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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

B Content paperage   Address datapage   Near of disputation   National Railway Historical Society   D Employer destination number   TNC	Α	For the 201	2 calendar year, or tax year beginning , and ending	, , ,		
Number 2 straight   Double placements Are   Number or or straight of the Court   Number 2 straight of the Court   Number 3 straig	В	Check if applicabl	_ <del>_</del>	ety	D Emplo	yer identification number
Number and are greated processing and processing	Ш	Address change				7052004
Indicate continue and continu		Name change	<u> </u>	Room/suite		
Terrindex   Copy, nown pear office, states, and 2P pears   Ph. 1 adel. ph. ia   Ph. 1 adel.		Initial return				
Philadelphia   PA 19102   Gross receipted 9588, 725		Terminated		1400	210	<u> </u>
Ray lab files and protection posting   Foreign and protection   Part   100 N . 20th St. Suite 400   Philadelphia   Part   19103-1462   Part   19		Amended return			G Gross roo	ointe\$ 958.725
Tax-exempt status: X   Sortical Society   Sortica	H		F. Name and address of principal officer:		G Gloss led	
Take exempt status	Ш	Application pendi	Gregory P. Mollov	H(a) Is this a	group return fo	raffiliates? Yes X No
Taccurrent value:   NRHS . COM				H(b) Are all a	ffiliates includ	ed? Yes No
NRHS   COM			Philadelphia PA 19103-1462	If "N	o," attach a lis	t. (see instructions)
Part   Summary	ı	Tax-exempt sta	tus: <b>X</b> 501(c)(3) 501(c) ( ) <b>4</b> (insert no.) 4947(a)(1) or 527			
1 Briefly describe the organization's mission or most significant activities:   The National Railway Historical Society promotes railway heritage preservation and educates its members and the public about rail transportation, its history and impact, with a focus on North America.   2 Check this box	J	Website:				
Birelly describe the organizations mission or most significant activities:	********	*******		L Year of formation: 1	935	M State of legal domicile: MD
The National Railway Historical Society promotes railway heritage preservation and educates its members and the public about rail transportation, its history and impact, with a focus on North America.  2 Check this box		1				
Preservation and educates its members and the public about rail transportation, its history and impact, with a focus on North America	•	_				
3   Number of violing members of the governing body (Part VI, line 1a)   4   25	nce	The				
3   Number of violing members of the governing body (Part VI, line 1a)   4   25	'n	pr				
3   Number of violing members of the governing body (Part VI, line 1a)   4   25	Š	tr				.ca.
4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of volunteers (estimate if necessary) 6 Carbotal number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12	Ğ	2 Check		ian 25% of its net a	1 1	25
Ta Total unrelated business revenue from Part VIII, column (C), line 12   Ta   Do Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   Quarter VIII, line 1h   Quarter VIII, line 1h   Quarter VIII, line 2h   Quarter VIII, column (A), lines 3, 4, and 7d   14, 530   18, 773   10. (Diumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   6, 270   6, 079   12. Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)   545, 716   955, 325   33   Grants and similar amounts paid (Part IX, column (A), lines 1–3)   38, 500   50, 040   48   Benefits paid to or for members (Part IX, column (A), lines 4)   Quarter VIII, column (A), lines 4   Quarter VIII, column (A), lines 5–10   Quarter VIII, column (A), line 19   8, 728   9, 646   46   46   46   47   47   48   47   48   47   49   47   49   47   49   47   49   47   49   47   49   47   49   49	o∑ O					
Ta Total unrelated business revenue from Part VIII, column (C), line 12   Ta   Do Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   Quarter VIII, line 1h   Quarter VIII, line 1h   Quarter VIII, line 2h   Quarter VIII, column (A), lines 3, 4, and 7d   14, 530   18, 773   10. (Diumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   6, 270   6, 079   12. Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)   545, 716   955, 325   33   Grants and similar amounts paid (Part IX, column (A), lines 1–3)   38, 500   50, 040   48   Benefits paid to or for members (Part IX, column (A), lines 4)   Quarter VIII, column (A), lines 4   Quarter VIII, column (A), lines 5–10   Quarter VIII, column (A), line 19   8, 728   9, 646   46   46   46   47   47   48   47   48   47   49   47   49   47   49   47   49   47   49   47   49   47   49   49	jŧ	5 Total	er of independent voting members of the governing body (Part VI, line 1b)		4	
Ta Total unrelated business revenue from Part VIII, column (C), line 12   Ta   Do Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   Quarter VIII, line 1h   Quarter VIII, line 1h   Quarter VIII, line 2h   Quarter VIII, column (A), lines 3, 4, and 7d   14, 530   18, 773   10. (Diumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   6, 270   6, 079   12. Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)   545, 716   955, 325   33   Grants and similar amounts paid (Part IX, column (A), lines 1–3)   38, 500   50, 040   48   Benefits paid to or for members (Part IX, column (A), lines 4)   Quarter VIII, column (A), lines 4   Quarter VIII, column (A), lines 5–10   Quarter VIII, column (A), line 19   8, 728   9, 646   46   46   46   47   47   48   47   48   47   49   47   49   47   49   47   49   47   49   47   49   47   49   49	듩		average and a selection of a selecti			
B Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	ď					
Stort   Stor		<b>b</b> Net ur	prelated business taxable income from Form 990-T. line 34		7b	
9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1—3)  14 Benefits paid to or for members (Part IX, column (A), lines 1—3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5—10)  16aProfessional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13—17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Part III 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.  2 Print/Type preparer's name  2 Print/Type preparer's name  2 Print/Type or print name and title  2 Print/Type or print name and title  2 Print/Type or print name and title  3 Preparer's signature  3 Propager's signature  4 Preparer's signature  4 Preparer's signature  5 Propager's signature  8 Propager's signature  9 Propager's signature  1 Print/Type preparer's name  1 Preparer's signature  1 Print/Type preparer's name  1 Preparer's signature  1 Print/Type preparer's name  1 Preparer's signature  2 Print/Type preparer's name  3 Padde Check   Print/Type preparer's name  3 Propager's name  3 Propager's name		<b>D</b> Not an		Prior Ye	ar	
12 Total revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)  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)  16aProfessional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part III  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.  Part III  Prim's name PadDDEN, GUERRINI & ASSOCIATES, P.C.  Firm's name Phone no.  717-790-9333	<u>a</u>	8 Contri	butions and grants (Part VIII, line 1h)			
12 Total revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)  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)  16aProfessional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part III  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.  Part III  Prim's name PadDDEN, GUERRINI & ASSOCIATES, P.C.  Firm's name Phone no.  717-790-9333	enn	9 Progra				478,920
12 Total revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)  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)  16aProfessional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part III  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.  Part III  Prim's name PadDDEN, GUERRINI & ASSOCIATES, P.C.  Firm's name Phone no.  717-790-9333	ě	10 Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	. 1		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)   38,500   50,040     14 Benefits paid to or for members (Part IX, column (A), line 4)   0     15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   0     16aProfessional fundraising fees (Part IX, column (A), line 11e)   8,728   9,646     17 Other expenses (Part IX, column (D), line 25) ▶ 55,861     17 Other expenses (Part IX, column (A), line 11-24e)   548,957   1,169,238     18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)   596,185   1,228,924     19 Revenue less expenses. Subtract line 18 from line 12   596,185   1,228,924     20 Total assets (Part X, line 16)   779,669   495,286     21 Total liabilities (Part X, line 26)   382,998   370,710     22 Net assets or fund balances. Subtract line 21 from line 20   396,671   124,576     24 Total liabilities (Part X, line 26)   396,671   124,576     25 Part II   Signature Block	ш	11 Other				6,079
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)   0   0   0   0   0   0   0   0   0						
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total fundraising expenses (Part IX, column (A), line 25)  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  396,671  382,998  370,710  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.  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  NICHOLAS S. HUNTINGTON  Prim's name  PADDEN, GUERRINI & ASSOCIATES, P.C.  Firm's name  PADDEN, GUERRINI & ASSOCIATES, P.C.  Firm's address  MECHANICSBURG, PA 17055-5676  Phone no. 717-790-9333				. 3	8,500	50,040
16a Professional fundraising fees (Part IX, column (A), line 11e)   8,728   9,646     b Total fundraising expenses (Part IX, column (D), line 25) ▶ 55,861			* * * * * * * * * * * * * * * * * * * *			<u> </u>
To Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Primit Type or print name and title  Primit Type or print name and title  Primit Type preparer's name  NICHOLAS S. HUNTINGTON  Preparer's signature  Firm's name PADDEN, GUERRINI & ASSOCIATES, P.C.  Firm's EIN PADDEN 717-790-9333	ses	15 Saları	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0 720	0.646
To Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Primit Type or print name and title  Primit Type or print name and title  Primit Type preparer's name  NICHOLAS S. HUNTINGTON  Preparer's signature  Firm's name PADDEN, GUERRINI & ASSOCIATES, P.C.  Firm's EIN PADDEN 717-790-9333	en	16aProtes	sional fundraising fees (Part IX, column (A), line 11e)		0,120	9,040
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net 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.  Print/Type or print name and title  Print/Type preparer's name  Preparer's signature  NICHOLAS S. HUNTINGTON  NICHOLAS S. HUNTINGTON  Preparer  Firm's name  PADDEN, GUERRINI & ASSOCIATES, P.C.  Firm's elin PTIN  P00968875  Phone no. 717–790–9333	Ä	17 Other	average (Dawt IV and verse (A) lines 11s 11s 11f 01s)	. 54	0 057	1 160 230
19 Revenue less expenses. Subtract line 18 from line 12   -50, 469   -273, 599		17 Other				
Beginning of Current Year   End of Year						-273.599
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	50			Beginning of Cu	rrent Year	End of Year
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	sets	20 Total	assets (Part X, line 16)			
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	AB	<b>21</b> Total I	* *************************************			
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    Gregory P. Molloy   President	***********			. 39	6,671	124,576
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						
Sign Here						y knowledge and belief, it is
Here  Gregory P. Molloy  Type or print name and title  Print/Type preparer's name  NICHOLAS S. HUNTINGTON  Preparer  Use Only  Prim's address ▶ MECHANICSBURG, PA 17055-5676  President  Preparer's signature  Date  Check ☐ if PTIN  PTIN  PO0968875  PO0968875  PO0968875  PO0968875  Pone no. 717-790-9333		ue, correct, an	d complete. Decidiation of preparer (other than officer) is based on all illiothation of which pr	eparer has any know	leuge.	
Here  Gregory P. Molloy  Type or print name and title  Print/Type preparer's name  NICHOLAS S. HUNTINGTON  Preparer  Use Only  Prim's address ▶ MECHANICSBURG, PA 17055-5676  President  Preparer's signature  Date  Check ☐ if PTIN  PTIN  PO0968875  PO0968875  PO0968875  PO0968875  Pone no. 717-790-9333	ei.	,,	Signature of officer		Date	
Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  NICHOLAS S. HUNTINGTON  Preparer  Use Only  Print/Type preparer's name  Preparer's signature  NICHOLAS S. HUNTINGTON  NICHOLAS S. HUNTINGTON  NICHOLAS S. HUNTINGTON  Preparer  Firm's name  PADDEN, GUERRINI & ASSOCIATES, P.C.  Firm's EIN   23-2290841  Phone no. 717-790-9333			· ·	sidont	Duto	
Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer Print/Type preparer's name NICHOLAS S. HUNTINGTON NICHOLAS S. HUNTINGTON Preparer Use Only  91 CUMBERLAND PARKWAY Firm's address MECHANICSBURG, PA 17055-5676  Phone no. 717-790-9333	116			STUCIIL		
Paid Preparer Use Only Pirm's address ▶ MECHANICSBURG, PA 17055-5676  NICHOLAS S. HUNTINGTON NICHOLAS S. HUNTINGTON 08/13/13 self-employed P00968875 P00968875 P00968875 P10968875	_	Print/	·····	Date	Check	if PTIN
Preparer Use Only   Firm's name   PADDEN, GUERRINI & ASSOCIATES, P.C.   Firm's EIN   23-2290841	Pai	: al				□"
Use Only 91 CUMBERLAND PARKWAY  Firm's address MECHANICSBURG, PA 17055-5676 Phone no. 717-790-9333	Pre	naror				
Firm's address • MECHANICSBURG, PA 17055-5676 Phone no. 717-790-9333	Use			' '	C LINY	
		Firm's	MEGUANITOGRUPO DA 170EE ECTO	I,	Phone no.	717-790-9333
	Ma					

