

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**Open to Public  
Inspection**A For the 2024 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.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**161 MUSEUM DRIVE**

Room/suite

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****D** Employer identification number**25-1716419****E** Telephone number**717-566-7100****G** Gross receipts \$ **3,168,185.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.AACAMUSEUM.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1993** **M** State of legal domicile: **PA****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>ACQUIRE, RESTORE, PRESERVE AND DISPLAY VARIOUS MODES OF ANTIQUE TRANSPORTATION AND RELATED ITEMS.</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>19</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>19</b>
	<b>5</b>	Total number of individuals employed in calendar year 2024 (Part V, line 2a) <b>5</b> <b>26</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>6</b> <b>162</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>26,038.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b> <b>0.</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>1,168,947.</b> <b>1,453,437.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>538,788.</b> <b>542,869.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>-7,447.</b> <b>163,284.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>346,942.</b> <b>339,437.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>2,047,230.</b> <b>2,499,027.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>719,110.</b> <b>815,887.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>125,913.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>1,094,473.</b> <b>1,049,516.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>1,890,939.</b> <b>1,865,403.</b>
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>156,291.</b> <b>633,624.</b>
	<b>20</b>	Total assets (Part X, line 16) <b>17,494,120.</b> <b>18,160,209.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>467,818.</b> <b>399,547.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>17,026,302.</b> <b>17,760,662.</b>

**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		Date	
	<b>JEFFREY BLIEMEISTER, EXECUTIVE DIRECTOR</b>			
Paid Preparer Use Only	Preparer's name		Preparer's signature	Date
	<b>KYLE EVANS, CPA</b>		<b>KYLE EVANS, CPA</b>	
Paid Preparer Use Only	Firm's name		Firm's EIN	PTIN
	<b>BOYER &amp; RITTER, LLC</b>		<b>23-1311005</b>	<b>P01834389</b>
Paid Preparer Use Only	Firm's address		Phone no.	
	<b>211 HOUSE AVENUE CAMP HILL, PA 17011</b>		<b>717-761-7210</b>	

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

**Part III** Statement of Program Service Accomplishments

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

☒ **X****1** Briefly describe the organization's mission:

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 ☒ **X** No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 1,183,000. including grants of \$ 0.) (Revenue \$ 469,782.)

THE PRINCIPAL PROGRAM SERVICE OF THE AACA MUSEUM CONSISTS OF ITS YEARLY OPERATION. IT IS DEDICATED TO THE PRESERVATION, EDUCATION, AND DISPLAY OF MOTOR VEHICLE HISTORY, AND IT HOSTED APPROXIMATELY 55,000 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 EXHIBITS AND PROGRAMS, THE AACA MUSEUM HAS QUALIFIED FOR AFFILIATE MUSEUM STATUS WITH THE SMITHSONIAN INSTITUTION. 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 2024. THE MUSEUM RECEIVED THE HARRISBURG MAGAZINE'S READER'S CHOICE AWARD FOR BEST MUSEUM AND RANKED IN THE TOP 5 IN USA TODAY'S ONLINE VOTE FOR BEST

**4b** (Code: ) (Expenses \$ 347,014. including grants of \$ ) (Revenue \$ 97,706.)

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 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

**4c** (Code: ) (Expenses \$ 47,320. including grants of \$ ) (Revenue \$ 19,717.)

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 THEMED 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. ALL EXHIBITED ITEMS ARE SUPPORTED BY

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

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

**4e** Total program service expenses 1,577,334.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b> X	
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> 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> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b>	X
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</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> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> 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> .....	<b>15</b>	X
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> 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> See instructions .....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b> X	
<b>19</b> 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> .....	<b>19</b> X	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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> .....	<b>21</b>	X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b>	X
<b>23</b> 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> .....	<b>23</b>	X
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	X

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	19
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	1
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 26		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	X	
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	X	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> 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? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <i>If "Yes," complete Form 6069.</i>	<b>17</b>		

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	19			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		19		
<b>2</b> 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	
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?			X	
<b>7a</b> 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>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> 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>b</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  
**KRISTEN HASSMAN, FINANCE & ADMIN MANAGER - 717-566-7100**  
**161 MUSEUM DRIVE, HERSHEY, PA 17033**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY BLIEMEISTER EXECUTIVE DIRECTOR	50.00			X				117,359.	0.	5,959.
(2) DON "RICK" RISSE DIRECTOR	1.00	X						0.	0.	0.
(3) TOM MCCAUGHEY DIRECTOR	1.00	X						0.	0.	0.
(4) JAMES M. WOOD, CPA TREASURER	5.00	X		X				0.	0.	0.
(5) WILLIAM S. ROTHERMEL SECRETARY	12.00	X		X				0.	0.	0.
(6) JOHN DOCKENDORF DIRECTOR	1.00	X						0.	0.	0.
(7) ALAN L. BRECHBILL DIRECTOR	5.00	X						0.	0.	0.
(8) JON SELTENHEIM VICE PRESIDENT	10.00	X		X				0.	0.	0.
(9) MARK LIEBERMAN DIRECTOR	1.00	X						0.	0.	0.
(10) BOB ADZEMA DIRECTOR	1.00	X						0.	0.	0.
(11) WILLIAM CAMMACK DIRECTOR	1.00	X						0.	0.	0.
(12) EDMUND CAMMACK DIRECTOR	1.00	X						0.	0.	0.
(13) WILLIAM EDMUNDS DIRECTOR	3.00	X						0.	0.	0.
(14) ANDREW SAFT DIRECTOR	3.00	X						0.	0.	0.
(15) JOHN OAKMAN DIRECTOR	1.00	X						0.	0.	0.
(16) JOHN KIRSSIN DIRECTOR	1.00	X						0.	0.	0.
(17) HENRY W. HALLOWELL, III PRESIDENT	10.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROB ROHR DIRECTOR	1.00	X						0.	0.	0.
(19) JEROME MARCUS DIRECTOR	1.00	X						0.	0.	0.
(20) JERRY WEBER DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								117,359.	0.	5,959.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								117,359.	0.	5,959.

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

1

- 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* .....
- 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* .....

