| b An outside facility | 13b | 10.00 | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► DARECK CAROWAYAddress ► 161 MUSEUM DRIVE - HERSHEY, PA 17033

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:Name ► DARECK CAROWAYGaming manager compensation ► \$ 1,500.
Description of services provided ► THE CHIEF FINANCIAL OFFICER PERFORMS DUTIES TO FACILITATE THE GAMING ACTIVITY SUCH AS PROCURING PERMITS, VERIFYING THAT TICKET BUYERS HAVE THEIR TICKETS APPROPRIATELY PLACED FOR THE☐ Director/officer☒ Employee☐ Independent contractor17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

SCHEDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED:

THE CHIEF FINANCIAL OFFICER PERFORMS DUTIES TO
FACILITATE THE GAMING ACTIVITY SUCH AS PROCURING PERMITS, VERIFYING
THAT TICKET BUYERS HAVE THEIR TICKETS APPROPRIATELY PLACED FOR THE
DRAWING, KEEPING TRACK OF TICKET SALES, DISTRIBUTING FUNDS, PROVIDING
WINNERS WITH W2GS, AND FILING 1096GS TO THE IRS.

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public
Inspection

- ▶ **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.**

Name of the organization

AACA MUSEUM, INC.

Employer identification number

25-1716419

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	X	19	1,593,700.	APPRAISAL
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 ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

14

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2020

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, PART I, COLUMN (B):

THE AMOUNT IN PART I, COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

AACA MUSEUM, INC.

Employer identification number

25-1716419

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR GOAL IS TO DELIVER A WORLD CLASS AUTOMOTIVE EXPERIENCE THROUGH
INNOVATIVE AND INTERACTIVE EXHIBITS THAT APPEAL TO ALL AGES AND
ILLUSTRATE THE HISTORICAL EVOLUTION AND POTENTIAL FUTURE IMPACTS OF ONE
OF THE MOST CULTURALLY DEFINING INNOVATIONS OF MODERN TIMES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

AS OF JANUARY 2020, AACA MUSEUM, INC. MERGED WITH THE MUSEUM OF BUS
TRANSPORTATION, WITH AACA MUSEUM, INC. BEING THE SURVIVING
ORGANIZATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HARRISBURG MAGAZINE'S READER'S CHOICE FOR BEST MUSEUM.

THE DISPLAYS COMPRISE APPROXIMATELY 70,000 SQUARE FEET OF SPACE WITH A
FEATURE EXHIBITION THAT TAKES VISITORS ON A CROSS-COUNTRY JOURNEY
BEGINNING IN NEW YORK CITY AND ENDING IN CALIFORNIA AT SAN FRANCISCO'S
GOLDEN GATE BRIDGE. EACH "DECADE" IS IN A DIFFERENT GEOGRAPHIC AREA AND
FEATURES A DISTINCTIVE PAINTED BACKGROUND AND BUILT, THREE-DIMENSIONAL,
PERIOD CORRECT SCENE TO SHOWCASE OUR COLLECTION OF DONATED ANTIQUE
VEHICLES. SOME EXAMPLES INCLUDE ART DECO MIAMI BEACH IN THE 1930S, A
DRIVE-IN MOVIE THEATER FOR THE 1950S AND "ROUTE 66" FOR THE 1960S. THE
MUSEUM ALSO HAS A WIDE VARIETY OF ADDITIONAL SEMI-PERMANENT AND
CHANGING EXHIBITIONS, INCLUDING A MAJOR 20 TO 40 VEHICLE THEMED
EXHIBITION THAT IS SWITCHED SEASONALLY (SPRING/FALL) TO KEEP CONTENT
FRESH FOR OUR VISITORS. ADDITIONALLY, THE MUSEUM HAS A GROWING

Name of the organization	Employer identification number
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COLLECTION OF AUTOMOTIVE ART AND GENERAL AUTOMOBILIA, INCLUDING ONE OF THE BEST COLLECTIONS OF HOOD ORNAMENTS (MASCOTS) IN THE NATION, WHICH IS BEAUTIFULLY DISPLAYED IN OUR THIRD FLOOR ROTUNDA. THE MUSEUM CHANGES ITS TEMPORARY FEATURE DISPLAY TWICE PER YEAR IN AN ATTEMPT TO INTERPRET MULTIPLE VEHICULAR THEMES AND CONTINUALLY ATTRACT A DIVERSE AUDIENCE.