Form **990** (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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,	_		v
•	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		Λ
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			21
Ü	complete Schodule D. Bert III	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Λ	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
	Schedule D, Parts XI and XII	12a	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			47
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X
13		19		Х
20a	Did the aurenization energic are as proper beginning of five 2 if five 2 if five 2 in any late Calculus II	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	, 5		000	

	Oncomot of riodanioa concarios (continuos)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		162	140
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	0.4		v
00	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	00		v
00	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		X
34	an IV and Dark V Board	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	SSA		Λ
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30		36		х
37	related organization? It "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Dest VIII	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	- 57		4.
55	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X	
		<u>, 55</u>		(0010)

Form 990 (2012) National Railway Historical Society23-7053004

Page 5

Part V	Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response to any question in this Part V		
		Voc	N

		1 1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
_	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	0-	0			
h	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax ret	2a	0	2b		
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			20		
За	Did the expenization have unrelated hypinose gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	r autho	prity			
	over, a financial account in a foreign country (such as a bank account, securities account, or other	financi	al			
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financi		ounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action'	?	. 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 organization solicit any contributions that were not tax deductible as charitable contributions?	tne		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions.	tions o		<u>Va</u>		<u> </u>
	gifts were not tay deductible?	110113 0	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fo	r good	S			
	and services provided to the payor?			. 7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots$			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was				
	required to file Form 8282?	1 1		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ict?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con If the organization received a contribution of qualified intellectual property, did the organization file I			7f 7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporti		ille a i oilli 1090-0 :	/**		
	<b>organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring	-				
	organization, have excess business holdings at any time during the year?	_		8	*************	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ایا				
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 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	114				
-	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 Fo		41?	12a		
	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b		-		
C 1/10	Enter the amount of reserves on hand	13c		110		v
14a h						Х
IJ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	JIE U .		140	000	

Form 990 (2012) National Railway Historical Society23-7053004 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 in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 25 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent \_\_\_\_\_\_ 25 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? b Each committee with authority to act on behalf of the governing body? 8b 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 in Schedule O ....... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a **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 X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization ..... If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

#### Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed **PA**
- Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X Upon request Other (explain in Schedule O)
- Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Trudie Bruner

100 N. 20th St., Suite 400

Philadelphia

PA 19103-1462 215-557-6606

#### Form 990 (2012) National Railway Historical Society23-7053004

Page **7** 

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

Check if Schedule O contains a response to any question in this Part VII.

X

### 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)William Scott A										
	0.00							_	_	
Director	0.00	X						0	0	0
(2) Charles Wm. Ans										
Billion III	0.00	37						•	•	0
Director	0.00	X						0	0	0
(3) John D. Ansell	0.00									
Director	0.00	х						0	0	0
(4) Stephen E Austi		A						0	<u> </u>	<u> </u>
(4) Deephen I Adser	0.00									
Director	0.00	Х						0	0	0
(5) Raymond A. Axel										
•	0.00									
Director	0.00	X						0	0	0
(6) William Bain										
	0.00									
Director	0.00	X						0	0	0
(7)E. Steven Barry										
<u></u>	0.00	l								
Director	0.00	X						0	0	0
(8) Richard J. Bart										
Director	0.00	х						0	0	0
(9) Michael H Bauer		Λ						0	0	0
(9)MICHAEI II BAUEI	0.00									
Director	0.00	х						0	0	0
(10) William T Baxte									•	
(13,112222222 2 22222	0.00									
Director	0.00	X						0	0	0
(11)Richard W Bell	Jr.									
	0.00									
Director DAA	0.00	X						0	0	0 Earm <b>990</b> (2012)

Form 990 (2012) National												Page 8
Part VII Section A. Officers	s, Directors, Tr	uste	es,	Key	Em	ploye	ees.	, and Highest Compens	ated Employees (continu	ied)		
(A) Name and title	(B) Average hours per week (list any hours for	box	k, unle	ess per nd a di	tion more son is rector	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	С	(F) Estimated amount of other ompensatio from the	n
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1. 2.30005)		organizatior and related organization	
(12)Edward M Bernts												
Director	0.00	х						0	0			0
(13) Thomas A Biery	0 00											
Director (14)Richard M Billi	0.00	x						0	0			0
(14)RICHARO M BIIII	0.00											
Director	0.00	X						0	0			0
(15)Lee D. Bishop	0.00											
Director	0.00	X						0	0			0
(16)Donald F. Bisho	p II 0.00											
Director	0.00	X						0	0			0
(17)Ralph Robert Bi	<b>10.00</b>											
Treasurer	0.00	х		x				0	0			0
(18) John C Blac												
Director	0.00	x						0	0			0
(19)George William	Blessin 0.00	ıg										
Director	0.00	X						0	0			0
1b Sub-total						!						
c Total from continuation sho												
<ul><li>d Total (add lines 1b and 1c)</li><li>2 Total number of individuals (in</li></ul>						sted a	<b>P</b> aboʻ	ve) who received more that	an \$100.000 in			
reportable compensation from											I V.	al Na
3 Did the organization list any for employee on line 1a? If "Yes,"								oloyee, or highest compen	sated		3	s No X
4 For any individual listed on lin organization and related orga	ne 1a, is the sum	of r	epor	table	con	npen	sati					
<ul><li>individual</li><li>Did any person listed on line for services rendered to the o</li></ul>		crue	com	npens	satio	n fro	m a		or individual		5	X
Section B. Independent Contract		165,	COI	пріє	16 30	Jileut	uie c	o for such person			<u> </u>	Λ
Complete this table for your fi compensation from the organ	ive highest com	oens	ated	inde ation	pen	dent the c	con aler	tractors that received mor	e than \$100,000 of ithin the organization's tax	year.		
	(A) d business address								(B) tion of services		(C Compe	;) nsation
Fernley & Fernley Philadelphia		. 1	91(					h 20th Street Management				82,872
				-				<b>.</b>				

F.	ernieh & Leruieh	TUU NQ	ortn 20th Street		
P	hiladelphia	PA 19103-1462	Management		182,872
			<del></del>		
-					
2	Total number of independent contractived more than \$100,000 of co			1	
DAA		-			Form <b>990</b> (2012)

150XXXXXX 08/22/2013 10:17 AM										
Form 990 (2012) <b>National</b>	Railway	Н	is	to	ri	ca:	LS	Society23-705	3004	ı
									ated Employees (continu	ied)
(A) Name and title	(B) Average hours per week (list any hours for	box	k, unle	Pos check ess pe	(C) Position eck more than one s person is both an a director/trustee)			( <b>D</b> )  Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations  (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	riours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-WIGO)	organization and related organizations
(12)S. J. Boldrick										
Director	0.00	x						o	0	
(13)Richard B Boush	ell Jr. 0.00									
Director	0.00	X						0	0	
(14)Daniel Briggs	0.00									
Director	0.00	X						0	0	
(15)David E Brighte										
Director	0.00	x						o	0	
(16)Robert D Brubak	er									
Director	0.00	x						o	0	
(17)Ron Brundage									1	

		rustee	trustee		/ee	npensated			
(12)S. J. Boldrick									
	0.00								
Director	0.00	X					0	0	C
(13)Richard B Boush									
	0.00								
Director	0.00	X					0	0	C
(14)Daniel Briggs									
	0.00								
Director	0.00	X					0	0	C
(15)David E Brighte									
	0.00								
Director	0.00	X					0	0	0
(16)Robert D Brubak									
	0.00								
Director	0.00	X					0	0	0
(17)Ron Brundage									
	0.00								
Director	0.00	X					0	0	0
(18)Dave Byers									
	0.00								
Director	0.00	X					0	0	0
(19) Thomas L. Caudi									
	0.00								
Director	0.00	X					0	0	C
1b Sub-total									
c Total from continuation sh	eets to Part VII	, Se	ction	Α					
d Total (add lines 1b and 1c)						<b>•</b>			
2 Total number of individuals (i			ed to	those	e liste	ed abo	ove) who received more that	an \$100,000 in	
reportable compensation from	n the organization	on <b>►</b>							Yes No
3 Did the organization list any f	<b>ormer</b> officer d	irecto	or or	trusta	e ke	ev em	nlovee or highest compen	sated	100 110
employee on line 1a? If "Yes,	" complete Sche	edule	J for	such	indiv	/idual	ployee, or flightest compen	saica	3
4 For any individual listed on lir	ne 1a, is the sun	n of r	eporta	able o	comp	ensat	ion and other compensation	on from the	
organization and related orga									
individual	10 1000						any uprolated arraning!	or individual	4
5 Did any person listed on line for services rendered to the or									5
Section B. Independent Contrac		. 03,	COIII	Picto	JUIT	caule	o for oddir pordori		
Complete this table for your f		nane	ated i	nden	ende	nt cor	ntractors that received mor	re than \$100 000 of	
compensation from the organ									v vear

3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2012)	National	Railway	Historical	Society23-7053004
***************************************				