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	120,526.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	17,668.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,315,243.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 867,330.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> MUSEUM ADMISSIONS	Business Code	713990	425,444.	425,444.		
	<b>b</b> MEMBERSHIP DUES		713990	82,884.	82,884.		
	<b>c</b> EDUCATION REVENUE		713990	19,718.	19,718.		
	<b>d</b> TOUR SALES		713990	14,823.	14,823.		
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			542,869.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			74,850.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		(i) Real	(ii) Personal				
<b>6a</b> 185,200.							
<b>b</b> Less: rental expenses ...		<b>6b</b> 16,674.					
<b>c</b> Rental income or (loss) .....		<b>6c</b> 168,526.					
<b>d</b> Net rental income or (loss) .....				168,526.			168,526.
<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities	(ii) Other				
<b>7a</b> 431,348.		110,400.					
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b> 360,534.	92,780.				
<b>c</b> Gain or (loss) .....		<b>7c</b> 70,814.	17,620.				
<b>d</b> Net gain or (loss) .....				88,434.			88,434.
<b>8 a</b> Gross income from fundraising events (not including \$ 120,526. of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b> 54,571.					
<b>b</b> Less: direct expenses .....		<b>8b</b> 31,943.					
<b>c</b> Net income or (loss) from fundraising events .....			22,628.			22,628.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b> 152,010.						
<b>b</b> Less: direct expenses .....	<b>9b</b> 77,548.						
<b>c</b> Net income or (loss) from gaming activities .....			74,462.			74,462.	
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b> 160,053.						
<b>b</b> Less: cost of goods sold .....	<b>10b</b> 89,679.						
<b>c</b> Net income or (loss) from sales of inventory .....			70,374.	44,336.	26,038.		
<b>Miscellaneous Revenue</b>	<b>11 a</b> LAWN CARE & SNOW REMOV.	Business Code	900099	2,200.			2,200.
	<b>b</b> OTHER		900099	1,247.			1,247.
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			3,447.			
<b>12 Total revenue.</b> See instructions .....				2,499,027.	587,205.	26,038.	432,347.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	123,318.	106,226.	13,750.	3,342.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	529,278.	455,922.	59,013.	14,343.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	12,213.	10,520.	1,362.	331.
<b>9</b> Other employee benefits .....	92,399.	79,591.	10,304.	2,504.
<b>10</b> Payroll taxes .....	58,679.	50,545.	6,542.	1,592.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	15,958.	7,979.	7,979.	
<b>c</b> Accounting .....	23,756.	11,878.	11,878.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	157,241.	157,241.		
<b>13</b> Office expenses .....	142,427.	94,807.	17,143.	30,477.
<b>14</b> Information technology .....	25,291.	21,018.	3,065.	1,208.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	173,031.	164,802.	5,236.	2,993.
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	6,388.	5,812.	464.	112.
<b>20</b> Interest .....	11,118.	9,895.	778.	445.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	239,099.	212,798.	16,737.	9,564.
<b>23</b> Insurance .....	56,506.	52,642.	3,864.	
<b>24</b> 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.)				
<b>a MEMBERSHIPS AND LICENSE</b> .....	66,731.	7,359.	370.	59,002.
<b>b ALL OTHER</b> .....	63,097.	59,426.	3,671.	
<b>c TICKET EXPENSE</b> .....	38,703.	38,703.		
<b>d VEHICLE EXPENSE</b> .....	30,170.	30,170.		
<b>e</b> All other expenses .....				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,865,403.	1,577,334.	162,156.	125,913.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,985.	<b>1</b>	3,186.
	<b>2</b> Savings and temporary cash investments .....	63,235.	<b>2</b>	174,448.
	<b>3</b> Pledges and grants receivable, net .....	262,768.	<b>3</b>	
	<b>4</b> Accounts receivable, net .....	18,802.	<b>4</b>	23,519.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	47,203.	<b>8</b>	50,965.
	<b>9</b> Prepaid expenses and deferred charges .....	48,006.	<b>9</b>	41,856.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 8,970,126.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,695,404.		
		4,427,540.	<b>10c</b>	4,274,722.
	<b>11</b> Investments - publicly traded securities .....	1,685,138.	<b>11</b>	1,732,072.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	10,934,443.	<b>15</b>	11,859,441.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	17,494,120.	<b>16</b>	18,160,209.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	196,364.	<b>17</b>	170,300.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	40,378.	<b>19</b>	35,995.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	54,687.	<b>23</b>	22,779.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	144,139.	<b>24</b>	140,373.
	<b>25</b> 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 .....	32,250.	<b>25</b>	30,100.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	467,818.	<b>26</b>	399,547.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	15,992,714.	<b>27</b>	16,519,661.
	<b>28</b> Net assets with donor restrictions .....	1,033,588.	<b>28</b>	1,241,001.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	17,026,302.	<b>32</b>	17,760,662.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	17,494,120.	<b>33</b>	18,160,209.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,499,027.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,865,403.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	633,624.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	17,026,302.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	84,818.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	15,918.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	17,760,662.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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		<b>X</b>
<b>b</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	<b>X</b>	
<b>c</b> 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.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		<b>X</b>
<b>b</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 (2024)

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

**Open to Public  
Inspection**

Name of the organization

AACA MUSEUM, INC.

Employer identification number

25-1716419

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

**f** Enter the number of supported organizations

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

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		
<b>Total</b>						

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990) 2024

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2206160.	985,124.	1034020.	1168947.	1452278.	6846529.
<b>2</b> 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 .....	288,346.	453,407.	546,210.	590,163.	588,305.	2466431.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....	101,711.	101,765.	197,109.	215,752.	301,539.	917,876.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	2596217.	1540296.	1777339.	1974862.	2342122.	10230836.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	52,732.	149,088.	92,980.	66,547.	206,615.	567,962.
<b>b</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.
<b>c</b> Add lines 7a and 7b .....	52,732.	149,088.	92,980.	66,547.	206,615.	567,962.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						9662874.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....	2596217.	1540296.	1777339.	1974862.	2342122.	10230836.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	123,780.	134,435.	244,540.	237,313.	260,050.	1000118.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	123,780.	134,435.	244,540.	237,313.	260,050.	1000118.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....			5,704.	4,515.	0.	10,219.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	67,179.	251,846.	111,566.	191,533.	3,447.	625,571.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	2787176.	1926577.	2139149.	2408223.	2605619.	11866744.

**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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	81.43 %
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	80.37 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	8.43 %
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17 .....	<b>18</b>	9.68 %

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> 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.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

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

**Part VI****Supplemental Information.**

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

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

2020 AMOUNT: \$600

2021 AMOUNT: \$89,687

2022 AMOUNT: \$2,500

2023 AMOUNT: \$6,000

2024 AMOUNT1: \$0

**GAMING REVENUE**

2020 AMOUNT: \$101,711

2021 AMOUNT: \$101,765

2022 AMOUNT: \$127,300

2023 AMOUNT: \$140,735

2024 AMOUNT: \$152,010

**GROSS RECEIPTS FROM INVENTORY SALES**

2020 AMOUNT: \$64,007

2021 AMOUNT: \$158,500

2022 AMOUNT: \$105,894

2023 AMOUNT: \$181,339

2024 AMOUNT: \$160,212

**LAWNCARE & SNOW REMOVAL**

2020 AMOUNT: \$1,800

2021 AMOUNT: \$3,160

2022 AMOUNT: \$2,300

2023 AMOUNT: \$2,180

2024 AMOUNT: \$2,200

**NON-CHARITABLE FUNDRAISING REVENUE**

2019 AMOUNT: \$90,219

2022 AMOUNT: \$68,809

2023 AMOUNT: \$75,017

2024 AMOUNT: \$54,571

**OTHER INCOME:**

2020 AMOUNT: \$772

2021 AMOUNT: \$499

2022 AMOUNT: \$872

2023 AMOUNT: \$2,014

2024 AMOUNT: \$1,247

**Schedule A****Payments from Disqualified Persons  
Included on Part III, Line 7a****2024****\*\* Do Not File \*\*****\*\*\* Not Open to Public Inspection \*\*\***

Payer's Name	2020 Amount	2021 Amount	2022 Amount	2023 Amount	2024 Amount
ALAN BRECHBILL	2,500.	2,150.	2,000.	2,000.	2,000.
ANDREW SAFT	1,200.	1,000.	1,475.	350.	1,795.
BOB ADZEMA	0.	0.	3,950.	2,000.	2,300.
CHAD WINTERS	2,215.	11,874.	25,846.	2,640.	0.
DALE SCHMIDT	0.	400.	0.	0.	0.
DALE YINGST	4,500.	4,700.	0.	0.	0.
DONALD SCHELL	0.	1,300.	0.	3,710.	45,150.
DONALD BARLUP	150.	300.	0.	0.	0.
EDMUND CAMMACK	360.	200.	0.	0.	100.
GERALD WEBER	0.	500.	0.	1,100.	7,200.
HANK HALLOWELL	10,029.	15,730.	12,000.	7,600.	39,834.
J STANLEY STRATTON	1,000.	100.	0.	100.	0.
JIM HESS	2,000.	2,000.	0.	0.	0.
JIM WOOD	0.	0.	3,250.	2,350.	7,805.
JOEL HOPKINS	2,261.	1,903.	0.	384.	0.
JOHN DOCKENDORF	4,595.	3,066.	18,399.	14,678.	3,639.
JOHN OAKMAN	2,100.	2,120.	2,100.	0.	0.
JOHN SELTENHEIM	0.	0.	4,675.	5,100.	21,090.
JOHN TUCKER	650.	20.	0.	0.	0.
JON KIRSSIN	2,550.	2,550.	2,300.	3,000.	2,953.
JONATHAN GRIGGS	3,200.	2,500.	0.	5,500.	0.
MARK LIEBERMAN	65.	500.	0.	0.	500.
RICHARD CLYNE	500.	10,100.	0.	2,670.	0.
RICHARD SILLS	1,500.	2,675.	0.	0.	0.
Total to Schedule A, Part III, Line 7a .....					

