

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 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
AUBURN AUTOMOTIVE HERITAGE, INC.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1600 SOUTH WAYNE STREET
 City or town, state or province, country, and ZIP or foreign postal code
AUBURN IN 46706

D Employer identification number
35-1294918

E Telephone number
260-925-1444

F Name and address of principal officer:
BRANDON ANDERSON
1600 S WAYNE ST
AUBURN IN 46706

G Gross receipts\$ **5,333,459**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.AUTOMOBILEMUSEUM.ORG** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1973** **M** State of legal domicile: **IN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PRESERVE, INTERPRET, AND CREATE PASSION FOR AUBURN, CORD, AND DUESENBERG AUTOMOBILES AND THEIR HERITAGE OF INNOVATION, INFLUENCE, DESIGN, AND COMPETITION WHILE EXCEEDING THE HIGHEST MUSEUM STANDARDS.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a) 19		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 18		
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) 51		
	6	Total number of volunteers (estimate if necessary) 75		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0		
	7b	Net unrelated business taxable income from Form 990-T, line 39 0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	551,438	4,408,207
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	480,937	493,645
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,087	2,563
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,691	108,274
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,139,153	5,012,689
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	841,556	800,578
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 162,282	0	67,450
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	937,209	4,099,069
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,778,765	4,967,097
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-639,612	45,592
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	7,057,694	7,175,974
	22	Net assets or fund balances. Subtract line 21 from line 20	192,591	219,811
		6,865,103	6,956,163	

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: **BRANDON ANDERSON** Date: _____
 Type or print name and title: **CEO**

Paid Preparer Use Only

Print/Type preparer's name: **TODD E. HAINES** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00691953**

Firm's name: **HAINES ISENBARGER & SKIBA LLC** Firm's EIN: **52-2127371**
 Firm's address: **4630 W JEFFERSON BLVD # 8 FORT WAYNE, IN 46804** Phone no.: **260-436-9500**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ **4,436,091** including grants of \$) (Revenue \$ **297,248**)

ADMISSIONS PROVIDED OVER 43,000 VISITORS AN EDUCATIONAL EXPERIENCE VIEWING THE COLLECTION, EXHIBITS AND PROGRAMS IN THE NATIONAL HISTORIC LANDMARK BUILDING 362 DAYS OF THE YEAR. THE MUSEUM IS ACCREDITED BY THE AMERICAN ALLIANCE OF MUSEUMS.

4b (Code:) (Expenses \$ **163,596** including grants of \$) (Revenue \$ **191,898**)

THE MEMBERS AND THE PUBLIC ARE INVITED TO SPECIAL EVENTS OFFERED BY THE MUSEUM AND IT IS AVAILABLE FOR GROUPS TO HOLD BANQUETS AND MEETINGS AND TOURING THE MUSEUM.

4c (Code:) (Expenses \$ **55,794** including grants of \$) (Revenue \$ **4,499**)

THE MUSEUM STORE PROVIDES MISSION RELATED PRODUCTS FOR VISITORS TO PURCHASE. THEY INCLUDE BOOKS, MODELS, CLOTHING, LITERATURE AND OTHER ITEMS, ALL RELATING TO AUTOMOBILES OR THE MUSEUM.

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

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

4e Total program service expenses **4,655,481**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	51
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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	19	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		19		
b Enter the number of voting members included on line 1a, above, who are independent	1b	18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IN**
- 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 **▶**

BRANDON ANDERSON
AUBURN

1600 S WAYNE ST

IN 46706

260-925-1444

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRANDON ANDERSON CEO	40.00 0.00	X		X				119,865	0	6,687
(2) HERB HORROM CHAIRMAN	1.00 0.00	X		X				0	0	0
(3) KEN MERUSI VICE CHAIRMAN	1.00 0.00	X		X				0	0	0
(4) BRENT RITENOUR TREASURER	1.00 0.00	X		X				0	0	0
(5) JOHN STECKBECK SECRETARY	1.00 0.00	X		X				0	0	0
(6) TROY ACKERMAN TRUSTEE	1.00 0.00	X						0	0	0
(7) SUE BAUERMEISTER TRUSTEE	1.00 0.00	X						0	0	0
(8) MIKE EIKENBERRY TRUSTEE	1.00 0.00	X						0	0	0
(9) RICHIE CLYNE TRUSTEE	1.00 0.00	X						0	0	0
(10) BRUCE EMERICK TRUSTEE	1.00 0.00	X						0	0	0
(11) DAVID MADEIRA TRUSTEE	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JOHN GAMBS	1.00									
TRUSTEE	0.00	X					0	0	0	
(13) CHARLES GOODMAN	1.00									
TRUSTEE	0.00	X					0	0	0	
(14) TERRY HINES	1.00									
TRUSTEE	0.00	X					0	0	0	
(15) ROBERT JOYNT	1.00									
TRUSTEE	0.00	X					0	0	0	
(16) BUCK KAMPHAUSEN	1.00									
TRUSTEE	0.00	X					0	0	0	
(17) TOM LEE	1.00									
TRUSTEE	0.00	X					0	0	0	
(18) KEN METZGER	1.00									
TRUSTEE	0.00	X					0	0	0	
(19) ALEX VORDERMAN	1.00									
TRUSTEE	0.00	X					0	0	0	
1b Subtotal							119,865		6,687	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							119,865		6,687	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
GOOGLEINS INC FORT WAYNE IN 46815	7311 MAYSVILLE RD CATERING	108,262

