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Form 99

(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

 Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning and ending C Name of organization D Employer identification number NATIONAL RAILWAY HISTORICAL SOCIETY Address change Name change Doing business as 23-7053004 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 505 SOUTH LENOLA ROAD 226 215-557-6606 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 583,853. Amended MOORESTOWN, NJ 08057 H(a) Is this a group return Applica-F Name and address of principal officer: HARRY ALLEN WEBER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.NRHS.COM **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1935 M State of legal domicile: MD Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTE RAILWAY HERITAGE Activities & Governance PRESERVATION AND EDUCATE MEMBERS ABOUT RAIL TRANSPORTATION HISTORY. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 23 Number of independent voting members of the governing body (Part VI, line 1b) 23 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 225 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 39 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 314,285. 467,363. Program service revenue (Part VIII, line 2g) 149,095. 108,550. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 829. 2,361. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 709. 126. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 464,918. 578,400. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 21,000. 48,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 390,827. 333,270. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 411,827. 381,270. 19 Revenue less expenses. Subtract line 18 from line 12 53,091. 197,130. 58 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 362,610. 516,742. 21 Total liabilities (Part X, line 26) 225,181. 182,113. Net assets or fund balances. Subtract line 21 from line 20 . 137,429. 334,629. 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 of all information of which preparer has any knowledge SIGN HERE Sign HARRY ALLEN WEBER, Here PRESIDENT Type or print name and title Print/Type preparer's name Date Preparer's signature PTIN STEPHANIE E. KANE, CPA Paid STEPHANIE E. KANE, C11/16/20 P01275157 self-employed Preparer Firm's name RKL LLP Firm's EIN > 23-2108173 Firm's address 1330 BROADCASTING ROAD, PO BOX 7008 Use Only WYOMISSING, PA 19610-6008 Phone no. 610 - 376 - 1595 May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

H	111 30 (2013) 111C	23-7053004	Page
	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE NATIONAL RAILWAY HISTORICAL SOCIETY PROMOTES RAILWAY	Y HERITAGE	
	PRESERVATION AND EDUCATES ITS MEMBERS AND THE PUBLIC ABO	OUT RAIL	
	TRANSPORTATION, ITS HISTORY AND IMPACT, WITH A FOCUS ON	NORTH AMERICA	Α.
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	if Yes," describe these new services on Schedule O.		CEE
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers the total evnences an	d
	revenue, if any, for each program service reported.	no, the total expenses, an	u
4a	(Code:) (Expenses \$ 68,575 . including grants of \$) (Reve	60	300.
	CONVENTION: A NATIONAL CONVENTION IS HELD ANNUALLY AT A	LOCATION OF	300.
	RAIL HISTORY SIGNIFICANCE AND ATTENDED BY SEVERAL HUNDRE	D DEODLE	
	CONVENTION ACTIVITIES INCLUDE SEMINARS, FIELD TRIPS TO W	TETT DATEDONE) C
	HISTORICAL RAILROAD SITES, INSPECT RAIL FACILITIES, OBSE	TOTE VETTION	<u>ي ري</u> ر
	OF PRESERVED RAILROAD EQUIPMENT AND RAIL EXCURSIONS, OFT	FN ON DATI	<u> </u>
	LINES WHICH RARELY HAVE PASSENGER TRAIN SERVICE. THE SOC	TEMV'C	
	CONVENTIONS ARE OPEN TO MEMBERS OF THE GENERAL PUBLIC IN	TELL D	
	RAILWAY HISTORY. THE 2019 CONVENTION WAS HELD IN UTAH,	TEKESTED IN	37777
	CELEBRATION OF THE 150TH ANNIVERSARY OF THE COMPLETION O	WAS PART OF T	HE
	TRANSCONTINENTAL RAILROAD AND WAS ATTENDED BY ABOUT 400	F THE	
	THE SOULT THE THE TAX TO WAS ATTEMPED BY ABOUT 400	PEOPLE.	
4b	(Code:) (Expenses \$ 53,194. including grants of \$) (Bayen	40.0	
	7 (1010)	iue \$ 48,2	250. ₎
	RAILCAMP: THE SOCIETY OPERATED TWO (2) ONE-WEEK SESSIONS TRAINING PROGRAM OF SEMINARS AND FIELD TRIPS OPEN TO HIG	OF RAILCAMP,	_ <u>A</u>
	STUDENTS FROM 9TH TO 12TH GRADE, TO PROVIDE BACKGROUND I	H SCHOOL	
	HISTORY PRESERVATION, RAILROAD HISTORY INTERPRETATION, W	N RAILROAD	
	LEARNING HOW TO TELL THE STORY OF RAILROAD HISTORY TO TH	HICH INVOLVES	
	PUBLIC ALONG WITH DATE DAD OPERATION AND TRANSPORTATION	E GENERAL	
	PUBLIC, ALONG WITH RAILROAD OPERATION AND TRANSPORTATION	CAREER	
	OPPORTUNITIES. ONE SESSION WAS HELD IN WILMINGTON, DELAW. WAS HELD IN TACOMA, WASHINGTON. A TOTAL OF 36 STUDENTS	ARE; THE OTHE	R
	WAS HELD IN TACOMA, WASHINGTON. A TOTAL OF 36 STUDENTS . SESSIONS.	ATTENDED THES	E
	DEDDIOND.		
40	40,000		
40	(Code:) (Expenses \$ 48,000. including grants of \$ 48,000.) (Revenue CDANTS - STACE 1994 THE NATIONAL DATE 1994 THE NAT	ue \$	0.)
	GRANTS: SINCE 1994, THE NATIONAL RAILWAY HISTORICAL SOCI	ETY HAS AWARD	ED
	GRANTS FOR PROJECTS THAT PRESERVE, RESEARCH, EDUCATE, OR	PUBLISH	
	RAILWAY HISTORY. EXAMPLE PROJECTS INCLUDE RAILROAD STRUCT	FURE AND	
	EQUIPMENT STABILIZATION, MECHANICAL REPAIRS, PRESERVATION	N AND	
	RESTORATION, BOOK PUBLICATION, CATALOGING OF ARCHIVAL MAT	rerials, and	
	ORAL HISTORY PRODUCTIONS. THE PROGRAM IS OPEN TO NRHS CHA	APTERS AND	
	OTHER 501C3 TAX EXEMPT ORGANIZATIONS. THE MAXIMUM AWARD	IS \$5,000 PER	
	YEAR PER PROJECT.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 147,848. including grants of \$) (Revenue \$	0.)	
4e	Total program service expenses ▶ 317,617.		