THE CAMMACK GALLERY ON THE MAIN FLOOR WAS RE-PURPOSED IN OCTOBER OF 2014 TO HOUSE THE WORLD'S LARGEST COLLECTION OF TUCKER AUTOMOBILES AND RELATED ARTIFACTS. THIS COLLECTION, AMASSED BY DAVID CAMMACK OF ALEXANDRIA, VIRGINIA, IS SUPPORTED BY THE CAMMACK FAMILY FOUNDATION, WHO ALSO FUNDED THE 5,000 SQUARE FOOT SPACE THAT NOW HOUSES IT. THIS AREA, WHICH PREVIOUSLY SERVED AS OUR CHANGING EXHIBITION GALLERY, WAS COMPLETELY TRANSFORMED TO ACCEPT THE KEY COMPONENTS OF THIS WORLD-CLASS COLLECTION THAT DOCUMENTS THE LIFE AND CAREER OF PRESTON TUCKER AND THE VISIONARY AUTOMOBILE HE PRODUCED, THE TUCKER '48. THE PERMANENT DISPLAY INCLUDES THREE OF THE 51 TUCKER AUTOMOBILES BUILT, ONE BEING THE ONLY EXISTING EXAMPLE TO FEATURE AN AUTOMATIC TRANSMISSION. TUCKER WAS FOCUSED ON BUILDING A TRULY REVOLUTIONARY AUTOMOBILE, ONE THAT WAS POWERFUL, FAST, WELL-MANNERED, FUEL EFFICIENT, ATTRACTIVE AND SAFE. HE EXPERIMENTED WITH MULTIPLE ENGINES AND PROGRESSIVE SUSPENSION AND BRAKE TECHNOLOGIES, INCORPORATING MANY ADVANCES INTO HIS DESIGN. HIS EFFORTS DOCUMENTED BY THE NUMEROUS DRAWINGS, BLUEPRINTS, ADVERTISING MATERIALS, FILM CLIPS AND THREE DIMENSIONAL ARTIFACTS ASSEMBLED AND INTERPRETED FOR PUBLIC DISPLAY. RECENTLY, THE TUCKER AUTOMOBILE CLUB OF AMERICA (TACA) WAS MERGED INTO THE MUSEUM. THE CLUB, WHICH WAS FOUNDED IN THE 1970S TO DOCUMENT AND RESEARCH THE EXISTING AUTOMOBILES AND BRING TUCKER OWNERS TOGETHER FOR AN EXCHANGE OF INFORMATION, HAD ESSENTIALLY COMPLETED ITS ORIGINAL MISSION. THE CLUB TRANSFERRED ITS ASSETS AND

Name of the organization	Employer identification number
AACA MUSEUM, INC.	25-1716419

MEMBERS TO THE MUSEUM. TACA BROUGHT ADDITIONAL DOCUMENTARY MATERIALS THAT ENHANCED WHAT WAS ALREADY THE WORLD'S GREATEST ARCHIVE OF TUCKER INFORMATION. IN ADDITION, THE MERGED ASSETS INCLUDED A FIBERGLASS REPRODUCTION TUCKER AUTOMOBILE SHELL THAT WAS MADE FOR THE FRANCIS FORD COPPOLA MOVIE ON TUCKER THAT WAS PRODUCED IN THE LATE 1980S. THIS NEW "TUCKER" GAVE US A VEHICLE WE COULD TAKE TO EXTERNAL SHOWS AND EVENTS AND NOW SITS SIDE BY SIDE WITH OUR ORIGINAL FACTORY BUILT TEST CHASSIS AND ACROSS FROM A ROW OF PROTOTYPE TUCKER ENGINES. THE TACA MEMBERSHIP ALSO BRINGS US NEW CAR OWNERS, HISTORIANS AND HOBBYISTS WHO HAVE ENHANCED OUR DATABASE OF INFORMATION ON THE SUBJECT. ALL OF THESE COMPONENTS AND PIECES, NEW AND OLD, COLLECTIVELY GIVE US INTERNATIONAL RECOGNITION AS THE "CENTER OF THE TUCKER UNIVERSE." SMALL ENHANCEMENTS WERE MADE TO THIS EXHIBIT AREA DURING THE YEAR AND HUNDREDS OF DOCUMENTARY MATERIALS WERE SCANNED AND INCORPORATED INTO OUR ONLINE DATABASE.