**Schedule A****Payments from Disqualified Persons  
Included on Part III, Line 7a****2024****\*\* Do Not File \*\*****\*\*\* Not Open to Public Inspection \*\*\***

Payer's Name	2020 Amount	2021 Amount	2022 Amount	2023 Amount	2024 Amount
RICK RISSE	2,520.	3,850.	6,275.	3,240.	3,824.
ROBERT DARE	200.	200.	0.	0.	0.
TONI ROTHMAN	2,750.	6,000.	0.	3,925.	0.
WILLIAM (BILL) EDMUNDS	2,650.	325.	2,600.	2,100.	3,400.
WILLIAM (BILL) ROTHERMEL	3,237.	675.	8,110.	4,100.	9,745.
WILLIAM CAMACK PRIVATE FOUNDATION	0.	50,000.	0.	0.	0.
WILLIAM SMITH	0.	22,350.	0.	0.	0.
JEROME MARCUS	0.	0.	0.	0.	54,580.
ROB ROHRER	0.	0.	0.	0.	100.
TOM MCCAUGHEY	0.	0.	0.	0.	100.
WILLIAM CAMMACK	0.	0.	0.	0.	500.
Total to Schedule A, Part III, Line 7a .....	52,732.	149,088.	92,980.	66,547.	206,615.

**Schedule B  
(Form 990)**

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

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

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

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

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

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

Name of organization	Employer identification number
<b>AACA MUSEUM, INC.</b>	<b>25-1716419</b>

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANDREW & ELENA SAFT 1519 APPLETREE ROAD HARRISBURG, PA 17110	\$ 5,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ANTONIA ROTHMAN 4 KERLIN COURT GARNET VALLEY, PA 19060	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BENECARD PBF 1200 U.S. 46 CLIFTON, NJ 07013	\$ 10,024.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BRENDA RINALDO 3331 WOODSFIELD DR MARIETTA, GA 30062	\$ 14,900.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	CARLISLE EVENTS 1000 BRYN MAWR ROAD CARLISLE, PA 17013	\$ 4,643.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CLASSIC AUTO MALL 6180 MORGANTOWN RD MORGANTOWN, PA 19543	\$ 4,762.	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
<b>AACA MUSEUM, INC.</b>	<b>25-1716419</b>

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DALE & VICKI YINGST 333 WEST ORCHARD DRIVE PALMYRA, PA 17078	\$ 5,643.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DAUPHIN COUNTY ECONOMIC DEVELOPMENT CORP. 112 MARKET STREET 7TH FLOOR HARRISBURG, PA 17108	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	DAVID A THOMAS 9219 OVERLEA DRIVE ROCKVILLE, MD 20850	\$ 10,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	DIANE PARKER 6551 HOLIMAN WAY AVE MARIA, FL 34142	\$ 47,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	DON & ANNA ALFIERO 43 BAYBERRY HILL RD NORWICH, CT 06360	\$ 40,600.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	DONALD (DON) SCHELL 1700 OLMSTED WAY E CAMP HILL, PA 17011	\$ 42,912.	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
<b>AACA MUSEUM, INC.</b>	<b>25-1716419</b>

**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	DOUGLAS BECK 848 EAST 78TH STREET INDIANAPOLIS, IN 46240	\$ 10,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	DOUGLAS CRUM 643 SPRINGHOUSE LANE HUMMELSTOWN, PA 17036	\$ 12,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	DOUG MOCK 25 MEADOW WOOD DRIVE GRANVILLE, OH 43023	\$ 72,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	FRANK RALLS PO BOX 436 HAWLEY, PA 18428	\$ 35,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	GEORGE & ROSENDA CLARK 3406 NORTH HILLS ROAD MURRYSVILLE, PA 15668	\$ 17,850.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	GERALD & CYNTHIA WEBER 12310 ROSSLARE RIDGE RD UNIT 104 LUTHERVILLE-TIMONIUM, MD 21093	\$ 6,364.	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
<b>AACA MUSEUM, INC.</b>	<b>25-1716419</b>

**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	HARRY MIRRA 215 FAIR HILL ROAD MORTON, PA 19070	\$ 182,600.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	HENRY & ALLISON HALLOWELL 229 PARA AVENUE HERSHEY, PA 17033	\$ 45,351.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
21	J.C TAYLOR INSURANCE 320 SOUTH 69TH STREET UPPER DARBY, PA 19082	\$ 19,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	JAMES (JIM) WOOD 60 BEECHWOOD CIRCLE HILLSBOROUGH, NJ 08844	\$ 6,805.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	JANNEY MONTGOMERY SCOTT LLC. 117 MUSTANG WAY EAGLEVILLE, PA 19403	\$ 4,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	JEFFREY SHIFLER 46 WEST ROOSEVELT AVENUE MIDDLETOWN, PA 17057	\$ 12,000.	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
<b>AACA MUSEUM, INC.</b>	<b>25-1716419</b>

**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	JEROME MARCUS PO BOX 6467 WYOMISSING, PA 19610	\$ 54,341.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26	JOHN D ZIMMERMAN 87 SOUTH 8TH STREET MOUNT WOLF, PA 17347	\$ 10,800.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	JOHN GIAMBALVO 1390 EDEN ROAD YORK, PA 17402	\$ 17,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	JONATHAN GRIGGS & DIANNA ESPENSCHIED 285 EAST CANAL ROAD HERSHEY, PA 17033	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	JON SELTENHEIM 509 BRIDGEVIEW DRIVE LEMOYNE, PA 17043	\$ 20,811.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	JUDITH SCOTLAND 241 PALM SPRINGS AVENUE CHEYENNE, WY 82009	\$ 14,000.	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
<b>AACA MUSEUM, INC.</b>	<b>25-1716419</b>

**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
31	LIBRANDI'S MACHINE SHOP, INC. 93 AIRPORT DRIVE MIDDLETOWN, PA 17057	\$ 5,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	MEMBERS 1ST FEDERAL CREDIT UNION 5000 LOUISE DRIVE PO BOX 40 MECHANICSBURG, PA 17055	\$ 19,183.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	MICHAEL J NOLAN 10423 MOUNTAIN ROAD GRANTVILLE, PA 17028	\$ 16,400.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	NATIONAL PARTS DEPOT 900 SW 38TH STREET OCALA, FL 34474	\$ 7,083.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	NICHOLAS FERRANTINO 2306 WILLOWBY DR HOUSTON, TX 77008	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	OLLIE'S BARGAIN OUTLET, INC. 6295 ALLENTOWN BOULEVARD SUITE 1 HARRISBURG, PA 17112	\$ 5,300.	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
<b>AACA MUSEUM, INC.</b>	<b>25-1716419</b>

**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
37	PATRICIA ACHUFF 501 WEST ANDERSON AVENUE PHOENIXVILLE, PA 19460	\$ 5,275.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	PEP BOYS 1 PRESIDENTIAL BOULEVARD SUITE 400 BALA CYNWYD, PA 19004	\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
39	PNC FINANCIAL SERVICES GROUP, INC. 4242 CARLISLE PIKE CAMP HILL, PA 17011	\$ 4,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	ROBERT & CATHRIN KEMMERY 54 WESTBROOK COURT PALMYRA, PA 17078	\$ 22,971.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	ROBERT & KIMBERLY HORNING 1943 TURKEY HILL ROAD EAST EARL, PA 17519	\$ 25,313.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
42	STUDEBAKER DRIVERS CLUB - KEYSTONE REGION 2706 HOFFER STREET HARRISBURG, PA 17103	\$ 5,000.	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
<b>AACA MUSEUM, INC.</b>	<b>25-1716419</b>

**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
43	THE RESTAURANT STORE, INC. 2205 OLD PHILADELPHIA PIKE LANCASTER, PA 17602	\$ 4,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	TROY AND DOROTHY HESS 102 CENTERFIELD DRIVE HARRISBURG, PA 17112	\$ 6,194.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	VICKIE S WILLIAMS 1198 CHERRINGTON LANE HARRISBURG, PA 17111	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	WESTMINSTER COLLEGE 319 SOUTH MARKET STREET NEW WILMINGTON, PA 16142	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	WILLIAM ROTHERMEL 548 WALLINGFORD ROAD LANCASTER, PA 17601	\$ 10,645.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
48	WILLIAM J. CAMMACK PRIVATE FOUNDATION 123 CHESTER ST FRONT ROYAL, VA 22630	\$ 67,532.	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
<b>AACA MUSEUM, INC.</b>	<b>25-1716419</b>