Tom 990 (2012) Hacional												age C
Part VII Section A. Officers	s, Directors, T	rust	ees,	Key	Em	ploy	ees	, and Highest Compens	ated Employees (continu	ied)		
(A)	(B)				C)			(D)	(E)	-	F)	
Name and title	Average hours per	(4	not (		sition	than	ono	Reportable compensation	Reportable compensation from	Estim amou		
	week					is both		from	related	oth		
	(list any					or/trust		the	organizations	compe		
	hours for	오크		Q	ž	욕표	Ę	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from	n the ization	
	related organizations	를 를	stit	Officer	эу е	nghe Pe	Forme	(W-2/1099-WISC)		and re		
	below dotted	Individual or director	tion	_	贾	yee co	4			organiz	zations	
	line)	trustee	a tr		Key employee	mpe						
		tee	Institutional trustee			Highest compensated employee						
(12)William Chapma						ä						
Director	0.00	x						0	o			C
-	rleswort								<u> </u>			
(10,221 2122222 2	0.00											
Director	0.00	X						0	0			C
(14)Frederick Cioc	ciola											
	0.00											
Director	0.00	X						0	0			C
(15)Anthony Grant C	0.00											
Director	0.00	X						0	0			C
(16)Melvin W Collin		Λ							<u> </u>			
(10)21621211 11 6622211	0.00											
Director	0.00	X						0	0			C
(17)Mitchell E Dake	lman											
Director	0.00	x						0	0			C
(18)Robert J Dash	0.00	Λ						0	0			
(10)1102010 0 20011	0.00											
Director	0.00	X						0	0			C
(19)Richard C David	son Jr. 0.00											
Director	0.00	x						0	0			C
1b Sub-total							<b></b>					
c Total from continuation sho	eets to Part VII	l, Se	ctio	n A			<b>•</b>					
d Total (add lines 1b and 1c)							<b>•</b>					
2 Total number of individuals (in	ncluding but not			o the	se li	isted	abo	ve) who received more that	an \$100,000 in			
reportable compensation from	n the organization	on 🕨									Yes	No
3 Did the organization list any fo	<b>ormer</b> officer d	lirect	or o	r tru	stee	kev	emi	nlovee or highest compen	sated		162	NO
employee on line 1a? If "Yes,"	" complete Sche	edule	J fo	or su	ch ir	ndivid	dual			3		
4 For any individual listed on lin	ne 1a, is the sun	n of r	epo	rtable	е со	mpei	nsati	ion and other compensatio	on from the			
organization and related orga										4		
individual  5 Did any person listed on line	 1a receive or ac			 npen	 sati	on fr	om a	any unrelated organization	or individual			
for services rendered to the o	rganization? If '	'Yes	," co	mple	te S	chec	lule	J for such person		5		
Section B. Independent Contract												
1 Complete this table for your fi compensation from the organ										/ Vear		
	(A) business address	00111	porio	atioi	1 101	1110			(B) tion of services		( <b>C</b> ) Compensa	tion
ivanie and	Dusiness address							Descrip	MIOTI OF SELVICES		onipensa	uon
2 Total number of independent												
received more than \$100,000	of compensation	on fro	om tl	ne or	gan	izatio	on 🕨	•				

Form 990 (2012) National											F	age <b>8</b>
		uste	es,			ploy	ees	s, and Highest Compens	<u> </u>	1		
(A) Name and title	(B) Average hours per week (list any	òox	k, unle	ss per	tion more rson i	than o is both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	m the nization related nizations	
(12)John De Roo	0.00	х						0	0			0
(13)Gerard R Deily												-
Director	0.00	x						0	o			0
(14)Howard C Dickin		Λ						0	0			
Director	0.00	х						0	0			0
(15)Ronald L Diedri Director	0.00 0.00	x						0	0			0
(16)Claude R Doane	0.00											
Director	0.00	x						0	0			0
(17)William W Dredg	e 0.00 0.00	x						0	0			0
(18)Leon B Duminiak		Λ						0	0			
Director	0.00	x						0	0			0
(19)Duane D Durr	0.00											•
Director  1b Sub-total	0.00	X					_	0	0			0
c Total from continuation she	ets to Part VII	Sec	ctior	ı A			•					
d Total (add lines 1b and 1c)  Total number of individuals (in		limit				sted	<b>▶</b> abo	ve) who received more that	an \$100,000 in			
reportable compensation from											Yes	No
<ul> <li>3 Did the organization list any for employee on line 1a? If "Yes,"</li> <li>4 For any individual listed on line</li> </ul>	" complete Sche	dule	J fo	r suc	ch in	ndivid	lual			3		
organization and related orga individual	nizations greate	r tha	ເກ <sup>ໍ</sup> \$1 	50,0	00?	If "Y	es,"	complete Schedule J for	such	4		
5 Did any person listed on line for services rendered to the o	la receive or ac	crue	com	npens	satio	on fro			or individual	5		
Section B. Independent Contract												
Complete this table for your fi compensation from the organ	ization. Report o							ndar year ending with or w	ithin the organization's tax	year.	(0)	
Name and	(A) business address							Descrip	(B) tion of services		(C) Compens	ation

Director

Director

Director

Director

Director

Director

Director

(15)W. Yancey

(16)Robert J. Ernst

(18) Neil E E. Baerman

d Total (add lines 1b and 1c)

(17)Mark S. Eyer

(19)Richard E E.

(14)Robert L Eastwood Jr.

Ellis

0

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Yes No

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Form 990 (2012) National	Railway	<i>H</i>	is	to	ri	cal		Society23-705	3004	
Part VII Section A. Officer	s, Directors, Ti	ruste	es,	Key	Em	ploye	es,	and Highest Compens	ated Employees (continu	ied)
( <b>A</b> ) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	c, unle	Pos heck ss pe	erson lirecto	than or is both a r/truste Highest compensated	an	(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
(12)Kenneth W Durru	a 0.00									
Director	0.00	X						0	0	
(13)Larry S Dyer										

0

0

0

0

0

0

0

0.00

0.00

0.00 0.00

0.00

0.00

0.00 0.00

0.00 0.00

0.00

0.00

0.00

0.00

Johnson

c Total from continuation sheets to Part VII, Section A .....

reportable compensation from the organization

X

X

X

X

X

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in

3	yee, or highest compensated	3						
4	employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation							
	organization and related organizations greater than \$150,000? If "Yes," co- individual	emplete Schedule J for such	4					
5	7							
<ul> <li>Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person</li> </ul>								
Sect	tion B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractompensation from the organization. Report compensation for the calendary	actors that received more than \$100,000 of ar year ending with or within the organization's tax year.						
	(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensa	ation				
2	Total number of independent contractors (including but not limited to those received more than \$100,000 of compensation from the organization	e listed above) who						
DAA			Form <b>99</b> (	(2012)				

Form 990 (2012)	National	Railwav	Historical	Society	v23-7053004

Part VII Section A. Officer								s, and Highest Compens		ed)			age C
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	erson	than o	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	C	(F) Estima amour othe	ited it of r sation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from t organiz and rela organiza	ation ated	
(12)Ken Faircloth Director	0.00	x						0	0				0
(13)Marjorie Willia	ms Fior:												
Director	0.00	х						0	0				0
(14)David Flinn	0.00												
<u></u>	0.00												^
Director (15)Jeffrey D Foste	0.00	X						0	0				0
(15)Delliey D rosce	0.00												
Director	0.00	X						0	0				0
(16)William H Frant													
Director	0.00	х						0	0				0
(17)Howard E Freed	0.00								•				
Director	0.00	x						0	0				0
(18)Robert Freeman		<u> </u>							J				
Director	0.00	x						0	0				0
(19)H. Charles Fur	st								-				
Dinastan	0.00	v							0				^
Director 1b Sub-total	0.00	X					<b>•</b>	0	0				0
c Total from continuation sh	eets to Part VII	, Se	ctio	n A			•						
d Total (add lines 1b and 1c)							<b></b>						
2 Total number of individuals (i reportable compensation from				o tho	se li	sted	abo	ove) who received more that	an \$100,000 in				
reportable compensation non	ir the organization	<i></i>										Yes	No
3 Did the organization list any f employee on line 1a? If "Yes,	ormer officer, d	irect	or, o	r trus	stee	, key	em <sub>l</sub>	ployee, or highest compen	sated		3		
For any individual listed on lir organization and related organization.	ne 1a, is the sun	n of r	epor	rtable	е со	mper	nsati	ion and other compensation	n from the		,		
5 Did any person listed on line		crue	con	npen	ısati	on fro	om a	any unrelated organization			4		
for services rendered to the contract Section B. Independent Contract		'Yes	," COI	mple	te S	chec	lule	J for such person			5		
1 Complete this table for your f	ive highest com	pens	ated	linde	eper	dent	cor	ntractors that received mor	e than \$100,000 of				
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  Name and business address  Description of services											(C)		
Name and	d bùsiness address							Descrip	tiòn'of services		Co	(C) mpensa	ation
			_	_		_						_	
2 Total number of independent received more than \$100,000													

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Form 990 (2012) National Part VII Section A. Officer								Society23-705 , and Highest Compens		ued)
(A) Name and title	(B) Average hours per week (list any hours for	box	k, unle	Pos heck ss pe	rson i irecto	than dis both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	E a cor
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2 1000 MIGO)	or a or
(12)Edward F F. Gra	ham 0.00									
Director	0.00	x						0	0	
(13)Rebecca A Gerst	0.00									
Director	0.00	X						0	0	

(A) Name and title	(B) Average hours per week (list any	box	k, unle	ss pe	ition more rson i	ore than one compensation is both an from the ctor/trustee) the organization		Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-INIGG)	organization and related organizations
(12)Edward F F. Gra Director	ham 0.00 0.00	x						0	0	0
(13)Rebecca A Gerst		21							Ŭ	
Director	0.00	х						0	0	0
(14)Arthur E Giardi										
Director	0.00	x						0	0	0
(15)Charles Girard	0 00									
Director	0.00	x						0	0	0
(16)Richard K Gordd	ard 0.00									
Director	0.00	x						0	0	0
(17)Ray Grabowski	Jr.									
Director	0.00	x						0	0	o
(18) Hal R Greenlee	0.00	Λ						0	<u> </u>	0
Director	0.00	x						0	0	0
(19)Clyde E Guthrow									<u> </u>	
Director	0.00	x						0	0	0
1b Sub-total							<b>•</b>			
c Total from continuation she	eets to Part VII	, Se	ctior	1 A .						
<ul><li>d Total (add lines 1b and 1c)</li><li>2 Total number of individuals (in</li></ul>	ncludina but not	limit	ed to	tho:	se li:	 sted	abo	ve) who received more that	l an \$100.000 in	
reportable compensation from				-						I V I N.
3 Did the organization list any fo								ployee, or highest compen	sated	Yes No
employee on line 1a? If "Yes,"  For any individual listed on lin organization and related orga	e 1a, is the sum	of r	epor	table	cor	nper	nsati			4
5 Did any person listed on line		crue	com	npens	satic	n fro	om a		or individual	
for services rendered to the o		Yes,	" cor	mple	te S	cnea	ule .	J for such person		5
1 Complete this table for your fi	ve highest comp									( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
compensation from the organ	(A) business address	COM	bens	alion	ior	tne c	alei		Ithin the organization's tax (B) stion of services	(C) Compensation
name and	DUSITIESS ADDITIESS							Descrip	nion of services	Compensation

Name and business address	Description of services	Compensation

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

Form 990 (2012) National Part VII Section A. Officer								, and Highest Compens		Page <b>8</b> ued)
(A) Name and title	(B) Average hours per week (list any	box	k, unle	Pos check ess pe	rson i	than o	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12)Richard Haberm										
Director	0.00	х						0	0	0
(13)John M Hart	0.00									
Director	0.00	X						0	0	0
(14)Dick Helmke										
Director	0.00	x						o	o	0
(15)Wallace H Hende										
Director	0.00	х						0	0	0
(16)Paul E. Hess										
Director	0.00	х						0	0	0
(17) John D. Hollow										
Director	0.00	х						0	0	0
(18)M. Paul Hopkins										
Director	0.00	x						o	o	0
(19)Charles B Howar										
Director	0.00	x						0	0	0
1b Sub-total	0.00	Λ						0	U	0

Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 3 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4

individual

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

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in

Section	R	Independent	Contractors

reportable compensation from the organization >

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

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 ▶

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orm 990 (2012) <b>Natio</b>	nal Railwa <sup>,</sup>	v Historical	Society23	-7053004
01111 330 (2012) <b>114 2 2 2 3</b>	at Ivattwa	A 1172COTTCGT		100003

Part VII Section A. Officers								s, and Highest Compens		ued)		r age <b>U</b>
(A) Name and title	(B) Average hours per week (list any	(do	o not o	(C Positicheck ress per ess per	tion more son i	than o	one n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other ompensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	;	from the organization and related organization	ł
(12)Mark R Irvin	0.00	x				ŭ		0	0			0
(13)Roy C. Jackson	0.00											
Director	0.00	X						0	0			0
(14)Carl S. Jensen												
Director	0.00	x						0	o			0
(15)Donald A. Jilso	n 0.00											
Director	0.00	х						0	0			0
(16)Rev. O Franklin	Johnson	n										
Director	0.00	х						0	0			0
(17) Thomas M Johnso	n Sr. 0.00											
Director	0.00	X						0	0			0
(18)William R. John												
Director	0.00	x						0	0			0
(19)Robert E. Joyce	0.00											
Director	0.00	X						0	0			0
1b Sub-total							<b>•</b>					
c Total from continuation sho		, Se	ctio	1 A .								
d Total (add lines 1b and 1c)  Total number of individuals (in		limit	ed to	thos	 se li	 sted	abo	L ove) who received more that	<u>l</u> an \$100.000 in			
reportable compensation from						0.00	<u> </u>					aa l Na
3 Did the organization list any for									sated			es No
employee on line 1a? If "Yes,  For any individual listed on lin organization and related orga	ne 1a, is the sum	of r	epor	table	cor	nper	nsati	ion and other compensation	on from the		3	
5 Did any person listed on line	1a receive or ac	crue	con	npens	satio	n fro	om a	any unrelated organization	or individual		4	
for services rendered to the o		Yes.	COI	mpiet	e S	cnec	uie	J for such person			5	
Complete this table for your fi compensation from the organ	ive highest com	oens	ated	linde	pen	dent	cor	ntractors that received mor	e than \$100,000 of	/ vear		
	(A) business address	JOI11	30110	ation	101	110			(B) tion of services	. your.	Compe	C) ensation
Tank and	. 200111000 00011000							3333.,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 Total number of independent received more than \$100,000												

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Part VII Section A. Officers	s, Directors, T	rust	ees,	Key	Em	ploy	ees	, and Highest Compens	ated Employees (continu	ied)			
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	erson	than o	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estima amour othe	ated nt of er	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from organiz and rel organiza	ation ated	
(12)Ronald W. Keevi	1 0.00 0.00	x				8		0	0				C
(13)Edward A Klinge		Λ							<u> </u>				
	0.00												
Director (14)J. Harvey Koehn	0.00	X						0	0				C
(14)0. Harvey Roeini	0.00												
Director	0.00	X						0	0				C
(15)William D Kovac	0.00												
Director	0.00	X						0	0				C
(16)M. Gray Lackey	0.00												
Director	0.00	X						0	0				C
(17) Mark W. Laz													
Director	0.00	х						0	0				C
(18) Edward T Levay													
Director	0.00	х						0	0				C
(19)Ronald L Lundst	rom 0.00												
Director	0.00	X						0	0				C
1b Sub-total													
<ul> <li>c Total from continuation she</li> <li>d Total (add lines 1b and 1c)</li> </ul>	eets to Part VII	l, Se	ctio	n A									
2 Total number of individuals (ir	ncluding but not	limi	ted to	o the	se li	sted	abo	ve) who received more that	an \$100,000 in				
reportable compensation from								,	· · ·			Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, d	lirect	or, o	r tru	stee	, key	emp	ployee, or highest compen	sated		3	162	NO
4 For any individual listed on lin organization and related organization	e 1a, is the sun nizations greate	n of i	repoi an \$1	rtable 150,0	e co 000?	mper ' If "Y	nsati 'es,"	ion and other compensation' complete Schedule J for s	n from the such				
individual  5 Did any person listed on line	1a receive or ac	crue	con	npen	 sati	on fro	om a	any unrelated organization	or individual		4		
for services rendered to the o Section B. Independent Contract		'Yes	,″ CO	mple	te S	chec	dule	J for such person			5		
Complete this table for your fir compensation from the organ	ve highest com									vear.			
	(A) business address								(B) tion of services	. <u>, , , , , , , , , , , , , , , , , , ,</u>	Co	(C) ompensa	ation
-													
2 Total number of independent	contractors (inc	dudi:	ים אי	ıt no	t lim	ited t	to th	osa listad ahova) who					
received more than \$100,000													

Part VII Section A. Officers	s, Directors, Ti	ruste	ees,	Key	Em	ploy	ees	, and Highest Compens	ated Employees (continu	ed)
(A) Name and title	(B) Average hours per week (list any	bo	x, unle		rson	is both	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) Joseph C. Malon										
Secretary	0.00	x		X				0	0	0
(13)Malcolm Mather										
Director	0.00	х						0	0	o
(14)Mia Mather										-
Director	0.00	x						0	0	o
(15)Yoshitaka Mats	uo								<u> </u>	
Director	0.00	х						0	0	o
(16)Donald R Maxwel		Λ						0	0	0
Dimenton	0.00	v								0
Director (17)Kenneth A Mayla	0.00 th	Х						0	0	0
_	0.00	,,								_
Director (18)Robert F Mays J	0.00 r.	Х						0	0	0
<u> </u>	0.00								_	
Director (19)Mel Mc Farland	0.00	X						0	0	0
(15)FICE FIC FUEL CITY	0.00									
Director 1b Sub-total	0.00	X						0	0	0
c Total from continuation sho	eets to Part VII	, Se	ctio	1 A			<b>•</b>			
d Total (add lines 1b and 1c)							<b>▶</b>		¢100 000 in	
2 Total number of individuals (in reportable compensation from			ea to	) tho	ise ii	siea	abo	ove) who received more that	an \$100,000 in	
3 Did the organization list any for employee on line 1a? If "Yes,	" complete Sche	edule	J fo	r su	ch ir	ndivid	dual			Yes No
<ul> <li>For any individual listed on lin organization and related orga individual</li> <li>Did any person listed on line</li> </ul>	nizations greate	er tha	ın \$1	50,0	000?	lf "Y	es,"	complete Schedule J for	such	4
5 Did any person listed on line for services rendered to the o										5
<ul><li>Section B. Independent Contract</li><li>1 Complete this table for your fi</li></ul>		2000	otoo	Linda	2000	dont		atractors that received man	to then \$100,000 of	
compensation from the organ	ization. Report							ndar year ending with or w	rithin the organization's tax	
Name and	(A) I business address							Descrip	(B) tion of services	(C) Compensation
2 Total number of independent	contractors (inc	ludir	na hi	ıt no	t lim	ited t	to th	ose listed above) who		
received more than \$100,000										- 000

	12) National										Page 8
Part VII	Section A. Officers	s, Directors, Tr	uste	es,	Key	Em	ploye	s, and Highest Com	pensate	ed Employees (continue	ed)
N	(A) ame and title	(B) Average hours per week (list any hours for	offi	cer ar	ess per nd a di	ition more rson i recto	than ones both a	from the organization		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	(W-2/1099-MISC)			organization and related organizations
(12)Bob	McCormick										
Director		0.00	х						0	0	0
(13) <b>Ala</b> n	Marshall M		1								
Director		0.00	X						0	0	0
(14)Frank	J. McKeou	_									
Director	•	0.00	x						0	o	0
	p A. McMei		21							<u> </u>	<u> </u>
	_ 	0.00									•
Director	t S Mesite	0.00	X						0	0	0
(10)1(0DE1	.c b Mesice	0.00									
Director		0.00	X						0	0	0
(17)Peter	J Messina	0.00									
Director	:	0.00	х						0	0	0
(18)Louis	J Miller	III									
Director		0.00	x						0	0	0
	trick Moll		Λ							U	<u> </u>
		0.00									
Director		0.00	X				Щ		0	0	0
1b Sub-tot	aıom continuation sh	eets to Part VII	Se	ction	 1 Δ						
	idd lines 1b and 1c)						>				
	ımber of individuals (ii			ed to	tho:	se li	sted a	ove) who received mo	ore than	\$100,000 in	
reportat	ole compensation from	the organization	n ►								Yes No
employe	organization list any <b>f</b> oee on line 1a? If "Yes,"	" complete Sche	edule	J fo	r suc	ch in	dividu	al			3
organiza	individual listed on lin ation and related orga							ation and other compe	ensation	from the	
	person listed on line		crue	com	npens	satio	n fron	any unrelated organiz	zation or	rindividual	4
	ices rendered to the o		res,	COI	пріе	ie S	criedu	e o for such person			5
1 Comple	te this table for your fi	ve highest comp								than \$100,000 of nin the organization's tax	vear.
ССПРОГ		(A) business address		10	20011					B) n of services	(C) Compensation
	Traine dire								2 000 ipiloi		Componidation

compensatio	on from the organization. Report compensation for the	e calendar year ending with or within the organization's tax year.	
	(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2012) National Part VII Section A. Officers								Society23-705 and Highest Compens		Page <b>8</b>
(A) Name and title	(B) Average hours per week (list any	(do	not c	Posi check i	ition more	than dis both	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12)Thomas R Moss	0.00	x						0	0	0
(13)Daniel J Mulhea		22							· ·	<u> </u>
Director (14)Robert J. Murra		X						0	0	0
Director (15)De Loy Nelms	0.00	х						0	0	0
Director (16)Robert L. Neman	0.00	x						0	0	0
Director	0.00	х						0	0	0
(17)Eugenia G Nussb	aum 0.00 0.00	x						0	0	0
(18)Matthew S Nussb		x						0	0	0
(19)Timothy E O'Mal	ley 0.00									
1b Sub-total c Total from continuation she							<b>&gt;</b>	0	0	0
d Total (add lines 1b and 1c)  Total number of individuals (in reportable compensation from		limit				sted	<b>▶</b> abo	  ve) who received more tha	an \$100,000 in	
3 Did the organization list any for employee on line 1a? If "Yes,"	" complete Sche	edule	J fo	r suc	ch ir	ndivid	lual			Yes No
For any individual listed on lin organization and related organization and related organization.	nizations greate	r tha	.n \$1	50,0	00?	lf "Y	es,"	complete Schedule J for s	such	4
5 Did any person listed on line of for services rendered to the of Section B. Independent Contract	rganization? If "								or individual	5
Complete this table for your fi compensation from the organ	ve highest compization. Report o									
Name and	(A) business address							Descrip	tion of services	(C) Compensation