ANOTHER RECENT EXPANSION SAW THE MUSEUM OF BUS TRANSPORTATION (MOBT) ALSO TRANSFER ITS ASSETS TO THE MUSEUM WITH THE GROUP'S MEMBERSHIP ALSO JOINING THE MUSEUM RANKS. THE MOBT WAS PREVIOUSLY A TENANT AND PARTNER, OCCUPYING A LARGER PORTION OF THE LOWER LEVEL GALLERY WHERE IT DISPLAYED PART OF ITS COLLECTION OF HISTORIC BUSES. THE GROUP HAD SECURED A 20-YEAR LEASE WITH THE MUSEUM AND HAD BEEN PART OF THE ORGANIZATION SINCE OPENING DAY IN JUNE OF 2003. WITH THE DISSOLUTION OF THE MOBT, THE MUSEUM NOW HAS TWO SUB-GROUPS WITH MEMBERS DEDICATED TO A SPECIFIC PART ASPECT OF TRANSPORTATION HISTORY. THE MOBT BROUGHT APPROXIMATELY 35 BUSES TO THE MUSEUM'S COLLECTION AS WELL AS AN ANNEX BUILDING USED FOR STORAGE AND VEHICLE MAINTENANCE. THE MUSEUM IS CONTINUING THE MOBT'S MAIN PROGRAMS AND TRYING TO GROW SUPPORT FOR THIS

Name of the organization

AACA MUSEUM, INC.

Employer identification number

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IMPORTANT PART OF OUR NATION'S TRANSPORTATION HISTORY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ALL EXHIBITED ITEMS ARE SUPPORTED BY RESEARCH LABELS AND OTHER INTERPRETIVE DEVICES. THE MUSEUM IS ALSO STAFFED BY TRAINED VOLUNTEER GALLERY GUIDES OR DOCENTS WHO ENHANCE THE VISITORS' EXPERIENCE AND PROTECT THE COLLECTIONS. RECENTLY, THE MUSEUM ADDED TWO NEW CHANGING GALLERIES, WHICH WILL BE DISCUSSED BELOW AND COLLABORATED WITH SEVERAL COLLECTOR ORGANIZATIONS TO PRODUCE TEMPORARY AND SEMI-PERMANENT DISPLAYS ON SPECIFIC AUTOMOTIVE SUBJECT MATTER. A CURRENT FOCUS IS AN EXTREMELY INFORMATIVE CASE AND WALL EXHIBIT MOUNTED BY THE ROADMAP COLLECTORS ASSOCIATION. THIS DISPLAY ALSO INCLUDES AN AUDIO VISUAL COMPONENT; THE ENTIRE DISPLAY IS UPDATED APPROXIMATELY TWICE PER YEAR.

SOME ADDITIONAL CURRENT EDUCATIONAL FEATURES INCLUDE:

1. WILLIAMS-CLYNE GATEWAY GALLERY. THIS NEWLY CONVERTED SPACE SERVES AS THE PUBLIC ENTRANCE FOR THE MUSEUM. IT WAS REDESIGNED TO RESEMBLE THE INTERIOR OF A CAR DEALERSHIP FROM THE MID-TWENTIETH CENTURY. WE MAKE IT AVAILABLE TO NATIONAL AUTOMOBILE CLUBS FREE OF CHARGE FOR A SIX-MONTH PERIOD WHERE THEY CAN USE THE SPACE TO PROMOTE THE MUSEUM'S EDUCATIONAL MISSION WHILE SHOWCASING MEMBERS' VEHICLES AND RELEVANT PROMOTIONAL MATERIALS. THE SPACE IS WELL RECEIVED BY OUR VISITORS AND VERY POPULAR WITH CLUBS; IT IS CURRENTLY BOOKED FOR THE NEXT TWO TO THREE YEARS.