**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
49	JEFF BARBER  830 TALMADGE HILL ROAD SOUTH  WAVERLY, NY 14892	\$ 1,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization	Employer identification number
<b>AACA MUSEUM, INC.</b>	<b>25-1716419</b>

**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
<u>4</u>	1951 MG TD _____ _____ _____	\$ <u>14,900.</u>	<u>12/31/24</u>
<u>9</u>	1958 FORD FAIRLANE _____ _____ _____	\$ <u>10,000.</u>	<u>11/26/24</u>
<u>10</u>	1970 DODGE DART SWINGER _____ _____ _____	\$ <u>30,000.</u>	<u>06/30/24</u>
<u>10</u>	1979 HONDA Z50 _____ _____ _____	\$ <u>2,500.</u>	<u>06/30/24</u>
<u>10</u>	1978 YAMAHA ENDURO 100 _____ _____ _____	\$ <u>2,500.</u>	<u>06/30/24</u>
<u>10</u>	1973 HONDA CB175 _____ _____ _____	\$ <u>2,500.</u>	<u>06/30/24</u>

Name of organization	Employer identification number
<b>AACA MUSEUM, INC.</b>	<b>25-1716419</b>

**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
10	1977 HONDA 70 TRAIL _____ _____ _____	\$ 2,500.	06/30/24
10	1998 HONDA Z50R _____ _____ _____	\$ 2,500.	06/30/24
10	1979 HONDA Z50 CUSTOM _____ _____ _____	\$ 2,500.	06/30/24
10	1995 SUZUKI 80 TRAIL _____ _____ _____	\$ 2,500.	06/30/24
11	1957 FORD FAIRLANE SKYLINER _____ _____ _____	\$ 40,600.	11/26/24
13	1949 CHRYSLER NEW YORKER _____ _____ _____	\$ 10,000.	12/31/24

Name of organization	Employer identification number
<b>AACA MUSEUM, INC.</b>	<b>25-1716419</b>

**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
14	1954 CHEVROLET BEL-AIR	\$ 12,000.	11/26/24
15	1948 BUICK MODEL 97 ROADMASTER WAGON	\$ 72,000.	12/31/24
16	1940 BUICK PHAETON	\$ 35,000.	11/26/24
17	1952 STUDEBAKER COMMANDER STARLINER	\$ 17,850.	12/31/24
19	1970 CHEVROLET CHEVELLE SS CONVERTIBLE	\$ 100,000.	06/30/24
19	1965 PONTIAC GTO CONVERTIBLE	\$ 82,600.	06/30/24

Name of organization	Employer identification number
<b>AACA MUSEUM, INC.</b>	<b>25-1716419</b>

**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
20	221 SHARES OF ABBOTT LABORATORIES	\$ 25,284.	10/08/24
24	1938 FORD 82 A STANDARD SEDAN	\$ 12,000.	05/23/24
25	63 SHARES OF MICROSOFT CORP	\$ 24,826.	05/01/24
25	30 SHARES OF LAM RESEARCH CORP	\$ 24,653.	08/27/24
26	1930 DESOTO 4 DOOR SEDAN	\$ 10,800.	12/31/24
27	1926 PONTIAC MODEL 6-27	\$ 17,500.	11/26/24

Name of organization	Employer identification number
<b>AACA MUSEUM, INC.</b>	<b>25-1716419</b>

**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
30	1930 MODEL A COUPE	\$ 14,000.	06/30/24
33	1965 AMC RAMBLER CONVERTIBLE	\$ 16,400.	11/26/24
37	2000 CHRYSLER 300 C	\$ 5,275.	12/31/24
38	1920 FORD MODEL T ROADSTER	\$ 15,000.	11/26/24
41	210 SHARES OF ISHARES	\$ 25,313.	08/17/24
47	165 SHARES OF MFS RESEARCH	\$ 10,503.	11/12/24

Name of organization	Employer identification number
<b>AACA MUSEUM, INC.</b>	<b>25-1716419</b>

**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)

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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? ☐ Yes ☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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 ..... \$

(ii) Assets included in Form 990, Part X ..... \$

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 ..... \$ 756,750.

b Assets included in Form 990, Part X ..... \$ 11,578,774.

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

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

**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:

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	1,685,138.	1,542,998.	1,507,551.	1,786,542.	1,717,938.
<b>b</b> Contributions			87,630.	300,957.	10,676.
<b>c</b> Net investment earnings, gains, and losses	228,913.	148,222.	-52,183.	283,052.	115,198.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	-181,979.	-6,082.		863,000.	57,270.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	1,732,072.	1,685,138.	1,542,998.	1,507,551.	1,786,542.

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

**a** Board designated or quasi-endowment 65.0000 %

**b** Permanent endowment 35.0000 %

**c** Term endowment \_\_\_\_\_ %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
<b>3a(i)</b>		<input checked="" type="checkbox"/>
<b>3a(ii)</b>		<input checked="" type="checkbox"/>
<b>3b</b>		

**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
<b>1a</b> Land		1,055,324.		1,055,324.
<b>b</b> Buildings		7,233,667.	4,122,595.	3,111,072.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		403,607.	398,573.	5,034.
<b>e</b> Other		277,528.	174,236.	103,292.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,274,722.



**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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) <b>ANTIQUE AUTOMOBILE COLLECTION</b>	<b>8,670,937.</b>
(2) <b>FILMS AND VIDEOS</b>	<b>6,943.</b>
(3) <b>AUTO MASCOTS</b>	<b>250,563.</b>
(4) <b>TUCKER ARCHIVES</b>	<b>2,427,436.</b>
(5) <b>OTHER DONATED PROPERTY</b>	<b>91,250.</b>
(6) <b>NATIVE AMERICAN ARTIFACTS</b>	<b>131,645.</b>
(7) <b>INTEREST RECEIVABLE</b>	<b>1,981.</b>
(8) <b>CHARITABLE REMAINDER UNITRUST</b>	<b>278,686.</b>
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>11,859,441.</b>

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>SECURITY DEPOSITS</b>	<b>30,100.</b>
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>30,100.</b>

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	2,725,926.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	84,818.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	15,918.
<b>e</b>	Add lines 2a through 2d .....	<b>2e</b>	100,736.
<b>3</b>	Subtract line 2e from line 1 .....	<b>3</b>	2,625,190.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	-126,163.
<b>c</b>	Add lines 4a and 4b .....	<b>4c</b>	-126,163.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	2,499,027.

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	1,991,566.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	126,163.
<b>e</b>	Add lines 2a through 2d .....	<b>2e</b>	126,163.
<b>3</b>	Subtract line 2e from line 1 .....	<b>3</b>	1,865,403.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	1,865,403.

**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 X, LINE 2:**

THE MUSEUM FOLLOWS THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION WHICH REQUIRES AN ASSESSMENT OF THE MUSEUM'S EXPOSURE TO INCOME TAXES AT THE ENTITY LEVEL AS A EXAMPLES OF TAX POSITIONS TAKEN AT THE ENTITY LEVEL INCLUDE CONTINUING QUALIFICATION AS A TAX-EXEMPT ORGANIZATION AND WHETHER THERE ARE ANY TAXABLE UNRELATED BUSINESS INCOME ACTIVITIES CONDUCTED. ANY TAX BENEFITS ASSOCIATED WITH UNCERTAIN TAX POSITIONS THAT ARE IN EXCESS OF A REALIZATION THRESHOLD MUST BE RECORDED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE FINANCIAL STATEMENTS, ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES. RESENTLY, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT ITS TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION, INCLUDING ANY APPEALS AND LITIGATION, AND THEREFORE BELIEVES THAT THE ORGANIZATION HAS NO EXPOSURE TO INCOME TAXES FROM UNCERTAIN TAX POSITIONS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN VALUE OF CHARITABLE UNITRUST 15,918.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

RENTAL EXPENSES -16,674.

FUNDRAISING EXPENSES -31,941.