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	158,600			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,249,607			
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,190,578			
	h Total. Add lines 1a-1f		4,408,207			
Program Service Revenue	2a ADMISSION	Business Code 712110	234,263	234,263		
	b FACILITIES USE	712110	191,898	191,898		
	c MEMBERSHIPS	712110	62,985	62,985		
	d RESEARCH AND LITERATURE	712110	4,499	4,499		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		493,645			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,778		3,778	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities		47,013		
		(ii) Other				
		7a		47,013		
	b Less: cost or other basis and sales exps.	7b		48,228		
	c Gain or (loss)	7c		-1,215		
d Net gain or (loss)			-1,215		-1,215	
8a Gross income from fundraising events (not including \$ 158,600 of contributions reported on line 1c). See Part IV, line 18	8a		103,020			
	b Less: direct expenses	8b		123,106		
c Net income or (loss) from fundraising events			-20,086		-20,086	
9a Gross income from gaming activities. See Part IV, line 19	9a		111,400			
	b Less: direct expenses	9b		79,661		
c Net income or (loss) from gaming activities			31,739		31,739	
10a Gross sales of inventory, less returns and allowances	10a		150,700			
	b Less: cost of goods sold	10b		69,775		
c Net income or (loss) from sales of inventory			80,925	80,925		
Miscellaneous Revenue	11a MISCELLANEOUS	Business Code 900099	15,696		15,696	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			15,696		
12 Total revenue. See instructions			5,012,689	574,570	0	29,912

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	126,552	102,372	15,606	8,574
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	545,489	445,718	64,963	34,808
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	78,430	51,961	15,610	10,859
10 Payroll taxes	50,107	40,957	6,097	3,053
11 Fees for services (nonemployees):				
a Management				
b Legal	3,325	2,418	907	
c Accounting	20,433	14,860	5,573	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	67,450			67,450
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	26,257	4,613	1,730	19,914
12 Advertising and promotion	85,110	85,010		100
13 Office expenses	68,113	48,082	5,439	14,592
14 Information technology				
15 Royalties				
16 Occupancy	137,150	132,847	4,303	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,330	6,330		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	329,487	320,740	8,747	
23 Insurance	63,987	60,926	2,251	810
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COLLECTION ADDITIONS	3,151,050	3,151,050		
b MISCELLANEOUS	99,139	95,953	1,483	1,703
c EQUIPMENT MAINTANCE	91,978	87,959	3,732	287
d CORPORATE ROOM BENEFIT	13,025		12,893	132
e All other expenses	3,685	3,685		
25 Total functional expenses. Add lines 1 through 24e	4,967,097	4,655,481	149,334	162,282
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	51,601	1	40,475
	2	Savings and temporary cash investments	658,835	2	797,717
	3	Pledges and grants receivable, net	100,000	3	293,025
	4	Accounts receivable, net	14,901	4	52,253
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	105,362	8	75,925
	9	Prepaid expenses and deferred charges	18,647	9	29,727
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,899,996		
	b	Less: accumulated depreciation	10b 5,642,269	10c	5,257,727
	11	Investments—publicly traded securities	60,303	11	75,723
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	527,620	15	553,402
16	Total assets. Add lines 1 through 15 (must equal line 33)	7,057,694	16	7,175,974	
Liabilities	17	Accounts payable and accrued expenses	110,337	17	101,295
	18	Grants payable		18	
	19	Deferred revenue	82,254	19	118,516
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	192,591	26	219,811
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	5,989,449	27	5,634,992
	28	Net assets with donor restrictions	875,654	28	1,321,171
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	6,865,103	32	6,956,163
33	Total liabilities and net assets/fund balances	7,057,694	33	7,175,974	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,012,689
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,967,097
3	Revenue less expenses. Subtract line 2 from line 1	3	45,592
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,865,103
5	Net unrealized gains (losses) on investments	5	11,835
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	33,633
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,956,163

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

▶ **Attach to Form 990 or Form 990-EZ.**

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

AUBURN AUTOMOTIVE HERITAGE, INC.

Employer identification number

35-1294918

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five 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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,161,589	2,597,581	906,872	551,438	4,408,207	11,625,687
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	867,698	681,407	636,497	635,583	644,345	3,465,530
3 Gross receipts from activities that are not an unrelated trade or business under section 513	190,568	167,470	241,195	221,116		820,349
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	4,219,855	3,446,458	1,784,564	1,408,137	5,052,552	15,911,566
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	20,000	45,500	49,500	64,000	80,064	259,064
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	20,000	45,500	49,500	64,000	80,064	259,064
8 Public support. (Subtract line 7c from line 6.)						15,652,502

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	4,219,855	3,446,458	1,784,564	1,408,137	5,052,552	15,911,566
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,802	12,824	16,327	33,315	3,778	71,046
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,802	12,824	16,327	33,315	3,778	71,046
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					11,653	11,653
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					15,696	15,696
13 Total support. (Add lines 9, 10c, 11, and 12.)	4,224,657	3,459,282	1,800,891	1,441,452	5,083,679	16,009,961
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	97.77 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	97.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

PART III, LINE 12 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME	\$ 15,696
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Name of organization

AUBURN AUTOMOTIVE HERITAGE, INC.