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B 1341 College								4				age C
Part VII Section A. Officers	s, Directors, T	rust	ees,	Key	Em	ploy	ees	s, and Highest Compens	ated Employees (continu	ied)		
(A)	(B)				C)			(D)	(E)	_	( <b>F</b> )	
Name and title	Average hours per	(de	not (		sition more	than	one	Reportable compensation	Reportable compensation from		stimated mount of	
	week					is both		from	related		other	
	(list any	off	icer a	nd a c	lirecto	or/trust	tee)	the	organizations		pensation	
	hours for related	or Inc	lng	♀	₩ 6	와 王	Fo	organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the janization	
	organizations	dire	T T	Officer	y er	ples	Former	(11 2/ 1000 111100)			d related	
	below dotted	Individual or director	ion		nplc	86	_			orga	anizations	
	line)	trustee	al tr		Key employee	mpe						
		iee	Institutional trustee			Highest compensated employee						
(12)Carl E. Olsen J	r.					۵						
	0.00											
Director	0.00	X						0	0			C
(13)Martin P Owen	0.00											
Director	0.00	x						0	0			C
(14)Harold B Owens												
	0.00											
Director	0.00	X						0	0	ļ		C
(15)Jim Pahris	0 00											
Director	0.00	x						0	o			C
(16)E. Macdougall P		A						0	0			
(10)1. Hacadagarr r	0.00											
Director	0.00	X						0	0			C
(17)James Pekarek												
Director	0.00	x						0	o			C
(18) James Martin Ph		Λ						0	0			
(10,00000000000000000000000000000000000	0.00											
Director	0.00	X						0	0			C
(19)John M Powell	0 00											
Director	0.00	X						0	0			C
1b Sub-total	0.00	1 4 2			<u> </u>		<b></b>		<u> </u>			
c Total from continuation sho	eets to Part VI	I, Se	ctio	n A			<b>•</b>					
d Total (add lines 1b and 1c)		· 					<b>&gt;</b>					
2 Total number of individuals (in				o tho	se I	isted	abo	ove) who received more that	an \$100,000 in			
reportable compensation from	n the organization	on <b>&gt;</b>									Yes	No
3 Did the organization list any for	ormer officer, d	lirect	or, o	r tru	stee	, key	em	ployee, or highest compen	sated			
employee on line 1a? If "Yes,"	" complete Sch	edule	Jfo	or su	ch ir	ndivid	dual		on frame the		3	
4 For any individual listed on lin organization and related orga												
											4	
individual  5 Did any person listed on line	1a receive or ac	crue	con	npen	sati	on fro	om a	any unrelated organization	or individual		_	
for services rendered to the or Section B. Independent Contract		Yes	, CO	mpie	te S	cnec	uie	J for such person			5	<u> </u>
1 Complete this table for your fi		pens	atec	linde	eper	ndent	con	ntractors that received mor	e than \$100,000 of			
compensation from the organ		com	pens	ation	for	the	cale			year.	(C)	
Name and	(A) d business address							Descrip	(B) tion of services		(C) Compensa	tion
		_										
2 Total number of independent	contractors (inc	dudir	na hi	ıt no	t lim	ited t	to th	ose listed above) who				
received more than \$100,000												

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Form 990 (2012) National	Railway	, <u>Н</u>	is	to	ri	cal		Society23-705	3004	F
Part VII Section A. Officers	s, Directors, Ti	ruste	es,	Key	Em	ploye	es,	, and Highest Compens	ated Employees (continu	ied)
(A) Name and title	(B) Average hours per week (list any	òox	, unle	Pos heck ss pe	rson i	than or s both a r/truste	an	(D) Reportable compensation from the	(E)  Reportable  compensation from  related  organizations  (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIGC)	organization and related organizations
(12)Steve Rankin	0.00									
Director	0.00	X						0	0	
(13)Randall D Reich	enbach									

	below dotted line)	ual trustee stor	onal trustee	ipioyee	compensated e				organizations
(12)Steve Rankin									
	0.00								
Director	0.00	X					0	0	0
(13)Randall D Reich	enbach								
	0.00								
Director	0.00	X					0	0	0
(14)Philip C Rentz								_	
(, <b>-</b>	0.00								
Director	0.00	X					0	0	0
(15)Berton A. Robin									
(15)Dereon II. Robin	0.00								
Director	0.00	x					0	0	0
(16)Wesley F Ross	0.00	Λ					U	0	
(16)Wesley F Ross	0.00								
Bi		3,7					_	^	•
Director	0.00	X					0	0	C
(17) Charles A Russe									
	0.00	l							_
Director	0.00	X					0	0	C
(18) William H Sande									
	0.00								
Director	0.00	X					0	0	0
(19)Glenn Sanders									
	0.00								
Director	0.00	X					0	0	0
1b Sub-total						<b></b>			
c Total from continuation sho	eets to Part VII	. Sec	ction	Α		•			
d Total (add lines 1b and 1c)		,				•			
2 Total number of individuals (in	ncluding but not	limit	ed to	those	listed	labo	ove) who received more that	an \$100.000 in	•
reportable compensation from								<del>•</del> · · · · · · · · · · · · · · · · · · ·	
	-								Yes No
3 Did the organization list any fe	<b>ormer</b> officer, d	irecto	or, or	truste	e, key	em/	ployee, or highest compen	sated	
employee on line 1a? If "Yes,									3
4 For any individual listed on lin									
organization and related orga individual	nizations greate	er tha	n \$15	50,000	) ? IT "Y	res,	complete Schedule J for	sucn	4
5 Did any person listed on line	 1a receive or ac	CTUE	COM	 nensa	tion fr		any unrelated organization	or individual	
for services rendered to the o							, ,		5
Section B. Independent Contract		. 50,	5011	.,5.510	30110		2 . 2 . 2 . 2		
1 Complete this table for your fi		nene	ated i	indend	nden	t cor	ntractors that received mor	re than \$100 000 of	
compensation from the organ									c vear.
	(A) I business address							(B) otion of services	(C) Compensation
ivame and	Dusiness address					+	Descrip	DUOTE OF SELVICES	Compensation

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2012) National										Page 8
Part VII Section A. Officer  (A)  Name and title	(B) Average hours per week (list any	(do	o not o	Pos check ess pe	c) sition more	than cois both	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	or director		Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12)Barrie W Sanfor	0.00 0.00	x						0	0	0
(13)Richard M Schro	eder 0.00 0.00	x						0	0	0
(14)Harold L Shaak Director	Jr. 0.00 0.00	x						0	0	0
(15)William H Shann Director		x						0	0	0
(16)Richard B Shulb		x						0	0	0
(17)John P Simanton Director		x						0	0	0
(18)Barry O Smith Senior VP	13.00	x		х				0	0	0
(19)Jeffrey Smith	20.00	X		X				_	0	0
1b Sub-total c Total from continuation sh	eets to Part VII	, Se		ı A		 	<b>&gt;</b>	0	0	0
d Total (add lines 1b and 1c)  Total number of individuals (i reportable compensation from	ncluding but not	limit				sted	<b>▶</b> abo	 ove) who received more tha	an \$100,000 in	   Yes  No
<ul> <li>Did the organization list any femployee on line 1a? If "Yes,</li> <li>For any individual listed on line organization and related organization.</li> </ul>	" complete Sche	dule of r	J fo epor	r su table	ch ir	ndivid mper	lual ısati	ion and other compensation	n from the	3
individual  5 Did any person listed on line for services rendered to the control of the control	1a receive or acorganization? If "	crue	com	npen	 satio	on fro	m a	any unrelated organization		5
Complete this table for your fix     compensation from the organ	ive highest comp nization. Report o							ndar year ending with or w	ithin the organization's tax	
Name and	(A) d business address							Descrip	(B) tion of services	(C) Compensation

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

Form 990 (2012) National Part VIII Section A Officer	Railway	H	is	to:	ri Em	cal		Society23-705 and Highest Compens	3004	Page 8
Part VII Section A. Officers  (A)  Name and title	(B) Average hours per week (list any	(do	not c	Pos heck ss pe	ition more	than or	ne an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12)Ted J. Smith Director	0.00	х						0	0	0
(13)Patrick E. Stet	ina 0.00 0.00	х						0	0	0
(14)Fred Stigale  Director	0.00	х						0	0	0
(15)BJ Stigall  Director (16)Rolland Street	0.00	х						0	0	0
Director (17)William B Stron	0.00	х						0	0	0
Director (18)John D Sweigart	0.00	х						0	0	0
Director (19)Larry Tiffany	0.00	х						0	0	0
Director  1b Sub-total	0.00	x					<u> </u>	0	0	0
<ul> <li>c Total from continuation she</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (in</li> </ul>	ncluding but not	 limit				]	> > abc	ove) who received more that	an \$100,000 in	
5 Did any person listed on line of for services rendered to the o	ormer officer, di " complete Sche le 1a, is the sum nizations greate 	irectordule edule of r of tha crue	J fo epor n \$1 com	table 50,0	ch ir coi 00?	ndividi mpen If "Ye on fro	ual sat es,'  m a	ion and other compensation complete Schedule J for sany unrelated organization	n from the such	Yes No 3 4 5
Complete this table for your fire compensation from the organ	ve highest comp							ndar year ending with or w	ithin the organization's tax	
	(A) business address								(B) tion of services	(C) Compensation

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Form 990 (2012) National Part VII Section A. Office								Society23-705, and Highest Compens		Page 8
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do box	not cl	(C Posi heck r ss per	tion more	than of is both or/trusted employee	ne an	(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
(12)Robert Topham Director	0.00	x						0	0	0
(13)James Torgeson	0.00	Λ						0	<u> </u>	0
Director	0.00	x						0	0	0
(14)Donald E Vaughi	0.00									
Director (15)Ronald L Vile	0.00	X						0	0	0
Director	0.00	x						О	0	0
(16)Donald F Walter Director		x						0	0	0
(17)George L. Weber	0.00									
Director (18) Harry Al Weber	0.00	X						0	0	0
Director (19)Jere A. Wendt	0.00	X						0	0	0
Director  1b Sub-total	0.00	X						0	0	0
c Total from continuation sl d Total (add lines 1b and 1c						   	<b>&gt;</b>			
Total number of individuals ( reportable compensation fro			ed to	thos	se li	sted a	abo	ve) who received more tha	an \$100,000 in	Yes   No
<ul> <li>Did the organization list any employee on line 1a? If "Yes</li> <li>For any individual listed on li organization and related org individual</li> <li>Did any person listed on line for services rendered to the</li> </ul>	," complete Schene 1a, is the sum anizations greate	edule n of re er tha 	J for eport n \$1 com	r suc table 50,0 	ch in cor 00?	ndivid mpen If "Ye  on fro	ual sati es,"  m a	on and other compensation complete Schedule J for samples and unrelated organization	n from the such	3 4 5
Section B. Independent Contract	tors							•		
1 Complete this table for your compensation from the orga	nization. Report							ndar year ending with or w	ithin the organization's tax	
Name ar	(A) d business address							Descrip	(B) tion of services	(C) Compensation
	·	_	_	_	_	T	_		<u></u>	i —

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Form 990 (2012) National	Railway	Historical	Society23-705	3004
Part VII Section A. Officer	s, Directors, Tr	ustees, Key Employees	s, and Highest Compens	ated Employ
(A)	(B)	(C)	(D)	(1
Name and title	Average	Position	Reportable	Repo