GAMING EXPENSES -77,548.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -126,163.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIII Supplemental Information** *(continued)*

RENTAL EXPENSES	16,674.
FUNDRAISING EXPENSES	31,941.
GAMING EXPENSES	77,548.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	126,163.

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.

SCHEDULE G
(Form 990)

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

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events
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?
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.

Table with 6 columns: (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. Includes a Total row at the bottom.

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))
		NIGHT AT THE MUSEUM	AUTOS AND ALES	5	
Revenue		(event type)	(event type)	(total number)	
	<b>1</b> Gross receipts .....	105,018.	48,033.	22,046.	175,097.
	<b>2</b> Less: Contributions .....	74,623.	45,903.		120,526.
	<b>3</b> Gross income (line 1 minus line 2) .....	30,395.	2,130.	22,046.	54,571.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	190.	6,961.		7,151.
	<b>8</b> Entertainment .....	580.	2,500.		3,080.
	<b>9</b> Other direct expenses .....	15,088.	6,624.		21,712.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				31,943.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				22,628.

**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	<b>1</b> Gross revenue .....			152,010.	152,010.
	<b>2</b> Cash prizes .....			69,995.	69,995.
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....			7,553.	7,553.
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				77,548.
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				74,462.

**9** Enter the state(s) in which the organization conducts gaming activities: PA**a** Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No**b** If "No," explain: \_\_\_\_\_**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |              |          |
|--------------------------------------|------------|--------------|----------|
| <b>a</b> The organization's facility | <b>13a</b> | <b>48.56</b> | <b>%</b> |
| <b>b</b> An outside facility         | <b>13b</b> | <b>51.44</b> | <b>%</b> |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name KRISTEN HASSMANAddress 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 the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name KRISTEN HASSMANGaming manager compensation \$ 0.

Description of services provided \_\_\_\_\_

☐ Director/officer ☒ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

**SCHEDULE G, PART III, LINE 16**

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.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

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	29	756,750.	APPRAISAL
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	5	110,580.	FMV
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

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it  
must hold for at least 3 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		

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

Schedule M (Form 990) 2024



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  
AND CONTRIBUTIONS OF SHARES

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

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

AACA MUSEUM, INC.

Employer identification number

25-1716419

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**  
**NATIONAL ATTRACTION FOR CAR LOVERS.**

1. 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 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 YEAR'S TWO EXHIBITS WERE: "PROFESSIONAL VEHICLES 100 YEARS' OF SERVICE" AND "FORGOTTEN FEATURES CLASSIC & COOL DISCONTINUED OPTIONS." THIS AREA ALSO RECEIVED AN UPDATE TO ITS INTERACTIVE EXHIBITION FOCUSING ON THE HISTORY OF ROAD MAPS.

2. 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 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

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"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, SUCH AS DISPLAY OF FIBERGLASS BODY PANELS FROM THE COPPOLA MOVIE THAT WERE USED TO TURN EARLY 1950S VEHICLES INTO TUCKER LOOK A LIKE CARS. WORK WAS ALSO COMPLETED ON A PERIOD TELEVISION TO SHOWCASE AN ORIGNAL TUCKER PROMOTION FILM FOR OUR VISITORS.

3. ANOTHER FAIRLY 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 DISSOUTION 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 IMPORTANT PART OF OUR NATION'S TRANSPORTATION HISTORY. SEVERAL ADDITIONAL BUSES WERE ADDED TO THE COLLECTION THIS YEAR AND OUR ANNUAL "SPRING FLING" BUS GATHERIN TOOK PLACE IN JUNE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: TRAVELS LOCALLY, DOMESTICALLY AND SOMETIMES INTERNATIONALLY. SEVERAL YEARS AGO, 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 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. IN 2022, A RECIPROCAL ARRANGEMENT WAS REACHED WITH THE CLASSIC AUTO MALL IN MORGANTON, PENNSYLVANIA, THAT PROVIDES MUSEUM MEMBERSHIP TO THEIR CUSTOMERS, WHICH REMAINS IN PLACE. MUSEUM MEMBERS ENJOY MANY DIVERSE BENEFITS, BUT DO NOT HAVE VOTING RIGHTS. THE MUSEUM CURRENTLY HAS APPROXIMATELY 4500 MEMBERS ACROSS ALL OF ITS MEMBERSHIP LEVELS. THIS IS UP ABOUT 500 MEMBERS FROM THE PREVIOUS YEAR AS A RESULT OF A ROBUST ANNUAL MEMBERSHIP DRIVE AND OTHER PROMOTIONAL ACTIVITIES.

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

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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 AND ALSO RECEIVED AN ADDITIONAL COSMETIC UPGRADE IN 2024, WITH NEW GRAPHIC PANELS AND SIGNAGE AND VISITOR TAKE-AWAY MATERIALS.

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. TWO NATIONALLY BASED CAR CLUBS PRODUCED DISPLAYS IN THIS SPACE OVER THE COURSE OF 2024.

2. LOWER-LEVEL GALLERY CHILDREN'S' INTERACTIVE AREA: THE MUSEUM MAINTAINS A HANDS-ON EDUCATIONAL ACTIVITY AREA WHERE YOUNGER VISITORS MAY ENGAGE IN A VARIETY OF PROJECTS THAT WILL TEACH THEM ABOUT TRANSPORTATION HISTORY, VEHICLE DESIGN AND RELATED TOPICS. A PHOTO OP WITH AN HISTORIC VEHICLE IS INCLUDED. 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, KANSAS 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. THE GRANDDAUGHTER OF THE DINER'S ORIGINAL PROPRIETOR VISITED THE MUSEUM IN 2022 AND PROVIDED FIRST-HAND ACCOUNTS OF ITS OPERATION IN KANSAS, WHICH WERE ADDED TO THE BUILDING'S INTERPRETATION. YOUNGER VISITORS CAN PARTICIPATE IN HAND-ON ACTIVITIES IN THIS HISTORIC SETTING, LEAVING WITH A SOUVENIR GRILL COOK'S CAP.

4. BEHIND THE SCENES VEHICLE STORAGE BUILDING TOUR: THE MUSEUM INITIATED A NEW PROGRAM SEVERAL YEARS AGO 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 IS NOT CONTINUED THROUGH MOST OF THE YEAR DUE TO THE INSTALLATION OF AN H-VAC SYSTEM. APPROXIMATELY 500 GUESTS PARTICIPATED IN THIS PROGRAM OVER THE CALENDAR YEAR RECEIVING A SPECIALIZED TOUR.

5. 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

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THE AUTOMOBILE AND HOW IT RELATES TO VARIOUS COURSES. THESE LEARNING MODULES ARE AVAILABLE TO ALL AT NO CHARGE VIA THE MUSEUM'S WEBSITE. THE MUSEUM ALSO HAS A PARTNERSHIP PROGRAM WITH THE DAUPHIN COUNTY VO-TECH THAT BRINGS HIGH SCHOOL STUDENTS TO THE MUSEUM FOR HANDS ON EXPERIENCE WORKING ON VINTAGE VEHICLES.

6. 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. THESE TOURS BEGAN TO INCREASE AGAIN IN 2021 AFTER A PAUSE IN 2020 AND CONTINUED STRONG THROUGH 2024.

7. 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 CONTINUES TO FOCUS ON TUCKER AUTOMOTIVE THEMED PROGRAMS BUT HAS ALSO BEGUN A GENERAL AUTOMOTIVE LECTURE SERIES AVAILABLE ROUGHLY EVERY OTHER MONTH THAT TAKES PLACE BOTH IN PERSON AT THE MUEUM AND ALSO ONLINE WITH ADVANCE REGISTRATION. TOPICS IN 2024 FOCUSED ON A VARIETY OF SUBJECTS AND WERE PROMOTED THROUGH OUR WEBSITE, EMAIL BLASTS AND OUR PRINTED NEWSLETTER, "REFLECTIONS."

8. 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 INSTITUTIONS OFFERING A DEGREE IN AUTOMOTIVE RESTORATION. 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. THIS RELATIONSHIP CONTINUED IN 2024 AND OUR CHEVROLET WAGON REMAINS AT THEIR FACILITY.