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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 Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Х 8 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 Х 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments · program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." Х complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

Form 990 (2019) INC
Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individ			Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	duals on			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the conditions of the co		. 22	+	X
	and former officers, directors, trustees, key employees, and highest compensated employees? If	organization's current		1	
	Schedule J	Yes," complete			1,72
248	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more th	an \$100,000 as of the	23		X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 2	an proopout as of the	- 1		
	Schedule K. If "No," go to line 25a	4a ana complete		İ	
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception	- A			X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during t	he year to defease	. 240	+	├
	any tax-exempt bonds?		24c		
C	in Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year	ar?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exc	ess henefit		1	
	transaction with a disqualified person during the year? If "Yes." complete Schedule I. Part I		25a		Х
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 /	·	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to an	y current	1 202		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		-		
	controlled entity or family member of any of these persons? If "Yes " complete Schedule I. Part II		26		х
27	bid the organization provide a grant or other assistance to any current or former officer, director, trus-	stee, kev employee			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member	r or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes " complete	Schedula I Part III	27		Х
28	was the organization a party to a business transaction with one of the following parties (see Schedu	le L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribu	utor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	***************************************	28a		X
D	A family member of any individual described in line 28a? If "Yes." complete Schedule I. Part IV		28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b	? If			
20	"Yes," complete Schedule L, Part IV		28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete School	dule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualificant treasures, o	ied conservation			
31	contributions? If "Yes," complete Schedule M		30		<u>X</u>
	Did the organization sall exchange dispose of a transformer the OSS (18 "Yes," complete Scheduler organization sall exchange dispose of a transformer than OSS (18 "Yes," complete Scheduler organization sall exchange dispose of a transformer than OSS (18 "Yes," complete Scheduler organization sall exchange dispose of a transformer than OSS (18 "Yes," complete Scheduler organization sall exchange dispose of a transformer than OSS (18 "Yes," complete Scheduler organization sall exchange dispose of a transformer than OSS (18 "Yes," complete Scheduler organization sall exchange dispose of a transformer than OSS (18 "Yes," complete Scheduler organization sall exchange dispose of a transformer than OSS (18 "Yes," complete Scheduler organization sall exchange dispose of a transformer than OSS (18 "Yes," complete Scheduler organization sall exchange dispose of a transformer than OSS (18 "Yes," complete Scheduler organization sall exchange dispose of a transformer than OSS (18 "Yes," complete Scheduler organization sall exchange dispose of a transformer than OSS (18 "Yes," complete Scheduler organization sall exchange dispose of a transformer than OSS (18 "Yes," complete Scheduler organization sall exchange dispose organization sal	dule N, Part I	31		X
U.	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, Schedule N. Part II	' complete			
33	,		32		<u> </u>
-	Did the organization own 100% of an entity disregarded as separate from the organization under Reg sections 301 7701.2 and 301 7701.32 (6.1%).	ulations		- 1	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		<u>X</u>
0.4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, line 1	t II, III, or IV, and			
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?		34	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		,35a	+	<u>X</u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	a controlled entity			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitab	lo related annualization	35b		
	If "Yes," complete Schedule R, Part V, line 2	ie related organization?			7.7
37	Did the organization conduct more than 5% of its activities through an entity that is not a related orga	nization	36		<u>X</u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	nization			v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1	Part VI	37		<u>X</u>
_	Note: All Form 990 filers are required to complete Schedule O	ib and 19?		x	
Parl	V Statements Regarding Other IRS Filings and Tax Compliance		38	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Bort V			г	X
	, and any or any or any				
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	1a 9		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (I süsselk 		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?		1c	x	
932004	01-20-20			990 (2	019)
					,