(12) Douglas R White  Director  0.00  Director	Part VII Section A. Officers										ied)		Page 8
Complete State   Comp	(A)	(B) Average hours per week (list any	(do	o not o	Posi check i ess per nd a di	ition more rson i	than c s both r/truste	one an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Estimated amount of other ompensation	1
City   Director   City   Cit		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		( <u>2</u> 1866 m.65)		organization and related	;
Director		0.00	x						0	0			0
Director  (19) Earl Whiteley  0.00  Director  0.00 X  0 0  0 0  0 0  0 0  0 0  0 0	(13)Tony White	0.00											
Director	Director		X						0	0			0
Director    0.00   X     0   0   0	(14)Earl Whiteley	0.00											
Director	Director		x						0	0			0
Director   0,00   X   0   0   0   0		n											
(16) Sanford C Williamson 0.00 Director 0.00 X 0 0 0 0  Director 0.00 X 0 0 0 0  Director 0.00 X 0 0 0 0  Director 0.00 X 0 0 0 0 0 0  Director 0.00 X 0 0 0 0 0 0  Director 0.00 X 0 0 0 0 0 0  Director 0.00 X 0 0 0 0 0 0 0  Director 0.00 X 0 0 0 0 0 0 0 0  Director 0.00 X 0 0 0 0 0 0 0 0 0  Director 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Director		x						0	0			0
Director  (17) Christine Winter  0.00  Director  0.00 X  0.00 O  Director  0.00 D  D  Director  0.00 D  D  Director  0		amson	-22						- U				
Director 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Dimagtan		v						0	0			0
Director  (18)Donald W. Winters  0.00  Director  0.00 X  0.00  Director  1b Sub-total  1c Total from continuation sheets to Part VII, Section A  1d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization F  Yes No  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual service on line 1a, it he sum or feporable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual services rendered to the organization? If "Yes," complete Schedule J for such individual services rendered to the organization? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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.  Complete schedule J for such in the organization's tax year.  Complete schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization stax year.  Complete schedule J for such individual schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization for the calendar year ending with or within the			Λ						0	0			<u> </u>
Director  (19)William E. Wood  0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0.00	х						0	0			0
Director    10	(18)Donald W. Winte												
Director    Discording   Director   Discording   Director   Discording   Director   Discording   Director   Discording   Director   Discording   Director   Discording   Director   Discording   Director   Discording   Director   Discording   Director   Discording   Director   Discording   Director   Discording   Director   Discording   Director   Discording   Director   Discording   Director   Discording   Director   Discording   D		0.00	X						0	0			0
Director    Discretor   D.00   X     D.00	(19) William E. Wood												
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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  2 Total number of independent contractors (including but not limited to those listed above) who	Director		х						0	0			0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual    4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual    5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual    5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual    5 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.  (C)  Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who								<b>&gt;</b>					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  Yes No  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a" If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  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  Description of services  Total number of independent contractors (including but not limited to those listed above) who								<b>&gt;</b>					
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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.  (B)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	2 Total number of individuals (in	ncluding but not	limit				sted	abo	ve) who received more that	an \$100,000 in			
employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	reportable compensation from	n the organization	n ►									Ye	s No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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.    Name and business address   Description of services   Compensation										sated		2	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	4 For any individual listed on lin organization and related orga	e 1a, is the sum	n of r	epor	table	100	mper	sati	ion and other compensation				
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  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	5 Did any person listed on line									or individual		4	
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)  (B)  (C)  Compensation  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who			Yes,	" COI	mplet	te S	ched	ule .	J for such person			5	
Name and business address  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	1 Complete this table for your fi	ve highest com											
2 Total number of independent contractors (including but not limited to those listed above) who			com	oens	ation	for	the c	aler			year.	(C)	)
	Name and	Dusiness address							Descrip	tion of services		Compen	isation

Form 990 (2012) National										Page 8
Part VII Section A. Office  (A)  Name and title	(B) Average hours per week (list any	(do	o not c	Posi heck i	ition more rson i	than o	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12)James N Wurgle										
Director	0.00	x						0	0	0
(13)Robert W. W	Yaple									
Director	0.00	x						0	0	0
(14)Benjamin T Your	ng Jr. 0.00									
Director	0.00	x						0	0	0
(15)Walter Zullig	0.00									
Director (16) Harla Lazur	0.00	X						0	0	0
(10)Halla Hazul	0.00									
Director	0.00	X						0	0	0
(17)Donald Winter	0.00									
Director	0.00	х						0	0	0
(18) Gregory P. Moll	Loy									
President	30.00			x				0	0	0
(19)	0.00			Λ				0	<u> </u>	0
1b Sub-total							<b>•</b>			
c Total from continuation shad Total (add lines 1b and 1c							<b>&gt;</b>			
2 Total number of individuals (						sted a	abo	ve) who received more that	an \$100,000 in	
reportable compensation from	m the organization	on ▶								Yes No
3 Did the organization list any employee on line 1a? If "Yes	," complete Sche	edule	J fo	r suc	ch in	ndivid	ual			3
For any individual listed on li organization and related organization and related organization.	anizations greate	er tha	an \$1	50,0	00?	If "Ye	es,"	complete Schedule J for s		4
5 Did any person listed on line		crue	com	npen	satio	on fro	m a	any unrelated organization	or individual	
for services rendered to the Section B. Independent Contract		Yes,	," cor	nple	te S	ched	ule	J for such person		5
Complete this table for your compensation from the orga	five highest com									vear.
	(A) d business address								(B) tion of services	(C) Compensation
								<u>-</u>		

### Form 990 (2012) National Railway Historical Society23-7053004

Pa	rt V		<b>nent of Rev</b> t if Schedule		ntains a	respons	e to an	y question	in this Part	VIII.		
						1		(A)	(B) Related (		(C)	(D) Revenue
							1 01	al revenue	exempt function		Unrelated business	excluded from tax under sections
<i>.</i> 00 00							****************		revenue		revenue	512, 513, or 514
ant		Federated car		1a		831						
ڲؚۊ	b	Membership o	dues	1b		365,860						
ifts		Fundraising e		1c								
nig Big		Related organ		1d								
Sir		Government grants		1e								
her	'	All other contribution and similar amount	s not included above	1f		84,862						
	а	Noncash contribution	ا ons included in lines 1a		<u> </u>							
Program Service Revenue Contributions, Gifts, Grants Program Service Revenue	_		es 1a–1f					451,553				
nue						Busn. Code						
eve	2a	Convent	ion					447,078	447	7,078		
e R	b	RailCam	p					31,842	31	.,842		
ΪŻ	С											
n Se	d											
gran	e											
Pro			ram service reve			•		478,920				
$\equiv$	<u>9</u>		es 2a–2f come (including					470, 320				
	Ū		ilar amounts) $\dots$			•		11,680	11	., 680		
	4		nvestment of tax					,		•		
	5											
			(i) Real		(ii) P	ersonal						
	6a	Gross rents										
	b	Less: rental exps.										
		Rental inc. or (loss)										
		Net rental inco	ome or (loss)									
		sales of assets	(i) Securities		(11)	Other <b>7,093</b>						
	b	other than inventory Less: cost or other				,,055						
	-	basis & sales exps.										
	С	Gain or (loss)				7,093						
	d	Net gain or (lo	oss)			🕨		7,093	-	7,093		
ē	8a	Gross income fr	om fundraising eve	ents								
/en		(not including \$										
Re			reported on line 10									
Other Revenu	L		9 18									
₹			xpensesr (loss) from fund	-	n evente	<b>—</b>						
			om gaming activiti		y OVOIILO							
			e 19									
	b		xpenses									
	С	Net income or	(loss) from gan	ning ac	tivities	🕨						
	10a		f inventory, less									
			lowances			3,943						
			goods sold	-		3,400		EAO		E 4 2		
ŀ	С		r (loss) from sale cellaneous Revenue	es of in	ventory	Busn. Code		543		543		
ŀ	11a					Dusii. Code		4,960	1	1,960		
	b	Other Sa	•					576	-	576		
	c		ıes							•		
	d		nue									
		Total. Add lin	es 11a–11d					5,536				
			e. See instructio					955,325	503	3,772	0	0

Secti	on 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a res		•	complete column (A).	
Do	not include amounts reported on lines 6b,		(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and	<b>-</b> 0.040	<b>-</b> 0.040		
_	organizations in the U.S. See Part IV, line 21	50,040	50,040		
2	Grants and other assistance to individuals in				
3	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	198,351	109,093	69,423	19,835
a b	Management	23,778	109,093	23,778	
C	Legal Accounting	13,051		13,051	
d	Lobbying	13,001		23,002	
е	Professional fundraising services. See Part IV, line 1	7 <b>9,646</b>			9,646
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.)	10,406		10,406	
12	Advertising and promotion	12,292	12,292		
13	Office expenses	72,123	33,852	15,202	23,069
14	Information technology	16,046	16,046		
15	Royalties	C 104	C 104		
16	Occupancy	6,124 67,105	6,124 40,159	26,946	
17	Travel  Payments of travel or entertainment expenses		40,139	20,940	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	399,709	392,673	7,036	
20	Interest	2007.00		.,,,,,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,006	3,006		
23	Insurance	70,816	69,482	1,334	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	00 071	00 071		
a	Publications - Bulletin Publications - News	99,071 42,521	99,071		
b		36,042	42,521 36,042		
c d	Other Program Services RailCamp	35,450	35,450		
e	All other expenses	63,347	22,775	37,261	3,311
25	Total functional expenses. Add lines 1 through 24e	1,228,924	968,626		
26	Joint costs. Complete this line only if the	, ==,===			22,202
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Р	art )	K Balance Sheet						
		Check if Schedule O contains a response to an	y question in t	his Part X	<u></u>			
						(A)		(B)
						Beginning of year		End of year
	1	Cash—non-interest bearing				274,778	1	231,166
	2	Savings and temporary cash investments				5,058	2	,
	3	Pledges and grants receivable, net				,	3	
	4	Accounts receivable, net				522	4	48,569
	5	Loans and other receivables from current and former			• •			- 7
		trustees, key employees, and highest compensated e		,				
		Complete Part II of Schedule L					5	
	6	Loans and other receivables from other disqualified p	ersons (as del	 fined under sec	 tion			
		4958(f)(1)), persons described in section 4958(c)(3)(E			E			
		sponsoring organizations of section 501(c)(9) volunta			, and			
G		organizations (see instructions). Complete Part II of S	امليامانا	-			6	
Assets	7						7	
Ass	_	Notes and loans receivable, net				22,314	8	20 397
	8					19,712		20,397 5,730
	9	Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or				19,112	9	3,730
	IUa		10-	17 2	$ \alpha $			
		other basis. Complete Part VI of Schedule D	10a	17,2 14,8	20	E 206	40-	2 200
	I	Less: accumulated depreciation	100			5,386 442,740	100	2,380 184,629
	11	Investments—publicly traded securities				442,740		184,629
	12	Investments—other securities. See Part IV, line 11					12	
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets				0 150	14	0 415
	15	Other assets. See Part IV, line 11				9,159		2,415
	16	Total assets. Add lines 1 through 15 (must equal line				779,669		495,286
	17	Accounts payable and accrued expenses				11,940		28,856
	18	Grants payable				051 050	18	010 516
	19	Deferred revenue				371,058		318,716
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV		D			21	
es	22	Loans and other payables to current and former office						
Ħ		trustees, key employees, highest compensated employees	yees, and					
Liabilities		disqualified persons. Complete Part II of Schedule L					22	
_	23	Secured mortgages and notes payable to unrelated the	nird parties				23	
	24	Unsecured notes and loans payable to unrelated third					24	
	25	Other liabilities (including federal income tax, payable						
		parties, and other liabilities not included on lines 17-24	4). Complete F	Part X				
		of Schedule D					25	23,138 370,710
	26	Total liabilities. Add lines 17 through 25				382,998	26	370,710
Ś		Organizations that follow SFAS 117 (ASC 958), cl		<b>X</b> and				
ည		complete lines 27 through 29, and lines 33 and 34	4.					
<u>a</u>	27	Unrestricted net assets				319,122		49,822
m	28	Temporarily restricted net assets				60,150		57,355
Net Assets or Fund Balances	29	Permanently restricted net assets				17,399	29	17,399
Ę		Organizations that do not follow SFAS 117 (ASC	958), check h	nere ▶ and				
S O		complete lines 30 through 34.		_ <del></del>				
šet	30	Capital stock or trust principal, or current funds					30	
As	31	Paid-in or capital surplus, or land, building, or equipment	ent fund				31	
<u>e</u>	32	Retained earnings, endowment, accumulated income	, or other fund	s			32	
Z	33	Total net assets or fund balances				396,671	33	124,576
	34	Total liabilities and net assets/fund balances				779,669	34	495,286

Schedule O.