9. 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 CHILDREN AND ADULTS. THIS YEAR IT AGAIN FEATURED RIDES IN SEVERAL

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DIFFERENT ANTIQUE CARS. EACH YEAR THE FOCUS IS A BIT DIFFERENT TO ENSURE 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. VEHICLES WERE ALSO TAKEN TO THE AACA FALL MEET IN HERSEY FOR EDUCATIONAL PURPOSES AND THE MUSEUM ATTENDED THE PENNSYLVANIA AUTO SHOW AS WELL AS MULTIPLE CONCOURS D'ELEGANCE AND OTHER EVENTS ACROSS THE STATE AND BEYOND.

FORM 990, PART VI, SECTION A, LINE 2:  
WILLIAM CAMMACK AND EDMUND CAMMACK (BOARD MEMBERS) HAVE FAMILY RELATIONSHIP.

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 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:  
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 15,918.

## CARRYOVER DATA TO 2025

**Based on the information provided with this return, the following are possible carryover amounts to next year.**

[illegible]

FEIN: 25-1716419

Type and Entity: GIFT SHOP SALES POST-2017 NOL FED

## DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

[illegible]



Form 8879-TE

IRS E-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_\_\_

Do not send to the IRS. Keep for your records.

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2024

Name of filer

AACA MUSEUM, INC.

EIN or SSN

25-1716419

Name and title of officer or person subject to tax  
JEFFREY BLIEMEISTER  
EXECUTIVE DIRECTOR**Part I** Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input checked="" type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	0.
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II** Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

## PIN: check one box only

☒ I authorize BOYER & RITTER, LLC to enter my PIN 17033  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

**Part III** Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

25167617011

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2024)

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

OMB No. 1545-0047

**2024**Department of the Treasury  
Internal Revenue Service

For calendar year 2024 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](https://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>AACA MUSEUM, INC.</b>	<b>D</b> Employer identification number <b>25-1716419</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. <b>161 MUSEUM DRIVE</b>	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>HERSHEY, PA 17033</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year <b>18,160,209.</b>	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) <b>1</b>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
<b>L</b> The books are in care of <b>KRISTEN HASSMAN, FINANCE &amp; ADMIN</b> Telephone number <b>717-566-7100</b>			

**Part I Total Unrelated Business Taxable Income**

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

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21)	1	0.
2 <b>Trusts taxable at trust rates.</b> 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 <b>Proxy tax.</b> See instructions	3	
4a Amount from Form 4255, Part I, line 3, column (q)	4a	
b Other tax amounts. See instructions	4b	
5 Alternative minimum tax	5	
6 <b>Tax on noncompliant facility income.</b> See instructions	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

**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 <b>Total credits.</b> Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		0.
3a Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a		
b Amount due from Form 8611	3b		
c Amount due from Form 8697	3c		
d Amount due from Form 8866	3d		
e Other amounts due (see instructions)	3e		
f <b>Total amounts due.</b> Add lines 3a through 3e	3f		0.
4 <b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.

**Part III Tax and Payments** (continued)

<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	<b>0.</b>
<b>6a</b>	Payments: Preceding year's overpayment credited to the current year	<b>6a</b>	
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b>	Elective payment election amount from Form 3800	<b>6g</b>	
<b>h</b>	Payment from Form 2439	<b>6h</b>	
<b>i</b>	Credit from Form 4136	<b>6i</b>	
<b>j</b>	Other (see instructions)	<b>6j</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j	<b>7</b>	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b> <b>Refunded</b>	<b>11</b>	

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

<b>1</b>	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	<b>Yes</b>	<b>No</b>
			<b>X</b>
<b>2</b>	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.		<b>X</b>
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
<b>6a</b>	Reserved for future use		
<b>b</b>	Reserved for future use		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	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	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	KYLE EVANS, CPA	KYLE EVANS, CPA		PTIN
	Firm's name	Firm's EIN		
	Firm's address	Phone no.		
	BOYER & RITTER, LLC	23-1311005	717-761-7210	
	211 HOUSE AVENUE			
	CAMP HILL, PA 17011			

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

2024

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

<b>A</b> Name of the organization AACA MUSEUM, INC.		<b>B</b> Employer identification number 25-1716419	
<b>C</b> Unrelated business activity code (see instructions) 459420		<b>D</b> 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 65,254.			
b	Less returns and allowances	1c 65,254.		
2	Cost of goods sold (Part III, line 8)	2 39,157.		
3	Gross profit. Subtract line 2 from line 1c	3 26,097.		26,097.
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13 26,097.		26,097.

**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	18,825.
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	1,570.
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	2,759.
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 1	14	4,200.
15	Total deductions. Add lines 1 through 14	15	27,354.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-1,257.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-1,257.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

**Part III Cost of Goods Sold**

Enter method of inventory valuation

N/A

1	Inventory at beginning of year .....	1	0.
2	Purchases .....	2	39,157.
3	Cost of labor .....	3	0.
4	Additional section 263A costs (attach statement) .....	4	0.
5	Other costs (attach statement) .....	5	0.
6	<b>Total.</b> Add lines 1 through 5 .....	6	39,157.
7	Inventory at end of year .....	7	0.
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	39,157.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> _____ B <input type="checkbox"/> _____ C <input type="checkbox"/> _____ D <input type="checkbox"/> _____				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5	<b>Total deductions.</b> 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 <input type="checkbox"/> _____ B <input type="checkbox"/> _____ C <input type="checkbox"/> _____ D <input type="checkbox"/> _____				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	<b>Total gross income</b> (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	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	0.			
11	<b>Total dividends-received deductions</b> 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).	
<b>Totals</b>				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).
<b>Totals</b>	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 .....				
a Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

3 Direct advertising costs by periodical .....				
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 -0- 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 -0- .....				
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 -0- here and on Part II, line 13 .....				0.

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

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

**Part XI Supplemental Information** (see instructions)

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AACA MUSEUM, INC.

25-1716419

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

ADMINISTRATIVE EXPENSES

984.

INSURANCE

413.

OPERATING EXPENSES

22.

MAINTENANCE

758.

UTILITIES

1,212.

SUPPLIES

811.

TOTAL TO SCHEDULE A, PART II, LINE 14

4,200.



Name of corporation  
  
**AACA MUSEUM, INC.**

Employer identification number (EIN)  
  
**25-1716419**

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? ..... ☐ Yes ☒ No  
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? ☐ Yes ☒ No  
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

**Part I** **Applicable Corporation Determination** (Report all amounts in U.S. dollars.)  
*If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.*

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
<b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see inst):			
<b>a</b> Consolidated net income or loss per the AFS of the corporation .....	<b>1a</b>		
<b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss) .....	<b>1b</b>		
<b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) .....	<b>1c</b>		
<b>d</b> Adjustment for certain consolidating entries (see instructions) .....	<b>1d</b>		
<b>e</b> Specified additional net income or loss item B. Reserved for future use	<b>1e</b>		
<b>f</b> AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d .....	<b>1f</b>		
<b>2</b> Adjustments (see instructions):			
<b>a</b> Financial statements covering different tax years .....	<b>2a</b>		
<b>b</b> Corporations that are not included on the taxpayer's consolidated return .....	<b>2b</b>		
<b>c</b> Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG) .....	<b>2c</b>		
<b>d</b> Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	<b>2d</b>		
<b>e</b> Certain taxes .....	<b>2e</b>		
<b>f</b> Patronage dividends and per-unit retain allocations (cooperatives only)	<b>2f</b>		
<b>g</b> Alaska native corporations .....	<b>2g</b>		
<b>h</b> Certain credits .....	<b>2h</b>		
<b>i</b> Mortgage servicing income .....	<b>2i</b>		
<b>j</b> Tax-exempt entities (organizations subject to tax under section 511) ...	<b>2j</b>		
<b>k</b> Depreciation .....	<b>2k</b>		
<b>l</b> Qualified wireless spectrum .....	<b>2l</b>		
<b>m</b> Covered transactions .....	<b>2m</b>		
<b>n</b> Adjustments related to bankruptcy and insolvency .....	<b>2n</b>		
<b>o</b> Certain insurance company adjustments .....	<b>2o</b>		
<b>p</b> Adjustment P - Reserved for future use .....	<b>2p</b>		
<b>q</b> Adjustment Q - Reserved for future use .....	<b>2q</b>		
<b>r</b> Adjustment R - Reserved for future use .....	<b>2r</b>		
<b>s</b> Adjustment S - Reserved for future use .....	<b>2s</b>		
<b>z</b> Other .....	<b>2z</b>		
<b>3</b> Specified adjustment. Reserved for future use .....	<b>3</b>		
<b>4</b> Total adjustments. Combine lines 2a through 2z .....	<b>4</b>		
<b>5</b> AFSI. Combine lines 1f and 4 .....	<b>5</b>		
<b>6</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 .....	<b>6</b>		
<b>7</b> 3-year average annual AFSI (see instructions) .....	<b>7</b>		