Employer identification number

35-1294918**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
5	1921 DUESENBERG MODEL A COUPE	\$ 2,850,000	12/13/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	1931 LYCOMING AIRCRAFT ENGINE	\$ 6,000	12/19/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	1944 STINSON V-77 AIRCRAFT	\$ 40,000	10/14/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
18	2004 FORD RANGER TRUCK	\$ 6,000	08/05/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
24	1926 DUESENBERG MODEL A CHASSIS	\$ 240,000	04/03/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
29	300 SHARES VISA STOCK	\$ 48,228	05/01/19

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

AUBURN AUTOMOTIVE HERITAGE, INC.

35-1294918

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	272,923	302,714	275,564	271,643	291,911
b Contributions	300	390	265	250	400
c Net investment earnings, gains, and losses	48,031	-17,578	39,527	17,441	-5,869
d Grants or scholarships					
e Other expenditures for facilities and programs	5,976	12,603	12,642	13,770	11,241
f Administrative expenses					3,558
g End of year balance	315,278	272,923	302,714	275,564	271,643

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ **15.65 %**
 - b Permanent endowment ▶ **84.35 %**
 - c Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		90,148		90,148
b Buildings		8,847,595	4,144,272	4,703,323
c Leasehold improvements				
d Equipment		1,962,253	1,497,997	464,256
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,257,727

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DONATED AUTOMOBILES FOR SALE	315,000
(2) BENEFICIAL INTEREST CFDC	238,402
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	553,402

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,058,157
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	11,835	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	33,633	
e	Add lines 2a through 2d		2e	45,468
3	Subtract line 2e from line 1		3	5,012,689
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,012,689

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

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

1	Total expenses and losses per audited financial statements		1	4,967,097
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4,967,097
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,967,097

Part XIII Supplemental Information.

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

PART III, LINE 1A - TERMS FOR NOT REPORTING ASSETS PER SFAS 116

THE MUSEUM MAINTAINS AN EXTENSIVE COLLECTION OF AUBURN, CORD, DUESENBERG AND SPECIAL INTEREST AUTOMOBILES AND ARTIFACTS. THE COLLECTION, WHICH WAS ACQUIRED VIA PURCHASES AND CONTRIBUTIONS, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENTS OF FINANCIAL POSITION. THE COST OF ALL ITEMS PURCHASED AND ALL EXPENSES INCURRED TO RESTORE ITEMS IN THE COLLECTION ARE REPORTED AS SEPARATE PROGRAM EXPENSES. PROCEEDS FROM DEACCESSIONS, NET OF SALES EXPENSES, ARE REPORTED AS REVENUE IN THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS. THERE WERE NO DEACCESSIONS IN THE YEAR ENDED DECEMBER 31, 2019. REVENUE FROM DEACCESSIONS WAS \$500 IN THE YEAR ENDED DECEMBER 31, 2018.

Part XIII Supplemental Information (continued)

THE MUSEUM MAINTAINS AN EXTENSIVE COLLECTION OF AUBURN, CORD, DUESENBERG AND SPECIAL INTEREST AUTOMOBILES AND ARTIFACTS. THE AUTOMOBILES AND ARTIFACTS IN THE COLLECTION ARE HELD FOR EDUCATIONAL, RESEARCH AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE VAST MAJORITY OF THE COLLECTION ITEMS ARE SUBJECT TO RESTRICTIONS THAT REQUIRE THE ITEMS TO BE PERMANENTLY MAINTAINED WITHIN THE COLLECTION.

PART III, LINE 4 - COLLECTIONS AND RELATION TO EXEMPT PURPOSE

THE MISSION OF THE MUSEUM IS TO COLLECT, DOCUMENT, PRESERVE AND INTERPRET RELEVANT ARTIFACTS AND STORIES OF THE AUBURN AUTOMOBILE COMPANY, DUESENBERG INC., AUBURNS, CORDS, DUESENBERGS AND OTHER SIGNIFICANT AUTOMOBILES AND THEIR HERITAGE OF INNOVATION, COMPETITION, SOCIETAL INFLUENCE AND DESIGN, ENGAGING COMMUNITIES IN ENRICHED, EDUCATIONAL AND FUN EXPERIENCES THAT HAVE ENDURING IMPACT ON DIVERSE AUDIENCES.

THE MUSEUM PROVIDES INNOVATIVE EXHIBITS AND EDUCATIONAL PROGRAMS, GROUNDED IN SCHOLARLY RESEARCH, TO INFORM A DIVERSE AUDIENCE REPRESENTING ALL 50 STATES AND OVER 40 COUNTRIES ANNUALLY. CATEGORIES OF VISITORS INCLUDE CAR ENTHUSIASTS, HISTORIANS, SENIOR AND ADULT TOUR GROUPS, FAMILIES WITH CHILDREN, RESEARCHERS, WRITERS, THOSE WITH A PASSION FOR ART AND DESIGN AND TEACHERS WITH LOCAL STUDENTS ON STUDY TRIPS. THE MUSEUM'S COLLECTION IS COMPRISED OF 117 AUTOMOBILES, 1,400 SMALL ARTIFACTS AND OVER 100,000 OBJECTS IN ITS RESEARCH ARCHIVES. ARTIFACTS ARE ALSO TAKEN ON TEMPORARY LOANS TO ALLOW FOR COMPREHENSIVE EXHIBITS.