2. LOWER LEVEL GALLERY CHILDREN'S' INTERACTIVE AREA. THE MUSEUM MAINTAINS A HANDS-ON EDUCATIONAL ACTIVITY AREA WHERE YOUNGER VISITORS

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MAY ENGAGE IN A VARIETY OF PROJECTS THAT WILL TEACH THEM ABOUT TRANSPORTATION HISTORY, VEHICLE DESIGN AND RELATED TOPICS. THE MUSEUM UPDATES THIS AREA ANNUALLY.

3. VALENTINE DINER. THE LOWER LEVEL GALLERY HOUSES AN AUTHENTIC AND FULLY RESTORED 1941 VALENTINE DINER THAT WAS ORIGINALLY OPERATED IN WICHITA, KANAS BEFORE BEING TRANSPORTED EAST BY A COLLECTOR WHO DONATED IT TO THE MUSEUM. VOLUNTEERS RESTORED THIS ARTIFACT AND IT IS NOW FILLED WITH ORIGINAL EQUIPMENT AND INTERPRETIVE SIGNS AND HANDS-ON MATERIALS THAT WILL TRANSPORT VISITORS BACK TO THE 1950S.

4. BEHIND THE SCENES VEHICLE STORAGE BUILDING TOUR. THE MUSEUM RECENTLY INITIATED A NEW PROGRAM THAT TAKES VISITORS ON AN OPTIONAL GUIDED BEHIND THE SCENES TOUR OF OUR VEHICLE STORAGE BUILDING. LOCATED BEHIND THE MAIN MUSEUM BUILDING, THIS STRUCTURE IS NOT READILY VISIBLE AND UP UNTIL RECENTLY HAD NOT BEEN OPEN TO THE PUBLIC. WE NOW CONDUCT SEASONAL GUIDED "BEHIND THE SCENES" TOURS OF THIS ANNEX THAT HOUSES APPROXIMATELY 70 TO 80 VEHICLES. A TRAINED GUIDE BRINGS THE AREA TO LIFE, WHILE PROVIDING A BACKGROUND ON THE MUSEUM AND EXPLAINING ITS PLANS FOR THE FUTURE. THE PROGRAM WILL LIKELY BE ENHANCED AND POSSIBLY EXPANDED FOR A LONGER SEASON AS THE MUSEUM WILL BE ADDING AN H-VAC SYSTEM MADE POSSIBLE BY A SIGNIFICANT GIFT COMBINED WITH PARTIAL GRANT FUNDING.

5. ELECTRIC CHARGING STATIONS. IN THE EARLY DAYS OF THE AUTOMOBILE, THE INTERNAL COMBUSTION ENGINE COMPETED WITH STEAM AND ELECTRIC POWER FOR BUYERS IN A NEW MARKET. WHILE INTERNAL COMBUSTION WAS THE WINNER, BOTH STEAM AND ELECTRIC POWER HAD THEIR SHARE OF EARLY SUCCESS. THE

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MUSEUM HIGHLIGHTS THESE AND OTHER FORMS OF PROPULSION THROUGHOUT ITS DISPLAYS. IN KEEPING WITH CURRENT MARKET TRENDS, THREE SELF SERVE ELECTRIC VEHICLE CHARGING STATIONS ARE LOCATED AT THE FRONT OF THE BUILDING. THEY ARE FREE OF CHARGE AND AVAILABLE FOR VISITOR USE AT ANY TIME.

6. LEBANON VALLEY COLLEGE PARTNERSHIP. THE AACA MUSEUM CONTINUES TO PARTNER WITH LEBANON VALLEY COLLEGE AND THEIR STUDENT-TEACHERS TO CREATE AN ONGOING SERIES OF SPECIFIC ONLINE LEARNING MODULES FOCUSED ON THE AUTOMOBILE AND HOW IT RELATES TO VARIOUS COURSES. THESE LEARNING MODULES ARE AVAILABLE TO ALL AT NO CHARGE VIA THE MUSEUM'S WEBSITE.

7. TOURS AVAILABLE FOR ALL AGE GROUPS. THE MUSEUM OFFERS A WIDE RANGE OF TOURS FOR GROUPS RANGING FROM PRE-KINDERGARTEN THROUGH SENIORS. SCHOOL AGED TOURS SUPPORT STATE CURRICULUM STANDARDS IN HISTORY, ENGLISH, MATH, ECONOMICS, AND SCIENCE, AND ARE PRESENTED BY TRAINED STAFF AND VOLUNTEERS AND ARE SPECIFIC TO THE AGE LEVEL OF THE GROUP. STUDENTS VISIT THE MUSEUM AND LEARN BY SEEING AND DOING, THE MUSEUM'S SPECIFICALLY TAILORED PROGRAMS MAKE LEARNING FUN AND ACTIVE.