**Part I** **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) (continued)

- 8** Is line 7 more than \$1 billion?  
☐ **Yes.** Continue to line 9.  
☐ **No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?  
☐ **Yes.** Continue to line 10.  
☐ **No.** Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
<b>10</b> AFSI for purposes of the \$100 million test before adjustments:			
<b>a</b> AFSI from line 5 .....	<b>10a</b>		
<b>b</b> Aggregation differences (see instructions) .....	<b>10b</b>		
<b>c</b> Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b .....	<b>10c</b>		
<b>11</b> Adjustments:			
<b>a</b> Income not effectively connected to a U.S. trade or business .....	<b>11a</b>		
<b>b</b> Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions) .....	<b>11b</b>		
<b>c</b> Reserved for future use - Other adjustments 1 .....	<b>11c</b>		
<b>d</b> Reserved for future use - Other adjustments 2 .....	<b>11d</b>		
<b>12</b> Total adjustments. Combine lines 11a and 11b .....	<b>12</b>		
<b>13</b> Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12 .....	<b>13</b>		
<b>14</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 .....			<b>14</b>
<b>15</b> 3-year average annual AFSI for purposes of the \$100 million test .....			<b>15</b>
<b>16</b> Is line 15 \$100 million or more? <input type="checkbox"/> <b>Yes.</b> Continue to Part II. <input type="checkbox"/> <b>No.</b> STOP here. Attach to your tax return.			

**Part II Corporate Alternative Minimum Tax (CAMT)**

<b>1</b> Net income or loss per AFS (see instructions):		
<b>a</b> Consolidated net income or loss per the AFS of the corporation .....	<b>1a</b>	- 2,257.
<b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss) .....	<b>1b</b>	
<b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) .....	<b>1c</b>	
<b>d</b> Adjustment for certain consolidating entries (see instructions) .....	<b>1d</b>	
<b>e</b> Specified additional net income or loss item D. Reserved for future use .....	<b>1e</b>	
<b>f</b> AFS net income or loss before adjustments. Combine lines 1a through 1d .....	<b>1f</b>	- 2,257.
<b>2</b> Adjustments (see instructions):		
<b>a</b> Financial statements covering different tax years .....	<b>2a</b>	
<b>b</b> Reserved for future use - Adjustment 2b .....	<b>2b</b>	
<b>c</b> Corporations that are not included on the taxpayers - consolidated return (see instructions) .....	<b>2c</b>	
<b>d</b> The corporation's distributive share of adjusted financial statement income of partnerships .....	<b>2d</b>	
<b>e</b> Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 .....	<b>2e</b>	
<b>f</b> Amounts that are not effectively connected to a U.S. trade or business .....	<b>2f</b>	
<b>g</b> Certain taxes. Enter the amount from Part III, line 7 .....	<b>2g</b>	
<b>h</b> Patronage dividends and per-unit retain allocations (cooperatives only) .....	<b>2h</b>	
<b>i</b> Alaska native corporations .....	<b>2i</b>	
<b>j</b> Certain credits .....	<b>2j</b>	
<b>k</b> Mortgage servicing income .....	<b>2k</b>	
<b>l</b> Covered benefit plans described in section 56A(c)(11)(B) .....	<b>2l</b>	
<b>m</b> Tax-exempt entities (organizations subject to tax under section 511) .....	<b>2m</b>	
<b>n</b> Depreciation .....	<b>2n</b>	
<b>o</b> Qualified wireless spectrum .....	<b>2o</b>	
<b>p</b> Covered transactions .....	<b>2p</b>	
<b>q</b> Adjustments related to bankruptcy and insolvency .....	<b>2q</b>	
<b>r</b> Certain insurance company adjustments .....	<b>2r</b>	
<b>s</b> AFSI adjustment S - Reserved for future use .....	<b>2s</b>	
<b>t</b> AFSI adjustment T - Reserved for future use .....	<b>2t</b>	
<b>u</b> AFSI adjustment U - Reserved for future use .....	<b>2u</b>	
<b>z</b> Other .....	<b>2z</b>	
<b>3</b> Total adjustments. Combine lines 2a through 2z .....	<b>3</b>	
<b>4</b> AFSI before financial statement net operating loss carryover. Combine lines 1f and 3 .....	<b>4</b>	- 2,257.
<b>5</b> Financial statement net operating loss (FSNOL) (see instructions) .....	<b>5</b>	
<b>6</b> AFSI. Subtract line 5 from line 4. If zero or less, enter -0- .....	<b>6</b>	
<b>7</b> Multiply line 6 by 15% (0.15) .....	<b>7</b>	
<b>8</b> Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst) .....	<b>8</b>	
<b>9</b> Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0- .....	<b>9</b>	
<b>10</b> Regular tax liability (see instructions) .....	<b>10</b>	
<b>11</b> Base erosion minimum tax (see instructions) .....	<b>11</b>	
<b>12</b> Combine lines 10 and 11 .....	<b>12</b>	
<b>13</b> Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return .....	<b>13</b>	

**Part III Adjustment for Certain Taxes Under Section 56A(c)(5)**

<b>1</b> Current income tax provision - Foreign .....	<b>1</b>	
<b>2</b> Current income tax provision - Federal .....	<b>2</b>	
<b>3</b> Deferred income tax provision - Foreign .....	<b>3</b>	
<b>4</b> Deferred income tax provision - Federal .....	<b>4</b>	
<b>5</b> Income taxes included in equity method investment income .....	<b>5</b>	
<b>6a</b> Adjustment A - Reserved for future use .....	<b>6a</b>	
<b>b</b> Adjustment B - Reserved for future use .....	<b>6b</b>	
<b>c</b> Adjustment C - Reserved for future use .....	<b>6c</b>	
<b>d</b> Adjustment D - Reserved for future use .....	<b>6d</b>	
<b>e</b> Adjustment E - Reserved for future use .....	<b>6e</b>	
<b>f</b> Adjustment F - Reserved for future use .....	<b>6f</b>	
<b>g</b> Adjustment G - Reserved for future use .....	<b>6g</b>	
<b>h</b> Adjustment H - Reserved for future use .....	<b>6h</b>	
<b>z</b> Income taxes in other places .....	<b>6z</b>	
<b>7</b> Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g .....	<b>7</b>	

**Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit****Section I - CAMT Foreign Tax Credit**

<b>1</b>	Domestic corporation CAMT foreign income taxes:			
<b>a</b>	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) .....	<b>1a</b>		
<b>b</b>	Adjustment .....	<b>1b</b>		
<b>c</b>	Adjustment .....	<b>1c</b>		
<b>d</b>	Adjustment .....	<b>1d</b>		
<b>e</b>	Adjustment .....	<b>1e</b>		
<b>f</b>	Adjustment .....	<b>1f</b>		
<b>g</b>	Adjustment .....	<b>1g</b>		
<b>2</b>	Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g.....		<b>2</b>	
<b>3</b>	Allowable CFC CAMT foreign income taxes:			
<b>a</b>	Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n) .....	<b>3a</b>		
<b>b</b>	Other .....	<b>3b</b>		
<b>c</b>	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) .....	<b>3c</b>		
<b>d</b>	Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c .....		<b>3d</b>	
<b>e</b>	Percentage specified in section 55(b)(2)(A)(i) .....	<b>3e</b>	15%	
<b>f</b>	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions) .....	<b>3f</b>		
<b>g</b>	CFC CAMT FTC limitation (multiply line 3e by line 3f) .....		<b>3g</b>	
<b>h</b>	Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g) .....		<b>3h</b>	
<b>4</b>	CAMT FTC Line 4 - Reserved for future use .....		<b>4</b>	
<b>5</b>	CAMT FTC Line 5 - Reserved for future use .....		<b>5</b>	
<b>6</b>	Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8.....		<b>6</b>	