Part XIII Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE**

THE MUSEUM IS ORGANIZED AS AN INDIANA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION 170(B)(1)(A)(VI) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER IRC SECTION 509(A)(1). THE MUSEUM IS REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS ANNUALLY. IN ADDITION, THE MUSEUM IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE. THE MUSEUM IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS. THE MUSEUM IS ALSO EXEMPT FROM STATE INCOME TAXES.

THE MUSEUM PROVIDES LIABILITIES FOR UNCERTAIN INCOME TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN OR EXPECTS TO BE TAKEN AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT SHOULD BE RECOGNIZED, MEASURED OR DISCLOSED IN THE FINANCIAL STATEMENTS. MANAGEMENT BELIEVES THE MUSEUM IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR YEARS PRIOR TO DECEMBER 31, 2016.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

CHANGE IN BENEFICIAL INTEREST	\$ 33,633
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**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

AUBURN AUTOMOTIVE HERITAGE, INC.

Employer identification number

35-1294918

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 non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE HODGE GROUP 1 5131 POST ROAD, STE 350 DUBLIN OH 43017	CAPITAL FR		X	430,577	67,450	363,127
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				430,577	67,450	363,127

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.

INDIANA

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
		<u>CHEERS 45 YEARS</u> (event type)	<u>DRIVING EXPERIE</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	121,018	110,350	231,368
	2	Less: Contributions	68,100	90,500	158,600
	3	Gross income (line 1 minus line 2)	52,918	19,850	72,768
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs		37,631	37,631
	7	Food and beverages	12,575	4,595	17,170
	8	Entertainment	7,840		7,840
	9	Other direct expenses	35,743	3,555	39,298
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-29,171

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))	
		1	Gross revenue			111,400
Direct Expenses	2	Cash prizes		13,000	13,000	
	3	Noncash prizes		54,000	54,000	
	4	Rent/facility costs				
	5	Other direct expenses			12,661	12,661
	6	Volunteer labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 20.00% <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				79,661	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				31,739	

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

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

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | | |
|--------------------------------------|------------|---------------|----------|
| a The organization's facility | 13a | 100.00 | % |
| b An outside facility | 13b | | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ **HEATHER MILLER**
1600 S WAYNE ST
 Address ▶ **AUBURN** **IN 46706**

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

Name ▶
 Address ▶

16 Gaming manager information:

Name ▶ **BRANDON ANDERSON**

Gaming manager compensation ▶ \$

Description of services provided ▶ **APPROVAL OF RAFFLE OPERATIONS**

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 ▶ \$ **31,589**

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.

SCH G, PART III, LINE 17B - REQUIRED DISTRIBUTIONS PER STATE LAW	STATE	DISTRIBUTION AMOUNT
	INDIANA	\$ 31,589

SCHEDULE G, PAGE 3, PART IV - ADDITIONAL INFORMATION

PART III, LINE 17B

THE INDIANA CHARITY GAMING COMMISSION INSTRUCTED AUBURN AUTOMOTIVE HERITAGE, INC. (D/B/A AUBURN CORD DUESENBERG MUSEUM) THAT EXCESS GAMING FUNDS MUST BE USED TO DIRECTLY PAY ALLOWABLE EXPENSES OF THE MUSEUM. RAFFLE PROCEEDS OF \$31,589 WERE USED TO PAY MUSEUM INSURANCE (\$13,259), MAINTENANCE (\$8,061), AND UTILITY BILLS (\$10,269) DURING 2019.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

AUBURN AUTOMOTIVE HERITAGE, INC.

Employer identification number

35-1294918

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	1	6,000	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	1	48,228	FAIR MARKET VALUE
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	X	5	3,136,350	FAIR MARKET VALUE
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 IV, Donee Acknowledgement 29 **5**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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 - SUPPLEMENTAL INFORMATION

THE AMOUNT REPORTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Employer identification number

AUBURN AUTOMOTIVE HERITAGE, INC.**35-1294918****FORM 990 - ORGANIZATION'S MISSION**

AUBURN AUTOMOTIVE HERITAGE, INC., DBA THE AUBURN CORD DUESENBERG AUTOMOBILE MUSEUM, AN EDUCATIONAL NONPROFIT 501(C)(3), IS AN ART DECO TREASURE, FAITHFULLY PRESENTING ITS ORIGINAL 1930'S GRANDEUR - A PLACE WHERE LANDMARK AUTOMOTIVE INNOVATION WAS ONCE A DAILY OCCURRENCE. IT IS THE ONLY AUTO MUSEUM ANYWHERE OCCUPYING AN AUTO MANUFACTURER'S INTERNATIONAL HEADQUARTERS BUILDING. IT INCLUDES THE ACTUAL FACTORY SHOWROOM, DESIGN STUDIOS AND ADMINISTRATIVE OFFICES OF AN AMERICAN THOROUGHbred AUTO MAKER. IN THE MUSEUM BUILDING, THE DESIGNERS, INNOVATORS AND ENGINEERS WORKED. IT IS NATIONALLY SIGNIFICANT AS ONE OF THE FEW REMAINING EXAMPLES OF AN INDEPENDENT SPECIALTY AUTOMOBILE COMPANY THAT MADE HAND-ASSEMBLED RATHER THAN MASS-PRODUCED AUTOMOBILES. SINCE THEIR INCEPTION, AUTOMOBILES DESIGNED AND BUILT HERE ARE HIGHLY PRIZED AROUND THE WORLD. THE MUSEUM NOT ONLY HONORS THREE EXTRAORDINARY MOTORCARS FROM AMERICA'S AUTOMOTIVE GOLDEN AGE - THE AUBURN, CORD AND DUESENBERG - BUT ALSO DOZENS OF OTHER GREAT CLASSIC MARQUES.

