Form **990** (Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization **The Pontiac Oakland Museum & Resource Center, Inc.**

Doing business as **Pontiac Transportation Museum**

Number and street (or P.O. box if mail is not delivered to street address): **205 N. Mill St** Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: **Pontiac, IL**

D Employer identification number: **27-3178020**

E Telephone number: **815.842.2345**

G Gross receipts $: **269,445**

F Name and address of principal officer: **T. Dye**
205 Mill St Pontiac, IL 61764

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)

H(c) Group exemption number ▶

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

J Website: ▶ **www.Pontiacoaklandmuseum.org**

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **2010**

M State of legal domicile: **OK**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **To educate and display artifacts, automobiles and printed materials pertaining to transportation, especially transporations vehicles manufactured by Oakland and Pontiac under General Motors Corporation**

2 Check this box ▶ ☐ 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)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	708,984	251,685
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	73	-3,858
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,674	21,618
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	764,731	269,445

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	92,124	70,378
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	62,537	102,315
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	156,661	172,693
19	Revenue less expenses. Subtract line 18 from line 12	608,324	96,727

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	967,324	1,103,406
21	Total liabilities (Part X, line 26)	13,236	39,853
22	Net assets or fund balances. Subtract line 21 from line 20	954,088	1,063,553

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: Penny Dye — Date: 11-3-20

Type or print name and title: Penny Dye Secretary/Treasurer

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No