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes." see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes." complete Form 4720, Schedule O.						Yes	No
b if at least one is reported on line 2a, did the organization fle all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to g-sis (see instructions) 3 Did the organization have unrelisted business gross income of \$1,000 or more during the year? 3 Did the organization have unrelisted business gross income of \$1,000 or more during the year? 3 Did the organization have unrelisted business gross income of \$1,000 or more during the year? 3 Did Here's "not intelligent organization have an interest, in or signature or other authority over a financial account in a foreign country (such as a bank account, or criter financial account?) See instructions for filing requirements for FinCSN Form 114, Report of Foreign Bank and financial Accounts ("BDAR). See Was the organization party to a prohibited tax shelfor transaction at any stime during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelfor transaction? 5 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5 Did Her's, "indication that were and tax deductibles a charitable contributions? 6 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Diganizations that may receive deductible contributions under section 170(c). 10 Did to organization receive a payment it excess of \$3° make party as a contribution or party for goods and services provided to the payor? 7 Did the organization receive a contribution of undirectly, to ap premiums on a personal benefit contract? 7 Did the organization receive a divided trailed trailed trailed to payment or services provided? 7 Did the organization received and contribution of undirectly, to ap yermiums on a personal benefit contract? 8 Did the organization received and contribution of qualified	2 a						
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bill the organization have unrelated business gross income of \$1,000 or more during the year? 3 bill the organization and the search of the search					Ka		
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1'ves, 'indicate the name of the favory' in the year 'I who's for the year 'I was 't to granization and financial account)' year the foreign country is who who in the year 'I was 't to granization a party to a prohibited tax shefer transaction at any time during the tax year? 5c Was the organization have amusial gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible and scharable contributions? 6c Was 'I ''ves' 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and scharable contributions? 6c Was 'I ''ves' ''did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and scharable contributions? 6c Was 'I ''ves' ''did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and scharable contributions? 6c Was 'I ''ves' '' did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible and scharable contributions? 6c Was 'I ''ves' '' did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible and scharable contributions? 6c Was 'I ''ves' '' which the organization include with the every solicitation and party for goods and services provided? 6d Was 'I ''ves' '' west many that the granization included to the party organization receive and party the device of the value of the goods or services provided? 7c Was '	b				2b	Similar 195	(Jay 119 11 11 11 11 11 11 11 11 11 11 11 11
b If "Yes," rise it field a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a floring country (such as a bank account, securities account, or other financial accountry. b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accountry. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibitot tax shefer transaction at any time during the tax year? 5a X b Did any staxbib party nortly the organization that twas or is a party to a prohibitot dax shefer transaction? 5b Lid any staxbib party nortly the organization file Form 8886-17? 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a aparterial excess of \$5 made party as a contribution on party for goods and services provided to the piyor? 7a X 7b If "Yes," indicate the number of Forms 8282 filed during the year 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 7c If If the organization receive any funds, directly, or indirectly, to a personal benefit contract? 7r X 7d If the organization received an contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization ma			s)				1700 M.
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly is ordering country. b if "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization aparty to a prohibited tax shetter transaction at any time during the tax year? 5a Was the organization to the organization file Form 88867. 5b If "Yes" to line Sar of Sb, did the organization file Form 88867. 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a lod the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a lod the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations sell, exchange, or otherwise dispose of sangible personal property for goods and services provided to the payor? 8 If "Yes," indicate the number of Forms \$282 filed during the year 9 If "Yes," indicate the number of Forms \$282 filed during the year 10 bid the organization received a contribution of qualified intellectual property, did the organization flier Form 1098-0? 8 Sponsoring organizations and pays from 100 files for indirectly, on a personal benefit contract? 7 or X 7 or X 7 or X 7 or X 9 organization and pays from 100 files for indirectly, on a personal benefit contract? 8 organization received a contribution of cars, boats, arphanes, or other vehicles, did the organization	За						<u> X</u>
financial account in a foreign country	b				3b	ļ	
b if "Yes," either the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shetter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file the organization file form 8868.77 for 3a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). a bid the organization stat may receive deductible contributions under section 170(c). a bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? b) If "Yes," did the organization onlifty the donor of the value of the goods or services provided? b) If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? c) bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? b) If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7c	4a			•			17.7
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?			15		X
If "Yes," complete Form 4720, Schedule O.						in distant.	Tisoffi 32
If "Yes," complete Form 4720, Schedule O.	16		t inco	me?	16	N	X
		If "Yes," complete Form 4720, Schedule O.			L SECTION .	aan	(2010)

Form 990 (2019) INC

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec	Check if Schedule O contains a response or note to any line in this Part VI			X
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 2.	3 77		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	16 1 16 1 16 1 16 1 16 1 16 1 16 1 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee?	2		Х
3	the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	_3		X
4	the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			41 - 1 A.J. J. J.
а	The governing body?	8a	х	- 47 QIJOS
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the			
	organization's mailing address? If "Yes " provide the names and addresses on School to O	9		Х
Sec.	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u>~</u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	res, and 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	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	entresie Linkfolg		
I2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
D	were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
	Did the organization have a written whistleblower policy?	13	Х	•
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			, 195 115
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			135
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ▶PA			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	vailabl	e
1	or public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
9 1	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
\$	statements available to the public during the tax year.			
) S	State the name, address, and telephone number of the person who possesses the organization's books and records RALPH BITZER - 215-557-6606			
	505 SOUTH LENOLA ROAD, SUITE 226, MOORESTOWN N.T. 08057			-

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organiz (A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	١.,		Pos	itior			Reportable	Reportable	(r) Estimated
	hours per	box	not c k, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	icer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for related	or di	e e			sated		organization	(W-2/1099-MISC)	from the
	organizations	rustee	nstitutional trustee		99	Highest compensated employee		(W-2/1099-MISC)		organization
	below	Individual	utiona	_	Key employee	st cos	-			and related organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			organizations
(1) HARRY ALLEN WEBER	5.00		Γ							
PRESIDENT	0.00	x		Х				0.	0.	0.
(2) JOSEPH C. MALONEY JR.	3.00									<u></u> -
VICE PRESIDENT	0.00	Х		Х			ĺ	0.	0.	0.
(3) RALPH ROBERT BITZER	5.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(4) ROBERT J. ERNST	3.00									
SECRETARY	2.00	X		Х				0.	0.	0.
(5) JON BAAKE	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(6) ROBERTA BALLARD	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(7) E. STEVEN BARRY	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(8) RICKY DURRANT	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(9) KENNETH EDDY	1.00									
DIRECTOR	0.00	Х	,					0.	0.	0.
(10) DAVID FOSTER	1.00	1								
DIRECTOR		Х						0.	0.	0.
(11) JOHN GOODMAN	1.00					ł				
DIRECTOR		Х	_				_	0.	0.	0.
(12) NED HARRIS	1.00							İ		
DIRECTOR	0.00	Х	_	_				0.	0.	0.
(13) JACK HILBORN	1.00						ı			
DIRECTOR		Х				\downarrow		0.	0.	0.
(14) JAMES PAHRIS	1.00	-			:					
DIRECTOR		X					_	0.	0.	0.
(15) WESLEY F. ROSS	1.00			ł			- 1			
DIRECTOR		Х	_	_		_		0.	0.	0.
(16) DOUGLAS SCOTT	1.00									
DIRECTOR (17) HAROLD CHARL		X						0.	0.	0.
(17) HAROLD SHAAK	1.00	,			- [_	_
DIRECTOR	0.00	X	- 1	- [ı			0.1	0.1	0.

Form 990 (2019) INC									23-7	053	004	Page
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	and	d Hi	ghe	st C	ompensated Employee	s (continued)			3-
(A) Name and title	(B) Average hours per week	(de	not c		C) sitior more rson	∏ othan is bot	one h an	(D) Reportable compensation from	(E) Reportabl compensati from relate	ion	Estir amo	F) nated unt of her
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-MI	ns	compe fron organ and r	nsation the ization elated zations
(18) JEFFREY S. SMITH DIRECTOR	1.00	.,										
(19) MARLIN TAYLOR	1.00	X	_	-		┼		0.		0.		0.
DIRECTOR	0.00	X						0.		0.		0.
(20) SKIP WATERS	1.00							0,		0.		<u> </u>
DIRECTOR	0.00	X						0.		0.		0.
(21) CHARLES WEBB	1.00											
DIRECTOR (22) TONY WHITE	0.00	Х				<u> </u>		0.		0.		0.
DIRECTOR	1.00	x						0		_		
(23) WALTER ZULLIG	1.00	Λ				-		0.		0.		0.
DIRECTOR	0.00	х						0.		0.		0.
												