THE MUSEUM PROVIDES INNOVATIVE EXHIBITS AND EDUCATIONAL PROGRAMS, GROUNDED IN SCHOLARLY RESEARCH TO INFORM A DIVERSE AUDIENCE REPRESENTING ALL 50 STATES AND OVER 40 COUNTRIES ANNUALLY. CATEGORIES OF VISITORS INCLUDE CAR ENTHUSIASTS, HISTORIANS, SENIOR AND ADULT TOUR GROUPS, FAMILIES WITH CHILDREN, RESEARCHERS, WRITERS, THOSE WITH A PASSION FOR ART AND DESIGN, AND TEACHERS WITH LOCAL STUDENTS ON STUDY TRIPS. THE MUSEUM'S COLLECTION IS COMPRISED OF 114 AUTOMOBILES, 2 AIRCRAFTS, 1,400 SMALL ARTIFACTS, AND OVER 100,000 OBJECTS IN ITS RESEARCH ARCHIVES. AUTOMOBILES ARE ALSO TAKEN ON TEMPORARY LOANS TO ALLOW FOR COMPREHENSIVE EXHIBITS.

Name of the organization

Employer identification number

AUBURN AUTOMOTIVE HERITAGE, INC.

35-1294918

THE MUSEUM'S MOST ACTIVE EDUCATIONAL PROGRAM IS ITS SELF-GUIDED TOUR OFFERED TO THE GENERAL PUBLIC 362 DAYS A YEAR. STUDY TRIPS THAT MEET ACADEMIC STANDARDS ARE TAUGHT BY LICENSED PROFESSIONALS. THE MUSEUM'S ARCHIVES FULFILLS OVER 1,000 RESEARCH REQUESTS ANNUALLY.

SINCE 1997, THE AUBURN CORD DUESENBERG AUTOMOBILE MUSEUM HAS ACHIEVED AND RETAINED ACCREDITATION STATUS BY THE AMERICAN ALLIANCE OF MUSEUMS, IN ACCORDANCE WITH THE HIGHEST STANDARDS OF EXCELLENCE. LESS THAN 5% OF THE NATION'S 17,774 MUSEUMS HAVE EARNED ACCREDITATION. ONLY TWO MUSEUMS NATIONALLY HAVE ACHIEVED THIS ACCREDITATION IN THE AUTOMOBILE MUSEUM CATEGORY.

THE AUBURN CORD DUESENBERG AUTOMOBILE FACILITY RECEIVED THE HIGHEST DESIGNATION IN THE COUNTRY, THAT OF NATIONAL HISTORIC LANDMARK, IN 2005 STATING THAT THE MUSEUM SITE HAS BEEN FOUND TO POSSESS EXCEPTIONAL SIGNIFICANCE IN ILLUSTRATING OR COMMEMORATING THE HISTORY OF THE UNITED STATES FOR THE BENEFIT AND INSPIRATION OF THE AMERICAN PEOPLE.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
MUSEUM MEMBERSHIPS ARE PURCHASED AT VARYING LEVELS RANGING FROM INDIVIDUAL TO LIFE, BASIC BENEFITS INCLUDE FREE ADMISSION, FREE SUBSCRIPTION TO THE NEWSLETTER, VOLUNTEER OPPORTUNITIES, AND INVITATION TO THE ANNUAL DINNER MEETING AND VOTING PRIVILEGES.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
MEMBERS ARE INVITED TO VOTE FOR BOARD OF TRUSTEES BY MAIL-IN BALLOT OR AT THE ANNUAL DINNER MEETING.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

Name of the organization

AUBURN AUTOMOTIVE HERITAGE, INC.

Employer identification number

35-1294918

FORM 990 IS REVIEWED BY MANAGEMENT THEN IS PRESENTED TO THE FINANCE COMMITTEE FOR FINAL REVIEW AND APPROVAL TO FILE. THEN THE FORM IS PROVIDED TO EVERY MEMBER OF THE BOARD OF TRUSTEES TO REVIEW.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY POLICIES ARE CONSISTENTLY REVIEWED AND ISSUES WITH CONFLICTS ADDRESSED IF THEY ARISE. THIS IS PART OF THE ETHICS POLICY WHICH STAFF, VOLUNTEERS, AND TRUSTEES READ AND SIGN ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION FOR ALL STAFF INCLUDING THE EXECUTIVE DIRECTOR/CEO IS DETERMINED BY THE HUMAN RESOURCES COMMITTEE ON AN ANNUAL BASIS. COMPARISON IS PERFORMED REGULARLY USING SIMILAR ORGANIZATIONS. THIS DATA IS RECEIVED FROM ORGANIZATIONS SUCH AS THE ASSOCIATION OF MIDWEST MUSEUMS AND THE AMERICAN ALLIANCE OF MUSEUMS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS COMPENSATION FOR ALL STAFF INCLUDING THE EXECUTIVE DIRECTOR/CEO IS DETERMINED BY THE HUMAN RESOURCES COMMITTEE ON AN ANNUAL BASIS. COMPARISON IS PERFORMED REGULARLY USING SIMILAR ORGANIZATIONS. THIS DATA IS RECEIVED FROM ORGANIZATIONS SUCH AS THE ASSOCIATION OF MIDWEST MUSEUMS AND THE AMERICAN ALLIANCE OF MUSEUMS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, BY APPOINTMENT, ON SITE.