Form **4626** (2024)

# TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

**FOR THE YEAR ENDING**

DECEMBER 31, 2024

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**PREPARED FOR:**

AACA MUSEUM, INC.  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

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**PREPARED BY:**

BOYER & RITTER, LLC  
211 HOUSE AVENUE  
CAMP HILL, PA 17011

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**AMOUNT OF TAX:**

BALANCE DUE OF \$250

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**MAKE CHECK PAYABLE TO:**

COMMONWEALTH OF PENNSYLVANIA

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**MAIL TAX RETURN TO:**

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CHARITABLE ORGANIZATIONS  
401 NORTH ST RM 207  
HARRISBURG, PA 17120

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOVEMBER 17, 2025

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**SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

A COMPLETED AND SIGNED COPY OF THE FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

Mail to:

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

See [www.dos.pa.gov/charities](http://www.dos.pa.gov/charities) for more information

## Charitable Organization Registration Statement

BCO-10 (rev. 11/2023)

**Fee: See instructions**

Certificate number: 12638  
(N/A if initial registration)

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

FEIN: 25-1716419

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

☐ Organization is exempt from registration because

☐ Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: AACA MUSEUM, INC.

☐ Check if name change and give previous name \_\_\_\_\_

2. All other names used to solicit contributions: \_\_\_\_\_

3. Contact person: JEFFREY BLIEMEISTER Contact's e-mail: JBLIEMEISTER@AACAMUSEUM.ORG

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

161 MUSEUM DRIVE

HERSHEY

PA 17033

County: \_\_\_\_\_

Phone number: 717-566-7100

800 number: \_\_\_\_\_

Fax number: 717-566-7300

Email (if different than Contact's email): \_\_\_\_\_

Website: WWW.AACAMUSEUM.ORG

**Item 5 to be completed by initial registrants only**

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

Where established: HERSHEY, PA

Date established\*: 08/10/1993

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

**AACA MUSEUM, INC.**

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

☒ Not Applicable

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

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

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

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

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

☒ Not Applicable

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

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

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

Other \_\_\_\_\_

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

\_\_\_\_\_

MM DD YYYY

Other \_\_\_\_\_

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

**AACA MUSEUM, INC.**

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

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

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

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

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

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, social media, etc.):

☐ Does not solicit contributions

CONTRIBUTIONS ARE SOLICITED BY MAIL, MEMBERSHIP ADVERTISEMENTS, PERSONAL CONTACT, AND THROUGH RELATIONSHIPS WITH ANTIQUE AUTOMOBILE CLUBS.

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

SEE STATEMENT 1

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

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

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

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: 01/01/1993

Month Day Year

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

☒ Not Applicable



**AACA MUSEUM, INC.**

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

☒ Not Applicable

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

☒ Not Applicable

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19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization") ☐ Yes ☐ No ☒ Not Applicable

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

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

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

☐ Yes ☐ No ☒ Not Applicable

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

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

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Legal name of parent organization

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Pennsylvania certificate number

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

**SEE STATEMENT 2**

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**AACA MUSEUM, INC.****22.** Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

SEE STATEMENT 3

B. Have final responsibility for the custody of contributions:

JEFFREY BLIEMEISTER, EXECUTIVE DIRECTOR161 MUSEUM DRIVE HERSHEY, PA 17033

C. Have final responsibility for final distribution of contributions:

JEFFREY BLIEMEISTER, EXECUTIVE DIRECTOR161 MUSEUM DRIVE HERSHEY, PA 17033

D. Are responsible for custody of financial records:

JEFFREY BLIEMEISTER, EXECUTIVE DIRECTOR161 MUSEUM DRIVE HERSHEY, PA 17033**23.** Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:A. Any other officer, director, trustee, or employee? ☐ Yes ☒ NoB. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\* ☐ Yes ☒ No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\*

☐ Yes ☒ No

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

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

**24.** Has the organization or any of its present officers, directors, executive personnel or trustees ever:A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? ☐ Yes ☒ No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?

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

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

**AACA MUSEUM, INC.**

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

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

\_\_\_\_\_  
Signature of Chief Fiscal Officer

\_\_\_\_\_  
Date

**JEFFREY BLIEMEISTER, EXECUTIVE DIRECTOR**

\_\_\_\_\_  
Type or print name and title of Chief Fiscal Officer

\_\_\_\_\_  
Signature of Other Authorized Officer

\_\_\_\_\_  
Date

**HENRY HALLOWELL, PRESIDENT**

\_\_\_\_\_  
Type or print name and title of Other Authorized Officer

Checklist for registration:

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

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

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BCO-10 P3,4

STATEMENT 1

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CONTRIBUTIONS TO THE AACA MUSEUM ARE USED TO UNDERWRITE THE COSTS ASSOCIATED WITH THE MAINTENANCE AND OPERATION OF THE MUSEUM COLLECTIONS. IN ADDITION TO COLLECTION, PRESERVATION AND EXHIBITION ACTIVITIES, THE MUSEUM PROVIDES EDUCATIONAL PROGRAMMING TO PUBLIC AND PRIVATE SCHOOLS, YOUTH GROUPS, COMMUNITY ORGANIZATIONS, AND SENIOR CITIZEN FACILITIES TO A FOUR COUNTY AREA IN SOUTH CENTRAL PENNSYLVANIA. THESE PROGRAMS ARE IN EXISTENCE.

FORM BCO-10

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 2

NAME AND ADDRESSTITLEJEFFREY BLIEMEISTER  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

EXECUTIVE DIRECTOR

NAME AND ADDRESSTITLEDON "RICK" RISSE  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

DIRECTOR

NAME AND ADDRESSTITLEJEROME MARCUS  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

DIRECTOR

NAME AND ADDRESSTITLEJAMES M . WOOD  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

TREASURER

NAME AND ADDRESSTITLEWILLIAM S. ROTHERMEL  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

SECRETARY

NAME AND ADDRESSTITLEJOHN DOCKENDORF  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

DIRECTOR

NAME AND ADDRESSTITLEALAN L. BRECHBILL  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

DIRECTOR

NAME AND ADDRESSTITLEJON SELTENHEIM  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

VICE PRESIDENT

NAME AND ADDRESSTITLEMARK LIEBERMAN  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

DIRECTOR

NAME AND ADDRESSTITLE

BOB ADZEMA  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

DIRECTOR

NAME AND ADDRESSTITLE

WILLIAM CAMMACK  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

DIRECTOR

NAME AND ADDRESSTITLE

EDMUND CAMMACK  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

DIRECTOR

NAME AND ADDRESSTITLE

WILLIAM EDMUNDS  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

DIRECTOR

NAME AND ADDRESSTITLE

ANDREW SAFT  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

DIRECTOR

NAME AND ADDRESSTITLE

JOHN OAKMAN  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

DIRECTOR

NAME AND ADDRESSTITLE

JOHN KIRSSIN  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

DIRECTOR

NAME AND ADDRESSTITLE

HENRY W. HALLOWELL, III  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

PRESIDENT

NAME AND ADDRESSTITLE

JERRY WEBER  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

DIRECTOR

NAME AND ADDRESSTITLE

ROB ROHR  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

DIRECTOR

AACA MUSEUM, INC.

25-1716419

NAME AND ADDRESS

TITLE

TOM MCCAUGHEY  
161 MUSEUM DRIVE  
HERSHEY, PA 17033

DIRECTOR

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FORM BCO-10

IN CHARGE OF SOLICITATION ACTIVITIES

STATEMENT 3

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NAME AND ADDRESS

JEFFREY BLIEMEISTER, EXECUTIVE DIRECTOR  
161 MUSEUM DRIVE HERSHEY, PA 17033

NAME AND ADDRESS

HENRY HALLOWELL, BOARD DIRECTOR  
161 MUSEUM DRIVE HERSHEY, PA 17033