			\Box	_					·			
4h Cultural												
1b Subtotal								0.		0.		0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)						ا		0.		0.		0.
Total number of individuals (including but no	ot limited to the					wh	rec		00 of reportable			<u> </u>
compensation from the organization								, , , , , , , , , , , , , , , , , , ,	oo or reportable			0
3 Did the organization list any former officer,	director tructo	ما م	01/ 01	مامص			hia b				Ye	s No
line 1a? If "Yes," complete Schedule J for su											3	X
4 For any individual listed on line 1a, is the sur	n of reportable	COI	npei	nsati	ion :	and	othe	er compensation from the	e organization			
and related organizations greater than \$150	,000? If "Yes,"	cor	nple	te S	ched	dule	J fo	r such individual			4	X
5 Did any person listed on line 1a receive or a	ccrue compens	satic	n fro	om a	ny t	unre	atec	d organization or individu	al for services			
rendered to the organization? If "Yes." comp Section B. Independent Contractors	olete Schedule	J fo	r suc	ch p	ersc	n					5	X
Complete this table for your five highest con	nensated inde	nor	don	t cor	atro	otor	tho	at received many than \$1	00 000 -4			
the organization. Report compensation for the	ne calendar ye:	ar er	ndina	ı co: ı wit	h or	r wit	nin t	he organization's tax ve	oo,ooo of comp ar	ensati	on from	
(A) Name and business a								(B) Description of se		^-	(C)	
		NO	NE				+	Description of se	vices		mpensa	uon
							_					
	····						+					
							\dagger					
											ngo y jogo o sam	
2 Total number of independent contractors (in		t limi	ited	to th		liste	ed al	bove) who received mor	e than		Še vid	
\$100,000 of compensation from the organiza	ition 🟲		·····		0						000) (0010)

Form 990 (2019) INC
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or note to any li	ne in this Part VIII			
	,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Grants	1:	a Federated campaigns1a	2,399.				
i a	1	b Membership dues 1b	221,497.				
9	,	c Fundraising events1c					
ifts	1 ,	d Related organizations 1d	43,377.				
9.5	,	e Government grants (contributions) 1e					
Ę.	1	f All other contributions, gifts, grants, and		- In the state of			
E E		similar amounts not included above 1f	200,090.				
<u>₹</u> 5	١,	g Noncash contributions included in lines 1a-1f	200/050.				
Contributions, Gifts, and Other Similar Ar		h Total. Add lines 1a-1f		467,363.		Freeholds State Co.	
	·	Total / lad lines fa 11	Business Code				
a)	2 2	a CONVENTION	900099	60,300.	60,300.		
Š	~ ;	RAILCAMP	900099	48,250.		,	
Ser			300033	40,230.	48,250.		
Program Service Revenue		c					
gra Re					<u> </u>		
Pro		All other program service revenue	-	<u> </u>			
_		Total. Add lines 2a-2f		108,550.	5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		anipa.
	3	Investment income (including dividends, inte		100,330.	operation of the second of	ELECTION APPLICATION	
	3			2,361.			0 261
	4	other similar amounts) Income from investment of tax-exempt bond	nrocoods >	2,301.			2,361.
	5						
	5	Royalties (i) Real	(ii) Personal				
	6 -		(ii) i ersoriai	ers Addings 200	Bloggia.		
		Gross rents 6a 6b				alainitanighi (1915) — alainita (1916) Talainitani (1916) — alainitani (1916)	
		Rental income or (loss)					
		Net rental income or (loss)				19760 A. Janes	distribution of the second
		Gross amount from sales of (i) Securities	(ii) Other				
	, a		(ii) Other				161 - 165 - 171 -
	L-	assets other than inventory 7a					
اه	N	and sales expenses 7b			E. S. St. Am. Papini, 1997. 1		- 171 19 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ᇍ	_	and sales expenses 7b Gain or (loss) 7c					
ě							
Other Revenue		Net gain or (loss)	··········	ndreintroewer von state	0-24 (155 3-205 00-4)		
ŧ	o a	Gross income from fundraising events (not including \$ of					Coplessor - Fra
٦							
		contributions reported on line 1c). See Part IV, line 18	_				
- 1	h	Less: direct expenses 8				The state of the s	
		Net income or (loss) from fundraising events	<u> </u>				and the state of t
		Gross income from gaming activities. See	1		State of the state		
	3 a	Part IV, line 19	_		The state of the s		100 area 100 area
l	b	Lanco dinanta con con con con con con con con con con					
		Net income or (loss) from gaming activities_	<u> </u>		4 optionals		Spinister Signal a secondo o
		Gross sales of inventory, less returns		e i i i i i i i i i i i i i i i i i i i			programment supplies
	10 4	and allowances 10	4,782.		To the second se		
	h	Less: cost of goods sold	= 4=0	PERMITTEE CONTRACTOR		alia de la composición dela composición de la composición dela composición de la composición de la composición de la com	
1		Net income or (loss) from sales of inventory	D 3,433.	-671.	- C. Z. Z. Z. Z. Z. Z. Wir bei Gehalden auf der	Control 1	671
		Met modifie or (1055) from Sales of Inventory	Business Code				-671.
SI	11 a	OTHER SALES	900099	797.	Company of the Compan	or in a disable of the	797.
Miscellaneous Revenue	b			,,,,	1		1010
sla Ver	c						
Šč		All other revenue		···			
Σ		Total. Add lines 11a-11d		797.		y saka sagalah saya	
	12	Total revenue. See instructions		578,400.	108,550.	0.	2,487.
			·····	0,0,200	200/0000	<u> </u>	4,407.