Form 990 (2012) National Railway Historical Society23-7053004 Page **12** Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 955,325 1 1,228,924 Total expenses (must equal Part IX, column (A), line 25) 2 2 Revenue less expenses. Subtract line 2 from line 1 -273,5993 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 396,671 Net unrealized gains (losses) on investments 5 1,504 5 6 Donated services and use of facilities ..... 6 7 Investment expenses 7 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 124,576 33, column (B)) 10 Part XII **Financial Statements and Reporting** Check if Schedule O contains a response to any question in this Part XII ... Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis | Consolidated basis **b** Were the organization's financial statements audited by an independent accountant? 2b X 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: X Separate basis Consolidated basis Both consolidated and separate basis 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? 2c If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

**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 in Schedule O and describe any steps taken to undergo such audits

the Single Audit Act and OMB Circular A-133?

Form **990** (2012)

3a

3b

X

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

National Railway Historical Society

Employer identification number 23–7053004

			INC									23-	-705	300	4		
P	art l	Reas	on for Public Char	ity Sta	itus (Al	l organiza	tions	s must	compl	ete this	s part.)	) See	instru	ction	S.		
The	orga		a private foundation bed								•						
1	Ň		nvention of churches, or			_			-		i).						
2	П		cribed in section 170(b						•	,,,,,,							
3	П		a cooperative hospital s					ction 17	70(b)(1)(	A)(iii).							
4	H	-	search organization ope		-						)(b)(1)( <i>A</i>	۸)(iii). E	nter th	e host	oital's na	ame.	
	ш	city, and stat	= -		,						.(~)(-)(-	-,(,-				,	
5		•	ion operated for the bend	efit of a c	ollege or	university ov	 vned	or oper	ated by a	govern	mental ı	t des	cribed	 in			
·		•	(b)(1)(A)(iv). (Complete		onogo or	univolony of		ог орог	aiou by a	govom	moma c	000	onboa				
6			ate, or local government	,	nmental i	ınit describer	d in <b>e</b>	ection	170/h)/1	)( <b>Δ</b> )(v)							
7	H		ion that normally receive	-							or from t	ha aan	aral nuk	olic			
•		=	section 170(b)(1)(A)(vi		•		OIT III	om a go	vermien	tai uiiit c	)	ne gen	orai pui	JIIC			
8			trust described in <b>secti</b>				n Dar	+ 11 \									
9	X	-							a contribu	ıtione n	ombore	hin foo	c and	arocc			
9	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																
			the organization after Jur								iax) IIOII	i busiiii	55565				
10		-	ion organized and opera								<b>'</b> /1\						
11	H	•	•		-	•		•				rry out	tho				
••	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 <b>section</b>																
		-			-												
	<b>509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h. <b>a</b> Type I <b>b</b> Type II <b>c</b> Type III–Functionally integrated <b>d</b> Type III–Non-functionally integrated																
е																	
·	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)																
		or section 50	=	outor tha	0110 01	more pasier	, cap	portou	n gai ii Lat	.01.0 000			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	۵)(۱)			
f			ation received a written	determin	ation fron	n the IRS tha	at it is	a Type	I Type I	l or Tvn	e III sun	portina					
•		_	check this box					α . , ρο	., .,,,,,	., 0 , p	o oap	p 0					
g			t 17, 2006, has the orga	ization a	accepted	any gift or co	 ontrib	ution fro	om anv of	the							Ш
9		following per	=						,								
		• .	n who directly or indirect	v control	s. either a	alone or toge	ther	with per	sons des	cribed in	n (ii) and	I				Yes	No
			w, the governing body of	-		_									11g(i)		
			member of a person des												11g(ii)		
			ontrolled entity of a pers												11g(iii		
h			following information abo														I
(i)	) Nam	e of supported	(ii) EIN			f organization		(iv) Is the c	rganization	<b>(v)</b> Did y	ou notify	(vi)	s the	(vii)	Amount	of mone	tary
	org	ganization			,	on lines 1–9			sted in your		nization in of your	organizat	ion in col. zed in the		supp	ort	
						IRC section tructions)		governing	document?	٠,	port?	U.S					
					(0000	,	Ī	Yes	No	Yes	No	Yes	No				
(A)																	
(B)																	
(C)																	
(D)																	
(-)																	
(E)																	
Tota	al						ſ		l					l			

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 National Railway Historical Society23-7053004

Page 2

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012		(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.							
	tion B. Total Support	T	T	T	T	1		
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	( <b>d)</b> 2011	<b>(e)</b> 2012		(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 IV.)							
11	Total support. Add lines 7 through 10				<u> </u>			
12	Gross receipts from related activities, etc	. (see instructions	)			L	12	
13	First five years. If the Form 990 is for the	•		fourth, or fifth tax	year as a section !	501(c)(3)		
	organization, check this box and stop he							
	tion C. Computation of Public s							
14	Public support percentage for 2012 (line	6, column (f) divid	ed by line 11, colu	ımn (f))			14	%
15	Public support percentage from 2011 Scl	nedule A, Part II, II	ne 14				15	%_
16a					is 33 1/3% or mor	e, cneck this		▶ □
	box and <b>stop here.</b> The organization qua							▶ ⊔
b	33 1/3% support test—2011. If the organic heals this have and step here. The appear							▶ □
170	check this box and <b>stop here.</b> The organ							
11a	10%-facts-and-circumstances test—2 10% or more, and if the organization mee	-						
	Part IV how the organization meets the "f				-			
	organization			-		• •		▶ □
b	10%-facts-and-circumstances test—2							
b	15 is 10% or more, and if the organization	=						
	Explain in Part IV how the organization m				-			
	supported organization			=	·			▶ □
18	Private foundation. If the organization of	lid not check a box	 con line 13 16a	 16b. 17a. or 17b. (	check this box and			F
	_							▶ □
	instructions							💆 🗀

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support	, ,		· 1	•	,	
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual	,	(2) 2000	(0) =0.10	, ,	(0) = 0.1=	(-)
	grants.")	511,721	763,235	515,131	499,516	451,553	2,741,156
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	73,423	304,368	44,301	47,169	500,079	969,340
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	585,144	1,067,603	559,432	546,685	951,632	3,710,496
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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	67,427	293,659				361,086
	Add lines 7a and 7b	67,427	293,659				361,086
8	<b>Public support</b> (Subtract line 7c from line 6.)						2 240 410
Sec	tion B. Total Support	<u> </u>					3,349,410
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	585,144	1,067,603	559,432	546,685	951,632	3,710,496
_	Gross income from interest, dividends,	303,111	2,00,,000	3337 132	310,000	331,032	377207230
	payments received on securities loans, rents, royalties and income from similar sources	14,442	3,252	7,625	13,310	11,680	50,309
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	14,442	3,252	7,625	13,310	11,680	50,309
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	599,586	1,070,855	567,057	559,995	963,312	3,760,805
14	First five years. If the Form 990 is for the						•
	organization, check this box and stop he						▶ 📙
Sec	tion C. Computation of Public S						
15	Public support percentage for 2012 (line 8	3, column (f) divide	d by line 13, colu	mn (f))		15	89.06%
16	Public support percentage from 2011 Sch					16	78.66%
Sec	tion D. Computation of Investm						
17	Investment income percentage for 2012 (			3, column (f))			1%
18	Investment income percentage from 2011					18	2 %
19a	33 1/3% support tests—2012. If the org						▶ •••
	17 is not more than 33 1/3%, check this b	=	-				<b>&gt;</b> X
b	33 1/3% support tests—2011. If the org						▶ □
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization d	•	•	•			
20	riivate iounuation. Ii the organization d	iu noi check a box	on line 14, 19a, 0	ו Tad, Check this i	oox and see mstrl	ICUUIS	

Schedule A (F	Form 990 or 990-EZ) 2012 National Railway Historical Society23-7053004 Page
Part IV	Form 990 or 990-EZ) 2012 <b>National Railway Historical Society23-7053004</b> Page <b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10;  Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

2012
Open to Public Inspection

Name of the organization

National Railway Historical Society

Employer identification number

I	NC	2	23-7053004
Pi	organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Pa		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3 4	Aggregate yelve at and of year		
5	Aggregate value at end of year	that the assets held in donor advised	<u> </u>
•	funds are the organization's property, subject to the organization's e		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors		100 NO
Ĭ	only for charitable purposes and not for the benefit of the donor or d		
	conferring impermissible private benefit?		Yes No
P	Irt II Conservation Easements. Complete if the o	rganization answered "Yes" to Fo	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply).	
	Preservation of land for public use (e.g., recreation or education	n) Preservation of an historically in	mportant land area
	Protection of natural habitat	Preservation of a certified history	ric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cor	nservation contribution in the form of a co	nservation
	easement on the last day of the tax year.		
	<del>-</del>		Held at the End of the Tax Year
	Total number of conservation easements		2a
b		included in (a)	2b
	Number of conservation easements on a certified historic structure		2c
u	Number of conservation easements included in (c) acquired after 8/historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,	extinguished or terminated by the organ	
3	Annual N	, extinguished, or terminated by the organ	ization during the
4	Number of states where property subject to conservation easement	is located >	
5	Does the organization have a written policy regarding the periodic m		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and en		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	ng conservation easements during the yea	ar
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfied	• • • • • • • • • • • • • • • • • • • •	
	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation east		
	balance sheet, and include, if applicable, the text of the footnote to to organization's accounting for conservation easements.	the organization's financial statements tha	at describes the
Đ	art III Organizations Maintaining Collections of A	Art Historical Treasures or Oth	ner Similar Assets
	Complete if the organization answered "Yes" t		ici olillidi Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958		nd balance sheet
	works of art, historical treasures, or other similar assets held for pub		
	public service, provide, in Part XIII, the text of the footnote to its fina		
b	If the organization elected, as permitted under SFAS 116 (ASC 958)	), to report in its revenue statement and b	alance sheet
	works of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	urtherance of
	public service, provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art, historical treasures	_	provide the
	following amounts required to be reported under SFAS 116 (ASC 95)		
a	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990. Part X		<b>▶</b> \$