8. TALKS, LECTURES AND DEMONSTRATIONS. AS PART OF ITS ADULT EDUCATION PROGRAM AND GENERAL PUBLIC OUTREACH, THE MUSEUM SPONSORS TALKS WITH THE MUSEUM CURATOR AND DIRECTOR, CAR COLLECTORS, AND OTHER EXPERTS THROUGHOUT THE YEAR. FOCUSED WORKSHOPS, RALLIES, AND PROGRAMS AUGMENT CHANGING EXHIBITIONS SEASONALLY. PUBLIC PROGRAMS INCLUDE SPECIAL VEHICLE DISPLAYS, MOVIES, MUSIC, GALLERY DEMONSTRATIONS, AND OTHER FORMS OF SPECIAL INTERPRETATION. RECENTLY, THE MUSEUM COMPLETED A THREE PART SERIES OF TALKS BASED ON VARIOUS ASPECTS OF TUCKER, FOCUSING ON

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THE ACTUAL CAR, THE MAN BEHIND ITS CREATION AND THE LEGACY OF THE COMPANY HE CREATED. THESE TALKS WERE OFFERED AS A MEMBERSHIP INCENTIVE AND RESULTED IN NEW TUCKER CLUB MEMBERS FOR THE MUSEUM WITH ALL THREE SELLING OUT IN ADVANCE.

9. COOPERATIVE PROGRAM WITH THE PENNSYLVANIA COLLEGE OF TECHNOLOGY.

THE MUSEUM HAS A LONG STANDING PARTNERSHIP WITH THE PENNSYLVANIA COLLEGE OF TECHNOLOGY IN WILLIAMSPORT, PA. THE COLLEGE HAS ONE OF ONLY A HANDFUL OF TWO-YEAR DEGREE PROGRAMS IN AUTOMOTIVE RESTORATION OFFERED NATIONALLY. THE MUSEUM ASSISTED WITH THE DEVELOPMENT OF THE PROGRAM'S INITIAL CURRICULUM MANY YEARS AGO AND HAS SINCE MAINTAINED A BOND WITH THE SCHOOL, FREQUENTLY WORKING ON MUTUALLY BENEFICIAL PROJECTS, SUCH AS HOSTING STUDENTS FOR INTERNSHIPS AND PROVIDING VEHICLES FOR DEMONSTRATIONS AND EDUCATIONAL EVENTS. IN RETURN, THE COLLEGE HAS PROVIDED THE RESTORATION LABOR FOR A SERIES OF DONATED VEHICLES, WHICH HAVE OFFERED VALUABLE EXPERIENCE FOR THE STUDENTS. THE COLLEGE IS CURRENTLY RESTORING A CUSTOM BODIED "STRETCH" CHEVROLET STATION WAGON FROM THE 1960S THAT WAS USED AT THE MILTON HERSHEY SCHOOL IN HERSHEY, PA TO TRANSPORT STUDENTS BACK AND FORTH FROM THEIR DORMS TO THEIR CLASSROOMS AND ALSO AROUND TOWN. THIS PARTNERSHIP BETWEEN ALL THREE NON-PROFIT ORGANIZATIONS WILL RESULT IN THE RESTORATION OF THIS EXTREMELY UNIQUE VEHICLE, WHICH WILL THEN BE DISPLAYED BY THE MUSEUM AND USED BY THE SCHOOL PERIODICALLY FOR SPECIAL EVENTS.