Form 990 (2019) INC
Part IX Statement of Functional Expenses

23-7053004 Page 10

	Check if Schedule O contains a respons	se or note to any line in t		T /o:	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and the desired to desired to garnzadono				The same of the sa
	and domestic governments. See Part IV, line 21	48,000.	48,000.		
2	Grants and other assistance to domestic			1000 Table 1000 Table	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			Street Street	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			778 - 27 kg - 1 Mar . 19 77 - 27 Mar . 19 15 - 27 February . 19 Towns	
4	Benefits paid to or for members				Supplier Control Contr
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 (nonemployees):				
а	Management				
b	Legal	13,062.		13,062.	
С		24,122.		24,122.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			The second secon	
f	Investment management fees				
g	, , , , , , , , , , , , , , , , , , , ,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	30.	30.		
13	Office expenses	4,195.		4,195.	
14	Information technology	1,470.	1,470.		
15	Royalties				
16	Occupancy	4,284.	1,272.	3,012.	
17	Travel	17,829.	15,627.	2,202.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	48,257.	45,144.	3,113.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	555.	555.		
23	Insurance	19,481.	13,805.	5,676.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)		AND SET OF PARTY CO.		
	amount, list line 24e expenses on Schedule 0.)		Application of the contract of		
а	PUBLICATIONS - BULLETIN	99,708.	99,708.		
b	OTHER EXPENSES	58,158.	49,887.	7,058.	1,213.
С	RAILCAMP	42,119.	42,119.		
đ					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	381,270.	317,617.	62,440.	1,213.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

45.00	ai t A						
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
	.		·····		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		***************************************	293,959	. 1	283,294.
	2	Savings and temporary cash investments		***************************************	30,001		
	3	Pleages and grants receivable, net				3	
	4	Accounts receivable, net			3,780	. 4	6,099.
	5	Loans and other receivables from any current or t	former	officer, director.			
		trustee, key employee, creator or founder, substa	intial c	ontributor, or 35%			
	1.	controlled entity or family member of any of these	e perso	ns		5	
	6	Loans and other receivables from other disqualified	ed per	sons (as defined			
	1_	under section 4958(f)(1)), and persons described i		6			
ets	7	Notes and loans receivable, net				7	
Assets	8	inventories for sale or use			15,088.	8	12,601.
`	9	Prepaid expenses and deferred charges			1,609.	9	5,869.
	10a	de la control de				The s	
	١.	basis. Complete Part VI of Schedule D		17,209. 17,209.			
		Less: accumulated depreciation	10b	17,209.	0.	10c	
	11	Investments - publicly traded securities				11	1,251.
	12	Investments - other securities. See Part IV, line 11		12			
	14	Investments - program-related. See Part IV, line 11			13		
	15	Intangible assets				14	2,678.
	16	Other assets. See Part IV, line 11			18,173.	15	14,940.
	17	Total assets. Add lines 1 through 15 (must equal	line 33)	362,610.	16	516,742.
	18	Accounts payable and accrued expenses		6,051.	17	1,846.	
	19	Grants payable	101	18			
	20	Deferred revenue	124,331.	19	84,393.		
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa				20	
10	22	Loans and other payables to any current or former	office	Schedule D		21	
Liabilities		trustee, key employee, creator or founder, substan	onice on leite	ntributor or 35%			
abil		controlled entity or family member of any of these	nersor			Para tel	
Ξ,	23	Secured mortgages and notes payable to unrelated	d third			22	
	24	Unsecured notes and loans payable to unrelated th	hird na	rties		23	
	25	Other liabilities (including federal income tax, payal	bles to	related third		24	
		parties, and other liabilities not included on lines 17	7-24). (Complete Part X			
		of Schedule D		· ·	94,799.	25	95,874.
	26	Total liabilities. Add lines 17 through 25			225,181.	26	182,113.
		Organizations that follow FASB ASC 958, check	here	▶ X			
Se		and complete lines 27, 28, 32, and 33.		-	SPUNG SAME SAMES AND SAME		
Net Assets or Fund Balances	27	Net assets without donor restrictions			123,249.	27	325,803.
Ba	28	Net assets with donor restrictions			14,180.	28	8,826.
림		Organizations that do not follow FASB ASC 958,	checi	here 🕨 🔲			
띱		and complete lines 29 through 33.					
3		Capital stock or trust principal, or current funds			The second secon	29	The same will be supported to the second of the same o
Se	30	Paid-in or capital surplus, or land, building, or equip	ment:	fund		30	
ĕ	31	Retained earnings, endowment, accumulated incom	ne, or	other funds		31	
₽		Total net assets or fund balances	· · · · · · · · · · · · · · · ·		137,429.	32	334,629.
	33	Total liabilities and net assets/fund balances			362,610.	33	516,742.

Form **990** (2019)

	m 990 (2019) INC	23-70	53004	Page 12
Pa	art XI Reconciliation of Net Assets			rage -
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	578	,400.
2	rotal expenses (must equal Part IX, column (A), line 25)	2		,270.
3	Revenue less expenses. Subtract line 2 from line 1	3		,130.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	137	,429.
5	Net unrealized gains (losses) on investments	5		70.
6	Donated services and use of facilities	6		
7	investment expenses	7		
8	Prior period adjustments	8		· · · · · · · · · · · · · · · · · · ·
9	Other changes in net assets or fund balances (explain on Schedule O)	9	······································	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
<u> </u>	column (B))	10	334	,629.
Pa	rt XII Financial Statements and Reporting		· · · · · · · · · · · · · · · · · · ·	*
	Check if Schedule O contains a response or note to any line in this Part XII			
				res No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		in the second	
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.		4
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	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:		- Frai	
	Separate basis Consolidated basis Both consolidated and separate 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:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
С	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	X
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule 0.		
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	ıle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	∍d audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	·····	3b	
			Form 9	90 (2019)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