	irt III Organizations Maintaini					_		ar Ass	ets (co		ed)
3	Using the organization's acquisition, access collection items (check all that apply):								`		
а	Public exhibition	d 🗌	Loan or ex	change pro	grams						
b	X Scholarly research	е			-						
С	Preservation for future generations										
4	Provide a description of the organization's	collections and expla	ain how the	y further the	e organizatio	on's exemp	t purpose in	Part			
	XIII.	•		•	Ü	·					
5	During the year, did the organization solicit	or receive donation	s of art, his	torical treas	ures, or oth	er similar					
	assets to be sold to raise funds rather than								Ye	s X	No
Pa	rt IV Escrow and Custodial A	rrangements.	Complete	if the org	ganization	answere	ed "Yes" to	Form			
	line 9, or reported an amo				•						
1a	Is the organization an agent, trustee, custo	dian or other interme	ediary for co	ontributions	or other as	sets not					
	included on Form 990, Part X?		•						Ye	s	No
b	If "Yes," explain the arrangement in Part X	III and complete the	following ta	ıble:						_	
									Amoun	İ	
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on	Form 990, Part X, lin	ne 21?						Ye	s 🗌	No
	If "Yes," explain the arrangement in Part X	III. Check here if the	explanation	n has been	provided in	Part XIII					
Pa	urt V Endowment Funds. Con		nization	answered	d "Yes" to	Form 99	0, Part IV	, line 1	0.		
		(a) Current year	<b>(b)</b> P	rior year	(c) Two ye	ars back	(d) Three year	s back	(e) Four	years b	ack
1a	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the co		nce (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment ▶	%									
b	Permanent endowment ▶ %										
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c sh										
3a	Are there endowment funds not in the poss	session of the organi	ization that	are held an	d administe	red for the			Г		
	organization by:								2 (0)	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
_	If "Yes" to 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of t				ino 10						
Pa	rt VI Land, Buildings, and Eq					(.) 4.		1	(D.D)	.1 .	
	Description of property	(a) Cost or other (investment		(b) Cost or o			cumulated reciation		(d) Book	value	
	Land	` `	1	(Othe	.,	uep	- COIGHOIT				
ıa L	Land										
D ~	Buildings										
	Leasehold improvements			•	17,209		14,82	9		2,3	20
	Equipment Other				_ ,		17,02			2,3	
_	I. Add lines 1a through 1e. (Column (d) mus		art X, colun	nn (B), line	10(c).)		<u> </u>	<b>&gt;</b>		2,3	80

Schedule D (Form 990) 2012	National :	Railway	<b>Historical</b>	Societ	ty23-7053004
Part VII Investmen	ts—Other Secu	rities. See F	orm 990, Part X,	line 12.	

(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		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)		
(I)  Total (Column (b) must equal Form 000, Part V, ed. (P) line 12.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments—Program Related. See Form 9	00 Part Y line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation:
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
(1)		
(1) (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, line 15.		
(a) Description		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part X, line 2		
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes (2) Accrued Expenses	23,138	
-	23,136	
(3)	_	
(4) (5)		
(5) (6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	23,138	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote		

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2012 National Railway Historical				Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial State			Retu	
1	Total revenue, gains, and other support per audited financial statements			1	960,229
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	1 504		
а	Net unrealized gains on investments	2a	1,504		
D	Donated services and use of facilities	2b			
ر C	Recoveries of prior year grants	2c 2d			
d	Other (Describe in Part XIII.)	20		2e	1 504
3	Add lines 2a through 2d Subtract line 2e from line 1			3	1,504 958,725
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	330,123
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		-3,400		
	Add lines <b>4a</b> and <b>4b</b>		•	4c	-3,400
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	955,325
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	tements With	n Expenses p	er Re	
1	Total expenses and losses per audited financial statements			1	1,232,324
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,232,324
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b		-3,400		
	Other (Describe in Part XIII.)	4b	-3,400	*************	-2 400
	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			4c	$\frac{-3,400}{1,228,924}$
MANAMANANA	rt XIII Supplemental Information			3	1,220,924
nforn Pa	I, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also conation. art III, Line 4 - Collections and Relations reservation of railway history through pure	on to Exe	empt Purp	ose	
bo	ooks, films, maps, timetables, photograph	ns, and c	official	rail	Lroad company
d	ocuments.				
Pa	art X - FIN 48 Footnote				
I	ncome Taxes - The Society is exempt from	all fede	eral and	stat	e income
ta	exes, in accordance with Section 501(c)(3	3) of the	Interna	1 Re	evenue Code.
I	n July 2006, the Financial Accounting Sta	andards E	Board (FA	SB)	issued
F	nancial Accounting Standards Board Codif	Fication	No. 740-	10-0	)5, Income
Tá	axes (FASC 740-10-05). FASC 740-10-05 cla	arifies t	he accou	ntir	ng of
uı	ncertainty in income taxes by prescribing	g the rec	cognition	thi	ceshold a tax
pq	osition is required to meet before being	recogniz	ed in th	e fi	inancial
st	atements. It also provided guidance on o	derecogni	tion, cl	assi	ification,

interest and penalties, accounting in interim period transition. FASC 740-10-05 is effective for fiscal December 15, 2008, and was adopted by the Society for December 31, 2009.	years beginning after
The Society has reviewed the impact of FASC 740-10-statements and has determined there is no material or unrecognized tax benefits and there is no materistatements of financial position, statements of openet assets or cash flows.	uncertain tax positions
The IRS Form 990 for the years ended December 31, 2 remain open for an examination by the IRS.	011, 2010 and 2009
Don't VI Time Ab December Impleded on Debu	Ohb
Part XI, Line 4b - Revenue Amounts Included on Retu Cost of Goods Sold	rn - Other \$ -3,400
	\$ -3,400
Cost of Goods Sold  Part XII, Line 4b - Expense Amounts Included on Ret Cost of Goods Sold	\$ -3,400 urn - Other

### SCHEDULE I (Form 990)

### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

National Railway Historical Society

Open to Public Inspection

**Employer identification number** 

INC						2	<u>23-7053004</u>
Part I General Information on Grants and	d Assistance						
<ul> <li>Does the organization maintain records to substantiate the selection criteria used to award the grants or assistant</li> <li>Describe in Part IV the organization's procedures for monopolic</li> </ul>	he amount of the nce?	grants or a	ssistance, the granted	es' eligibility for the gr	ants or assistance	, and	X Yes
Part II Grants and Other Assistance to Go Part IV, line 21, for any recipient that	overnments	and Orga	anizations in the	United States.	Complete if the	e organizatio	n answered "Yes" to Forn
(a) Name and address of organization     or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
2 Enter total number of section 501(c)(3) and government 3 Enter total number of other organizations listed in the line		ed in the lir	ne 1 table				

Part III Grants and Other Assistance Part III can be duplicated if ac	<b>ce to Individuals in th</b> dditional space is need	<b>e United States.</b> C ed.	omplete if the organi	zation answered "Yes" to	Fage 2 Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7 Part IV Supplemental Information.	Complete this part to p	rovido the informat	ion required in Part I	line 2. Part III. column (b	and any other additional
information.					

SCHEDULE O
(Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury

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

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2012
Open to Public Inspection

Internal Revenue Service

Name of the organization

National Railway Historical Society INC

Form 990, Part III, Line 4d - All Other Accomplishment

Employer identification number 23-7053004

Since 1994, the National Railway Historical Society has awarded grants for projects that preserve, research, educate, or publish railway history.

Example projects include railroad structure and equipment stabilization, mechanical repairs, preservation and restoration, book publication, cataloging of archival materials, and oral history productions. The program is open to NRHS Chapters and other 501c3 tax exempt organizations. The maximum award is \$5,000 per year per project.

### Membership Records

Membership records expenses include those related to maintaining a database of the members of the Society and of each chapter of the Society as well as those for preparing and distributing dues bills including chapter dues, mailing envelopes and other dues renewals and donation solicitation material. Also includes expenses related the use of the database to support program service activities such as publications.

Other expenses include those related to the NRHS library, travel expenses and miscellaneous program services. The NRHS libraries contain a large collection of railroad books, video tapes, films, and archival material. Library expenses include those for operating the library, acquiring and preserving historic books, journals, films, video tapes and other materials related to railway history. Permanent equipment used in the libraries includes fire proof storage cabinets. The library materials are currently

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Schedule O (Form 990 or 990-EZ) (2012)

Page 2 Name of the organization Employer identification number National Railway Historical Society 23-7053004 stored in Three Rivers, Mass and Phillipsburg, NJ. Travel expenses include those to arrange annual convention with attendance of up to 900 members and general public. Travel expenses also include those incurred to provide technical consultation services to the volunteer leaders of the Society's Chapters. Miscellaneous expenses include awards and recognition plaques to railways, members and general public by the Society and also training materials for use by the Society's chapters and other various expenses. Form 990, Part VI, Line 2 - Related Party Information Among Officers Mark Lazur Harla Lazur Director Director Husband & Wife Gregory P. Molloy G. Patrick Molloy President Director 1st Cousins Donald Winter Christine Winter Director Director Husband & Wife Form 990, Part VI, Line 6 - Classes of Members or Stockholders NRHS has members who elect the President, Vice President and members of the governing body/ board of directors by mail. The Secretary and Treasurer are elected by the board of directors.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Name of the organization

National Railway Historical Society

Employer identification number
23-7053004

NRHS has members who elect the President, Vice President and members of the governing body/ board of directors by mail. The Secretary and Treasurer are elected by the board of directors.

The board of directors of the Society meets at least four times a year. An executive committee of the board of directors is empowered to provide the full Board of Directors action, counsel and guidance to the Officers of the Society on urgent matters between meetings of the full board.

The authority of the executive committee is limited to actions such as approval of contracts and legal actions, major changes to budgets and convention arrangements and is required to report its actions to the full board of directors.

The executive committee consists of five members of the board of directors who have one vote each.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

Any action of the board of directors may be reviewed by the members as a

whole at the Society's annual meeting. In addition, any changes to the

Society's bylaws must be approved by the members at such a meeting.

Form 990, Part VI, Line 8b - Documentation by Committee Explanation

Formal minutes of the meetings of the meetings/ work sessions of the

Society's committees are not taken, but appropriate written reports are

provided to the board of directors if further action by the board is

required such as approval of budgets.

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization **Employer identification number** National Railway Historical Society 23-7053004 Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Society post the draft Form 990 on a password protected section of its website and notifies its board members that the return is available for Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Each member of the Society's governing body is required to sign a conflict of interest form once every three years. At each meeting of the Society's board of directors there is an opportunity for anyone in attendance to state whether they have a new conflict of interest and these statements are documented in the Society's minutes. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation 1) The Society's bylaws are available upon request and can be obtained from the Society's secretary. 2) A copy of the Society's conflict of interest policy is provided to each member of the Society's board of directors and is made available upon request, and can be obtained from any member of the board, or the Society's secretary. 3) The Society's financial statements are included in its annual report which is presented at the annual meeting.

In June 2011, the members of the Society ratified a new set of bylaws that were implemented during 2012. The core of these changes is a smaller board consisting of 25 members, all elected by the members of the Society. Under

Form 990, Part VII - Additional Information