10. ANNUAL MUSEUM CAR SHOW AND PUBLIC OUTREACH. THE MUSEUM SPONSORS AN ANTIQUE AUTOMOBILE SHOW EACH YEAR, WHICH IS OPEN TO THE GENERAL PUBLIC. THIS EVENT HAS BEEN HELD FOR NEARLY 30 CONSECUTIVE YEARS. IT TYPICALLY INCLUDES A WIDE VARIETY OF HANDS ON AND EDUCATIONAL ACTIVITIES FOR BOTH

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CHILDREN AND ADULTS. THIS YEAR IT ALSO FEATURES RIDES IN SEVERAL DIFFERENT ANTIQUE CARS. EACH YEAR THE FOCUS IS A BIT DIFFERENT TO INSURE A WELL ROUNDED EXPERIENCE FOR OUR VISITORS. MUSEUM STAFF AND VOLUNTEERS ROUTINELY PARTICIPATE IN COMMUNITY EVENTS WITH COLLECTIONS VEHICLES AND A GENERAL INFORMATION BOOTH. THIS INCLUDES LOCAL AND REGIONAL CAR SHOWS, EVENTS SPONSORED BY OTHER NON-PROFIT ORGANIZATIONS AND THE LIKE. THE MUSEUM ANNUALLY ATTENDS NATIONAL NIGHT OUT WITH AN ANTIQUE FIRE TRUCK, POLICE CAR OR OTHER FIRST RESPONDER VEHICLE FROM OUR DONATED COLLECTION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CORPORATE MEMBERSHIP LEVEL THAT APPEALS TO LOCAL BUSINESSES WHO WANT TO BECOME PART OF THE MUSEUM'S FAMILY BUT ARE NOT YET IN A POSITION TO BECOME A SUSTAINED SPONSOR OF OUR REGULAR PROGRAMS OR EVENTS. MEMBERSHIP IS ALSO OFFERED TO VOLUNTEERS WHO HAVE CONTRIBUTED A SPECIFIC NUMBER OF HOURS, AND TO THOSE WHO "ADOPT A CAR" FROM THE MUSEUM'S COLLECTION. ADDITIONALLY, ANYONE WHO DONATED A VEHICLE RECEIVES A BASE LIFETIME MEMBERSHIP/ADMISSION TO THE MUSEUM. THE MEMBERS HAVE NO VOTING RIGHTS. THE MUSEUM CURRENTLY HAS APPROXIMATELY 1,300 MEMBERS ACROSS ALL OF ITS MEMBERSHIP LEVELS.

FORM 990, PART VI, SECTION A, LINE 4:

THE BY-LAWS WERE AMENDED DURING THE YEAR TO REFLECT THE MERGER WITH THE MUSEUM OF BUS TRANSPORTATION.

FORM 990, PART VI, SECTION A, LINE 6:

THE AACA MUSEUM, INC. OFFERS A VARIETY OF MEMBERSHIP LEVELS TAILORED TO MEET THE NEEDS OF EVERY AACA MUSEUM AND MUSEUM OF BUS TRANSPORTATION

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SUPPORTER.

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

THE 990 IS INITIALLY REVIEWED BY THE CHIEF FINANCIAL OFFICER. AFTER THE CHIEF FINANCIAL OFFICER APPROVES, A COMPLETE COPY OF THE FORM 990, INCLUDING ALL SCHEDULES, IS SENT TO ALL VOTING MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS FOR REVIEW AND OPPORTUNITY TO COMMENT PRIOR TO FILING WITH THE IRS.

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

THE ORGANIZATION HAS A WRITTEN "CONFLICT OF INTEREST" DISCLOSURE THAT IS REVIEWED AND SIGNED ANNUALLY BY THE BOARD OF DIRECTORS AND OFFICERS. FAMILY AND BUSINESS RELATIONSHIPS ARE EXPRESSLY MENTIONED AS POSSIBLE SOURCES OF CONFLICTS. SHOULD A CONFLICT ARISE, THE INTERESTED PERSON MAY PRESENT INFORMATION REGARDING THE CONFLICT BUT MAY NOT BE PRESENT DURING DELIBERATIONS AND DECISIONS.

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

THE EXECUTIVE DIRECTOR'S STARTING COMPENSATION IS DETERMINED BY A SEARCH COMMITTEE OF THE AACA MUSEUM'S BOARD OF DIRECTORS AND BASED ON AN EQUITABLE ANALYSIS OF COMPARABLE POSITIONS IN THE JOB SALARY MARKET, INTERNAL SALARIES, THE INDIVIDUAL'S SALARY HISTORY, AND THE AACA MUSEUM'S BUDGET. THE RECOMMENDATION OF THE SEARCH COMMITTEE IS APPROVED BY THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS. SUBSEQUENT INCREASES ARE BASED ON PERFORMANCE APPRAISALS, THE RECOMMENDATION OF THE BOARD PRESIDENT AND APPROVAL BY THE BOARD.