Open to Public

OMB No. 1545-0047

Name of the organization

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

NATIONAL RAILWAY HISTORICAL SOCIETY

Employer identification number

P	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
The	organ	nization is not a private fou	Indation because it is	Carlinas 1 th	complete	this part.)	See instructions						
1		A church, convention of	churches or accord	stion of about	, check or	nly one box	1.)						
2		A church, convention of A school described in se	ection 170/hV1VAV	(Attack Calculated	ed in sec	tion 170(b)(1)(A)(i).						
3		A school described in se	ive hospital service o	, (Altach Schedule E (Fo	orm 990 oi	r 990-EZ).)							
4		A hospital or a cooperati	nization operated in	rganization described in	section '	170(b)(1)(A))(iii).						
		A medical research organity, and state:	mzation operated in (conjunction with a hospit	tal describ	ed in sect	ion 170(b)(1)(A)(iii). Ent	er the hospital's name,				
5													
•		An organization operated	(Complete Dest !!)	college or university own	ed or ope	rated by a	governmental un	it descri	bed in				
6		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	\vdash	An organization that pare	government or govern	nmental unit described ir	section	170(b)(1)(/	4)(v).						
•		An organization that norm section 170(b)(1)(A)(vi).	(Complete Boot II)	tantial part of its support	from a go	overnmenta	I unit or from the	genera	I public described in				
8			(Complete Fart II.)										
9	\Box	An agricultural research	ided in section 1/0()	b)(1)(A)(vi). (Complete Pa	art II.)								
•		An agricultural research of	organization describe	ed in section 170(b)(1)(A)(ix) oper	ated in con	junction with a la	ınd-grar	nt college				
		or university or a non-land university:	a-grant college of agr	iculture (see instructions). Enter th	e name, cit	y, and state of th	ne colleç	ge or				
10	X		aally raggives, (1)										
		An organization that norm	any receives: (1) mol	re than 33 1/3% of its su	pport from	n contributi	ons, membership	o fees, a	and gross receipts from				
		The state of the contract of t	superunicuons subj	ect to certain exceptions	: and (2) r	in more the	n 32 1/20/ afita						
		income and unrelated bus See section 509(a)(2). (C	Surces ravable infolli	e (less section 511 tax) fi	rom busin	esses acqu	iired by the orgar	nization	after June 30, 1975.				
11		000thon 000(a)(2). (O	omplete Fait III.)										
12	一	An organization organized An organization organized	and operated exclu-	sively to test for public s	afety. See	section 5	609(a)(4).						
		An organization organized more publicly supported o	ranizations describ	sively for the benefit of, t	o perform	the function	ons of, or to carry	out the	e purposes of one or				
		more publicly supported o	t describes the type	ed in section 509(a)(1)	or section	1 509(a)(2)	. See section 50	9(a)(3).	Check the box in				
а		lines 12a through 12d that Type I. A supporting ore	racional inertype	or supporting organization	on and cor	nplete lines	s 12e, 12f, and 1:	2g.					
		the supported organizat	ion(s) the nower to re	supervised, or controlled	by its su	oported org	janization(s), typi	cally by	giving				
		the supported organizat organization. You must	complete Part IV C	egularly appoint or elect	a majority	of the dire	ctors or trustees	of the s	upporting				
b		Type II. A supporting or	nanization supervised	d or controlled in a com-									
		Type II. A supporting or control or management	of the supporting are	a or controlled in connec	tion with	its support	ed organization(s), by ha	ving				
		control or management organization(s). You mu	st complete Dart IV	Soctions A and O	ame pers	ons that co	ntrol or manage	the sup	ported				
С		Type III functionally into	errated A supporting	, sections A and C.									
		Type III functionally into	on(s) (see instructions	s) Vou must somelete	In connec	ction with,	and functionally i	ntegrate	ed with,				
d		Type III non-functionall	vintegrated Asun	norting organization one	Part IV, S	ections A,	D, and E.						
		Type III non-functionall that is not functionally in	tegrated The organi	zation generally must set	rated in co	onnection v	vith its supported	d organi	zation(s)				
		requirement (see instruct	tions) You must co	zation generally must sat	isty a dist	ribution red	quirement and an	attenti	veness				
е		Check this box if the org	anization received a	written determination fro	s A and D	, and Part	v. 						
		functionally integrated, o	r Type III pon-functio	mally integrated support	nn me ma	mat it is a	Type I, Type II, T	ype III					
f	Enter	the number of supported											
9	Provid	le the following information	n about the supporte	ed organization(s)			• • • • • • • • • • • • • • • • • • • •						
	(i) 1	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount of mo	netary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No No	support (see instru	,	support (see instructions)				
				above (see instructions))		NO		<u>_</u>	17 11 (12 11 11 11 11 11 11 11 11 11 11 11 11 1				
								1					
								}					

tal													

Schedule A (Form 990 or 990-EZ) 2019 INC

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

L	(Complete only if you check	ed the box on line !	5, 7, or 8 of Part I o	or if the organization	n failed to qualify	under Part III. If the) organization
30	fails to qualify under the test	is listed below, plea	ase complete Part	[[].)			
	ction A. Public Support	·					
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
τ	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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	There was a second and a second					
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	The American Theory of the					
	supported organization) included	Source (1906) 196					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		The second secon				
<u>6</u>	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				2		
	Total support. Add lines 7 through 10		A Balling				
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	the organization's					
Sec	organization, check this box and stop tion C. Computation of Public	nere c Support Per	rentane				>
	Public support percentage for 2019 (li			L (0)	-		
15	Public support percentage from 2018	Schedule A Part II			· ·	14	<u>%</u>
	15 Public support percentage from 2018 Schedule A, Part II, line 14					15	%
	6a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
	10% -facts-and-circumstances test				13 16a or 16b ar	nd line 14 is 10% or	more
	and if the organization meets the "fact	ts-and-circumstance	es" test, check this	box and ston he	re. Explain in Part	: VI how the organiz	ation
	meets the "facts-and-circumstances" t	test. The organization	on qualifies as a p	ublich supported o	rnanization	. vi now the organiz	ation
b	10% -facts-and-circumstances test	- 2018. If the orga	nization did not ch	neck a box on line 1	13 16a 16h or 13	a and line 15 is 10	26 or
	more, and if the organization meets th	e "facts-and-circum	stances" test che	eck this box and	ton here Evalsia	in Part VI how the	70 OI
	organization meets the "facts-and-circu	umstances" test. T	he organization ou	alifies as a nublicly	Supported organi	zation	~
18	Private foundation. If the organization	n did not check a b	ox on line 13. 16a	16b. 17a or 17b	check this hox an	d see instructions	
				_,, 5,, 5,		- coo mondonono	