Name of the organization

Employer identification number

AUBURN AUTOMOTIVE HERITAGE, INC.

35-1294918

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

CHANGE IN BENEFICIAL INTEREST **\$ 33,633**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2019

Attachment Sequence No. **179**

AUBURN AUTOMOTIVE HERITAGE, INC.

Identifying number
35-1294918

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	293

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	293
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form 990	Event Income and Deduction Worksheet	2019
Name AUBURN AUTOMOTIVE HERITAGE, INC.		Taxpayer Identification Number 35-1294918
Description CHEERS 45 YEARS		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>52,918</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<u>68,100</u>
7. Total revenue. Add lines 1 through 6	7.	<u>121,018</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>56,158</u>
15. Total expenses. Add lines 8 through 1415.		<u>56,158</u>
16. Net Income/Loss. Line 7 minus Line 1516.		<u>64,860</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	<u>12,575</u>
Entertainment (Part II only)	<u>7,840</u>
Other direct expenses	<u>35,743</u>
Total Fundraising Expense	<u>56,158</u>

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2019
Name AUBURN AUTOMOTIVE HERITAGE, INC.		Taxpayer Identification Number 35-1294918
Description DRIVING EXPERIENCE		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.								
2. Advertising income	2.								
3. Circulation income	3.								
4. Other income	4.								
5. Returns and allowances	5.								
6. Contributions received	6.					90,500			
7. Total revenue. Add lines 1 through 6	7.					110,350			
8. Cost of Goods Sold	8.								
9. Employment Expense	9.								
10. Fees for services	10.								
11. Indirect Expense	11.								
12. Depreciation Expense	12.								
13. Exempt Activity Expense	13.								
14. Fundraising Expense	14.					45,781			
15. Total expenses. Add lines 8 through 1415.						45,781			
16. Net Income/Loss. Line 7 minus Line 1516.						64,569			

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	37,631
Food & beverages (Part II only)	4,595
Entertainment (Part II only)	
Other direct expenses	3,555
Total Fundraising Expense	45,781

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Form 990	Event Income and Deduction Worksheet	2019
Name AUBURN AUTOMOTIVE HERITAGE, INC.		Taxpayer Identification Number 35-1294918
Description RAFFLE		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		111,400
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		111,400
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		79,661
15. Total expenses. Add lines 8 through 1415.			79,661
16. Net Income/Loss. Line 7 minus Line 1516.			31,739

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fundraising Expense:

Cash prizes	13,000
Non-cash prizes	54,000
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	12,661
Total Fundraising Expense	79,661

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Form 990	Event Income and Deduction Worksheet	2019
Description MUSEUM STORE		
Name AUBURN AUTOMOTIVE HERITAGE, INC.		Taxpayer Identification Number 35-1294918

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		150,700
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		150,700
8. Cost of Goods Sold	8.		69,775
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 1415.			69,775
16. Net Income/Loss. Line 7 minus Line 1516.			80,925

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	105,362
Purchases	40,338
Labor	
Section 263A costs	
Other costs	
Ending inventory	75,925
Total Cost of Goods Sold	69,775

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet	2019
Description OTHER EVENTS		
Name AUBURN AUTOMOTIVE HERITAGE, INC.		Taxpayer Identification Number 35-1294918

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		<u>30,252</u>
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		<u>30,252</u>
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		<u>21,167</u>
15. Total expenses. Add lines 8 through 1415.			<u>21,167</u>
16. Net Income/Loss. Line 7 minus Line 1516.			<u>9,085</u>

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	<u>21,167</u>
Total Fundraising Expense	<u>21,167</u>

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

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Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated</u> <u>Business</u>	<u>Exclusion</u> <u>Code</u>	<u>Postal</u> <u>Code</u>	<u>Acquired after</u> <u>6/30/75</u>	<u>US</u> <u>Obs (\$ or %)</u>
INVESTMENT INCOME	\$ 3,778		14			
TOTAL	<u>\$ 3,778</u>					

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Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
OTHER FEES	\$ 26,257	\$ 4,613	\$ 1,730	\$ 19,914
TOTAL	<u>\$ 26,257</u>	<u>\$ 4,613</u>	<u>\$ 1,730</u>	<u>\$ 19,914</u>

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
EXHIBIT SUPPLIES	\$ 3,685	\$ 3,685	\$	\$
TOTAL	<u>\$ 3,685</u>	<u>\$ 3,685</u>	<u>\$ 0</u>	<u>\$ 0</u>

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Schedule A, Part III, Line 1(e)