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

Name of the organization

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THE ORGANIZATION'S DOCUMENTS AND POLICIES ARE MADE AVAILABLE TO THE PUBLIC
UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF CHARITABLE UNITRUST 21,990.

IMPAIRMENT LOSS -650,200.

TOTAL TO FORM 990, PART XI, LINE 9 -628,210.

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

OMB No. 1545-0047

2020Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, and ending _____

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

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

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

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) AACA MUSEUM, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 161 MUSEUM DRIVE City or town, state or province, country, and ZIP or foreign postal code HERSHEY, PA 17033 C Book value of all assets at end of year 18,115,188.	D Employer identification number 25-1716419 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
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G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ Applicable reinsurance entity
H Check if filing only to ▶ ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ ☐
J Enter the number of attached Schedules A (Form 990-T) **1**
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
 If "Yes," enter the name and identifying number of the parent corporation. ▶
L The books are in care of ▶ **DARECK CAROWAY, FINANCE, ADMIN.,** Telephone number ▶ **717-566-7100**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-1,729.
2 Reserved	2	
3 Add lines 1 and 2	3	-1,729.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-1,729.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-1,729.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a	326.	
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		326.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		326.
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax 326. Refunded	11		0.

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

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	EXECUTIVE DIRECTOR	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	KERRI N. BOGDA, CPA	Kerri Bogda	11/11/21		P00760402
	Firm's name	BAKER TILLY US, LLP		Firm's EIN	39-0859910
	Firm's address		1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601		Phone no. 717.740.4863

Form **990-T** (2020)

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

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

ENTITY 1

OMB No. 1545-0047

2020

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

A Name of the organization AACA MUSEUM, INC.	B Employer identification number 25-1716419
C Unrelated business activity code (see instructions) ▶ 453220	D Sequence: 1 of 1

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	24,175.			
b Less returns and allowances		1 c 24,175.		
2 Cost of goods sold (Part III, line 8)		2 12,535.		
3 Gross profit. Subtract line 2 from line 1c		3 11,640.		11,640.
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4 a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4 b		
c Capital loss deduction for trusts		4 c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 11,640.		11,640.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	6,922.
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement) (see instructions)	5	
6 Taxes and licenses	6	587.
7 Depreciation (attach Form 4562) (see instructions)	7	
8 Less depreciation claimed in Part III and elsewhere on return	8 a	
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	1,140.
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 1	14	4,720.
15 Total deductions. Add lines 1 through 14	15	13,369.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-1,729.
17 Deduction for net operating loss (see instructions)	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-1,729.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods SoldEnter method of inventory valuation **► N/A**

1	Inventory at beginning of year	1	0.
2	Purchases	2	12,535.
3	Cost of labor	3	0.
4	Additional section 263A costs (attach statement)	4	0.
5	Other costs (attach statement)	5	0.
6	Total. Add lines 1 through 5	6	12,535.
7	Inventory at end of year	7	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	12,535.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ►				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ►				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 ...				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ►				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ►				0.
11 Total dividends-received deductions included in line 10 ►				0.

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

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals				0.	0.	

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

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

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

Part IX	Advertising Income
----------------	---------------------------

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

A ☐

B ☐

C ☐

D ☐

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

A	B	C	D

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

a

- | | | | | | |
|----------|--|--|--|--|--|
| 3 | Direct advertising costs by periodical | | | | |
|----------|--|--|--|--|--|

a

- a** Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

- 4** Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

- 5** Readership costs

- 6** Circulation income

- 7** Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

- 8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

- a** Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on
Part II, line 13 **0.**

Part X	Compensation of Officers, Directors, and Trustees (see instructions)
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1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

- Total.** Enter here and on Part II, line 1 0.

Part XI	Supplemental Information (see instructions)
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AACA MUSEUM, INC.

25-1716419

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

ADMINISTRATIVE EXPENSES

902.

INSURANCE

461.

OPERATING EXPENSES

20.

MAINTENANCE

1,210.

UTILITIES

780.

SUPPLIES

1,347.

TOTAL TO SCHEDULE A, PART II, LINE 14

4,720.