Schedule A (Form 990 or 990-EZ) 2019 INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	below, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(4) 0040	T	
	Gifts, grants, contributions, and		(5) 2010	(0) 2017	(d) 2018	(e) 2019	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	403,886.	331,834.	451,901.	314,285.	467,363.	1060060
2	Gross receipts from admissions,		/	132/301.	314,203.	407,303.	1969269
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	328,993.	165,296.	164.338.	154,226.	11/1/120	026 000
3	Gross receipts from activities that		, , , , , , , , , , , , , , , , , , , ,		±3±,220.	114,123.	926,982
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	1					
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	732,879.	497,130.	616,239.	468,511.	581,492.	2006251
	Amounts included on lines 1, 2, and	, , , , ,	23.7230.	010,233.	400,311.	301,492.	2896251.
	3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						0.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)				Argerial Control		0. 2896251.
Sec	tion B. Total Support		Bank Annual Control of Control of the Control of th	- CONTRACTOR OF THE SAME	er by well-rest spanish.	AND THE RESERVE OF THE PARTY OF	2090231.
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	732,879.	497,130.	616,239.	468,511.	581,492.	(f) Total 2896251.
10a	Gross income from interest,			, =		301,132.	2070231.
	dividends, payments received on securities loans, rents, royalties,		İ				
	and income from similar sources	31.	7.	262.	829.	2,361.	3,490.
b	Unrelated business taxable income					2,301.	3,430.
	(less section 511 taxes) from businesses					İ	
	acquired after June 30, 1975						
С	Add lines 10a and 10b	31.	7.	262.	829.	2,361.	3,490.
11	Net income from unrelated business				- 023.	2,301.	3,430.
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain	-					
	or loss from the sale of capital assets (Explain in Part VI.)				j		
	Total support. (Add lines 9, 10c, 11, and 12.)	732,910.	497,137.	616,501.	469,340.	583,853.	2899741.
14	First five years. If the Form 990 is for		first, second, third	fourth or fifth tax	(Vear as a section	501(c)(3) organizat	ion
	check this box and stop here						ion,
Sec	tion C. Computation of Public	Support Perc	entage				
	Public support percentage for 2019 (lin			lumn (f))		15	99.88 %
16	Public support percentage from 2018	Schedule A. Part III	l. line 15			16	
Sect	tion D. Computation of Inves	ment Income	Percentage		<u></u>	10 1	99.96 %
	nvestment income percentage for 20			13. column (f))		17	.12 %
18 I	nvestment income percentage from 2	018 Schedule A, P	art III. line 17			18	.04 %
19a 3	33 1/3% support tests - 2019. If the	organization did no	t check the box or	line 14, and line		1/3% and line 17	is not
r	more than 33 1/3%, check this box and	d stop here. The o	rganization qualifie	es as a publicly sur	pported organization	on	► X
b 3	33 1/3% support tests - 2018. If the	organization did no	t check a box on li	ne 14 or line 19a	and line 16 is more	e than 33 1/3% and	
I	ine 18 is not more than 33 1/3%, chec	k this box and stop	here. The organi	zation qualifies as	a publicly support	ed organization	.
20 F	Private foundation. If the organization	ı did not check a bo	ox on line 14, 19a.	or 19b, check this	box and see instr	uctions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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3 Parent of Supported Organizations. Answer (a) and (b) below.

activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**

reasons for the organization's position that its supported organization(s) would have engaged in these

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2b

3a

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions other Type III non-functionally integrated supporting organizations must complete Sections A through E. sections A through E. section A through E. section A through E. section A through E. section A through E. section A through E. section A through E. section A through E. section A through E. section A through E. section A through E. section B. Adjusted Net Income 2	Part V Type III Non-Functionally Integrated 500(a)(a)			23-7053004 Page
section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) Net short-term capital gain data in capital short-term s	1 Check here if the organization satisfied the later LD LT.	ting Org		
section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) Net short-term capital gain data in capital short-term s	other Type III non-functionally integrated supporting agreement	fying trust o	on Nov. 20, 1970 (explain in F	Part VI). See instructions.
1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 certion B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 7 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 1 2 Average monthly value of securities 1 3 Average monthly value of securities 1 4 Total (add lines 1a, 1b, and 1c) 1 6 Discount claimed for blockage or other factors (explain in detail in Part VI) 7 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 7 5 Minimum Asset Amount (add line 7 to line 6) 8 6 Recoveries of prior-year distributions 7 6 Minimum asset Amount (add line 7 to line 6) 8 7 Minimum asset Amount (add line 7 to line 6) 8 7 Minimum asset Amount (add line 7 to line 6) 8 7 Minimum asset Amount (add line 7 to line 6) 9 7 Minimum asset Amount (add line 7 to line 8). Column A) 3 7 Enter gester of line 2 or line 3. 4 7 Minimum asset Amount for prior year (from Section B, line 8, Column A) 3 7 Enter greater of line 2 or line 3. 4 7 Minimum asset Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	2 garage capporting organizations mus	t complete	Sections A through E.	
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Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of other non-exempt-use assets c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) c Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Stion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).			(A) Prior Year	
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a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Stion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	instructions for short tax year or assets held for part of year)			
b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	a Average monthly value of securities	346. 5.77		
c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).				
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Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Stion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).				
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Multiply line 5 by .035. Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Stion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		4		
Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Stion C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Multiply line 5 by .035			
Minimum Asset Amount (add line 7 to line 6) Stion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).				
Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		7		
Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Minimum Asset Amount (aud line 7 to line 6)	8		
Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	ction C - Distributable Amount			Current Year
Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Enter 85% of line 1.			
Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Minimum asset amount for prior year (from Section B, line 8, Column A)		100 San 100 Sa	
Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Enter greater of line 2 or line 3.			
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Income tax imposed in prior year			
emergency temporary reduction (see instructions).				
Check here if the current year is the organization's first on your factors.	emergency temporary reduction (see instructions).			
The sum of the view of t	Check here if the current year is the organization's first as a non-functions	lly integrat-	d Type III annual II	