Description	Amount
AWS FOUNDATION	\$ 140,768
CASH CONTRIBUTION	6,600
CHARLES & BARBARA GOODMAN FOUNDATION	
CASH CONTRIBUTION	10,000
CHARLES GOODMAN	
CASH CONTRIBUTION	5,000
CONNIE PESHIA	
CASH CONTRIBUTION	15,000
CYRANN & JAMES CASTLE	
1921 DUESENBERG MODEL A COUPE	2,850,000
CUSTOM COATING INC	
CASH CONTRIBUTION	6,000
DEKKO FOUNDATION	
CASH CONTRIBUTION	5,000
DON & JEAN GHAREEB	
CASH CONTRIBUTION	100,000
E.L. CORD FOUNDATION	
CASH CONTRIBUTION	25,000
ENGLISH BONTER MITCHELL FOUNDATION	
CASH CONTRIBUTION	100,000
GLEN SMITH, JR.	
1931 LYCOMING AIRCRAFT ENGINE	6,000
HAGERTY AGENCY, LLC	
CASH CONTRIBUTION	6,000
HERB HORROM	
CASH CONTRIBUTION	7,064
HOOSIER AIR MUSEUM	
1944 STINSON V-77 AIRCRAFT	40,000
HORIZON BANK	
CASH CONTRIBUTION	25,000
HUNTINGTON METAL	
CASH CONTRIBUTION	10,000
KELLEY AUTOMOTIVE GROUP	
CASH CONTRIBUTION	7,500
KURT STECKBECK	
2004 FORD RANGER TRUCK	6,000
MAUREEN SANDER	

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Schedule A, Part III, Line 1(e) (continued)

<u>Description</u>	<u>Amount</u>
CASH CONTRIBUTION	\$ 120,447
MISSY GRATE	
CASH CONTRIBUTION	5,000
MOORE FAMILY FOUNDATION	
CASH CONTRIBUTION	10,000
O'DANIEL AUTOMOTIVE GROUP	
CASH CONTRIBUTION	7,500
PEOPLE'S CHARITABLE FOUNDATION	
CASH CONTRIBUTION	5,000
PERRY & MARGERIE PINTZOW	
1926 DUESENBERG MODEL A CHASSIS	240,000
RM SOTHEBY'S	
CASH CONTRIBUTION	18,000
STEEL DYNAMICS INC	
CASH CONTRIBUTION	246,000
SWEETWATER/SWEETCARS	
CASH CONTRIBUTION	52,000
THE JAMES FOUNDATION	
CASH CONTRIBUTION	84,000
THOMAS FARMAKIS	
300 SHARES VISA STOCK	48,228
ULTRA MOTOR SPORTS, LLC	
CASH CONTRIBUTION	30,000
VORDERMAN VOLKSWAGEN	
CASH CONTRIBUTION	7,500
WITWER CONSTRUCTION	
CASH CONTRIBUTION	5,000
CHEERS 45 YEARS	
CASH CONTRIBUTION	68,100
DRIVING EXPERIENCE	
CASH CONTRIBUTION	90,500
TOTAL	<u>\$ 4,408,207</u>

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Schedule A, Part III, Line 2(e)

Description	Amount
ADMISSION	\$ 234,263
MEMBERSHIPS	62,985
RESEARCH AND LITERATURE	4,499
FACILITIES USE	191,898
MUSEUM STORE	150,700
TOTAL	<u>\$ 644,345</u>

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2015	2016	2017	2018	2019
BUCK KAMPHAUSEN	\$	\$	\$ 10,000	\$ 15,000	\$
CHARLES & BARBARA GOODMAN FOUNDATION					10,000
CHARLES GOODMAN		10,000	10,000	5,000	5,000
CHUCK SURACK			10,000	10,000	
CUSTOM COATING INC				5,000	6,000
HERB HORROM					7,064
SWEETWATER/SWEETCARS		35,500	15,000	20,000	52,000
1) PRIOR YEARS RETURN	20,000				
DR SAM MARTHA AND MABEL FOUN					
DUNSIRE FOUNDATION					
EDWARD AND MARY MCCREA WILSON FOUND					
ENB FOUNDATION					
JEFFRIS FAMILY FOUNDATION					
MOORE FAMILY FOUNDATION					
TRUSTEE DONATIONS UNDER 5K			4,500	9,000	
TOTAL	<u>\$ 20,000</u>	<u>\$ 45,500</u>	<u>\$ 49,500</u>	<u>\$ 64,000</u>	<u>\$ 80,064</u>

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Schedule A, Part III, Line 10a(e)

Description	Amount
INVESTMENT INCOME	\$ 3,778
TOTAL	\$ 3,778

NP-20State Form 51062
(R10 / 8-19)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning 01 01 2019 and Ending 12 31 2019
MM/DD/YYYY MM/DD/YYYY

Check if: Change of Address
 Amended Report
 Final Report: Indicate
Date Closed _____

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization AUBURN AUTOMOTIVE HERITAGE, INC.		Telephone Number 260 925 1444	
Address 1600 SOUTH WAYNE STREET		County 17	Indiana Taxpayer Identification Number
City AUBURN	State IN	Zip Code 46706	Federal Employer Identification Number 35 1294918
Printed Name of Person to Contact BRANDON ANDERSON		Contact's Telephone Number 260 925 1444	

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes. **NO**
2. Indicate number of years your organization has been in continuous existence **47**.
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE STATEMENT 1**
4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 2

Email Address: _____

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee BRANDON ANDERSON	CEO Title 260 925 1444 Daytime Telephone Number	Date
--	--	------

Name of Person(s) to Contact

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481
Telephone: (317) 232-0129

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



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Indiana Statements

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Statement 1 - IN Form NP-20, Line 3 - Current Officers

<u>Officer Name</u>	<u>Title</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Address</u>				
BRANDON ANDERSON 1600 S WAYNE ST	CEO	AUBURN	IN	46706
HERB HORROM 1600 S WAYNE ST	CHAIRMAN	AUBURN	IN	46706
KEN MERUSI 1600 S WAYNE ST	VICE CHAIRMAN	AUBURN	IN	46706
BRENT RITENOUR 1600 S WAYNE ST	TREASURER	AUBURN	IN	46706
JOHN STECKBECK 1600 S WAYNE ST	SECRETARY	AUBURN	IN	46706

Statement 2 - IN Form NP-20, Line 4 - Purpose of Mission of OrganizationDescription

TO PRESERVE, INTERPRET, AND CREATE PASSION FOR AUBURN, CORD, AND DUESENBERG AUTOMOBILES AND THEIR HERITAGE OF INNOVATION, INFLUENCE, DESIGN, AND COMPETITION WHILE EXCEEDING THE HIGHEST MUSEUM STANDARDS. ADMINISTRATIVE OFFICES OF AN AMERICAN THOROUGHbred AUTO MAKER. IN THE MUSEUM BUILDING, THE DESIGNERS, INNOVATORS AND ENGINEERS WORKED. IT IS NATIONALLY SIGNIFICANT AS ONE OF THE FEW REMAINING EXAMPLES OF AN INDEPENDENT SPECIALTY AUTOMOBILE COMPANY THAT MADE HAND-ASSEMBLED RATHER THAN MASS-PRODUCED AUTOMOBILES. SINCE THEIR INCEPTION, AUTOMOBILES DESIGNED AND BUILT HERE ARE HIGHLY PRIZED AROUND THE WORLD. THE MUSEUM N ONLY HONORS THREE EXTRAORDINARY MOTORCARS FROM AMERICA'S AUTOMOTIVE GOLD AGE - THE AUBURN, CORD AND DUESENBERG - BUT ALSO DOZENS OF OTHER GREAT CLASSIC MARQUES.

THE MUSEUM PROVIDES INNOVATIVE EXHIBITS AND EDUCATIONAL PROGRAMS, GROUND IN SCHOLARLY RESEARCH TO INFORM A DIVERSE AUDIENCE REPRESENTING ALL 50 STATES AND OVER 40 COUNTRIES ANNUALLY. CATEGORIES OF VISITORS INCLUDE CA ENTHUSIASTS, HISTORIANS, SENIOR AND ADULT TOUR GROUPS, FAMILIES WITH CHILDREN, RESEARCHERS, WRITERS, THOSE WITH A PASSION FOR ART AND DESIGN, AND TEACHERS WITH LOCAL STUDENTS ON STUDY TRIPS. THE MUSEUM'S COLLECTION COMPRISED OF 114 AUTOMOBILES, 2 AIRCRAFTS, 1,400 SMALL ARTIFACTS, AND OV 100,000 OBJECTS IN ITS RESEARCH ARCHIVES. AUTOMOBILES ARE ALSO TAKEN ON TEMPORARY LOANS TO ALLOW FOR COMPREHENSIVE EXHIBITS.

THE MUSEUM'S MOST ACTIVE EDUCATIONAL PROGRAM IS ITS SELF-GUIDED TOUR OFFERED TO THE GENERAL PUBLIC 362 DAYS A YEAR. STUDY TRIPS THAT MEET ACADEMIC STANDARDS ARE TAUGHT BY LICENSED PROFESSIONALS. THE MUSEUM'S ARCHIVES FULFILLS OVER 1,000 RESEARCH REQUESTS ANNUALLY.

SINCE 1997, THE AUBURN CORD DUESENBERG AUTOMOBILE MUSEUM HAS ACHIEVED AN RETAINED ACCREDITATION STATUS BY THE AMERICAN ALLIANCE OF MUSEUMS, IN ACCORDANCE WITH THE HIGHEST STANDARDS OF EXCELLENCE. LESS THAN 5% OF THE NATION'S 17,774 MUSEUMS HAVE EARNED ACCREDITATION. ONLY TWO MUSEUMS NATIONALLY HAVE ACHIEVED THIS ACCREDITATION IN THE AUTOMOBILE MUSEUM CATEGORY.

THE AUBURN CORD DUESENBERG AUTOMOBILE FACILITY RECEIVED THE HIGHEST DESIGNATION IN THE COUNTRY, THAT OF NATIONAL HISTORIC LANDMARK, IN 2005 STATING THAT THE MUSEUM SITE HAS BEEN FOUND TO POSSESS EXCEPTIONAL SIGNIFICANCE IN ILLUSTRATING OR COMMEMORATING THE HISTORY OF THE UNITED STATES FOR THE BENEFIT AND INSPIRATION OF THE AMERICAN PEOPLE.