Schedule A (Form 990 or 990-EZ) 2019

	edule A (Form 990 or 990-EZ) 2019 INC rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	23-7053004 Page 7
Sec	tion D - Distributions		<u>leoritinaear</u>	Current Year
_1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			1
2	Underdistributions, if any, for years prior to 2019 (reason-	Decre Total Colonial City	A SAN THE PROPERTY OF THE PROP	
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019		And the second s	
a	From 2014			
	From 2015	Company Company	tog at a seeming and the seeming and the seeming at	A CONTROL OF THE CONT
	From 2016		The second secon	
	From 2017		Approximate the second	TALK YOU AND THE PROPERTY OF T
	From 2018			
	Total of lines 3a through e			The state of the s
	Applied to underdistributions of prior years		FIRST TO A STATE OF THE PARTY O	
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		Control of the Contro	and the second s
4	Distributions for 2019 from Section D.			
7	line 7:			The state of the s
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			[20] J.F. J. J. Brandski et Philippi, Addiction (1997)
	Remainder. Subtract lines 4a and 4b from 4.	Am and making and All and Assessment of the control	Marian Marian Angles	
5	Remaining underdistributions for years prior to 2019, if		Simple design of the second se	
5	· · · · · · · · · · · · · · · · · · ·			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
O	-		The Thirty Common Commo	
	and 4b from line 1. For result greater than zero, explain in	race and republication of the second		
7	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j		CHECKS CONTROL PROPERTY CAN BE SEEN TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	
_	and 4c.		grandations of the second seco	
8	Breakdown of line 7:		en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la companya del companya de l	
	Excess from 2015	(490. a.k.) (190.	A CONTRACTOR OF THE CONTRACTOR	
	Excess from 2016			Company Compan
С	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018 e Excess from 2019

Schedule A	(Form 990 or 990-EZ) 2019 INC	23-7053004 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additice (See instructions.)	or 17b; Part III, line 12; 11 and 2; Part IV, Section C,

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		The state of the s

** PUBLIC DISCLOSURE COPY **

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	NATIONAL RAILWAY HISTORICAL SOCIETY	Employer identification number
Organization type (chec	INC	23-7053004
organization type (chec	n OHE).	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Chaptrifun		
Note: Only a section 501	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rula. Saa instructions
	of Dear and definition and a Open	ai Nuic. See instructions.
General Rule		
X For an organizat property) from a	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to ny one contributor. Complete Parts I and II. See instructions for determining a contrib	staling \$5,000 or more (in money or butor's total contributions.
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the a Z, line 1. Complete Parts I and II.	16a, or 16b, and that received from
year, total contrit	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received foutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or elty to children or animals. Complete Parts I, II, and III.	rom any one contributor, during the educational purposes, or for the
year, contributior is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received find exclusively for religious, charitable, etc., purposes, but no such contributions totale here the total contributions that were received during the year for an exclusively religions and exclusively religions and the parts unless the General Rule applies to this organization becausele, etc., contributions totaling \$5,000 or more during the year	ed more than \$1,000. If this box gious, charitable, etc., se it received nonexclusively
Caution: An organization	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule	B (Form 990, 990-EZ, or 990-PF)
but it must answer "No" o	n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	its Form 990-PF, Part I, line 2, to
LHA For Paperwork Reduc	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Sche	dule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)						
Name of organization	Name of organization					
NATIONAL	RAILWAY	HISTORICAL	SOCIETY			
TNC						

Employer identification number

22 7052004

INC		23	-7053004
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 149,126.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 43,377.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onnocash Onnocash I for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organiza	ation		
NATIONAL	RAILWAY	HISTORICAL	SOCIETY
INC			

Employer identification number

23-7053004

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Employer identification number

NATIONAL	RAILWAY	HISTORICAL	SOCIETY
TATO			··· -

Part III	Evaluation to the state of the		23-7053004
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line of charitable, etc., contributions of \$1,000 c	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No.	and deplicate depict of that if it additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	t
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
-			
ł		l	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

NATIONAL RAILWAY HISTORICAL SOCIETY

OMB No. 1545-0047

Open to Public Inspection Employer identification number

INC 23-7053004 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, line	e 6.	Complete in the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's e	xclusive legal control?	Ves No.
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose confe	errina
	impermissible private benefit?		
Pa	Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, Part I	V. line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		The second out dotted of
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d		ter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the organ	
	year ▶	, , , , , , , , , , , , , , , , , , , ,	meaning the tax
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perio		
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		ion easements during the year
	>		The second second second second
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation ea	asements during the year
	▶ \$	•	and you.
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense stater	ment and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statements th	nat describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ince of public
	service, provide in Part XIII the text of the footnote to its financi	al statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958,		e sheet works of
	art, historical treasures, or other similar assets held for public ex		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasu	ures, or other similar assets for financial gain	provide
	the following amounts required to be reported under FASB ASC		•
	Revenue included on Form 990, Part VIII, line 1		. • \$
b	Assets included in Form 990, Part X		. \$

	edule D (Form 990) 2019 INC						23-7	05300	4 Page 2
L	To garneadons manicaling	ollections of A	rt, Historical 7	reasures,	or Oth	er Simil	OF Acces	1_	- raye -
3	accessi	on, and other recor	ds, check any of th	e following th	hat make	significan	t use of its	(COITUI	nueai
	concentration terms (check all that apply):			J	-		400 01 113		
а	Public exhibition		d Loan or e	xchange pro	aram				
b									
¢	- Tatalogenerations								
4	Provide a description of the organization's co	lections and expla	in how they further	the organiza	tion's exe	emnt nurc	oco in Don	+ VIII	
5	barring the year, did the organization solicit o	r receive donations	Of art historical tra	PACIFICA OF OF	har simil-			CAIII,	
	to be sold to raise lunds rather than to be ma	intained as part of	the organization's	H H O			_	7	₹
Pa	200 of and Oustodial Arrang	gements. Comp	lete if the organiza	tion answered	d "Yes" o	n Form 99	 90. Part IV	Yes	X No
	· · · · · · · · · · · · · · · · · · ·	C 70, 11110 Z 1.						0 0, 0,	
ıa	Is the organization an agent, trustee, custodia	an or other intermed	diary for contribution	ons or other a	ssets not	t included			
	on Form 330, Fart A?							Yes	No
D	If "Yes," explain the arrangement in Part XIII a	ınd complete the fo	llowing table:						
_	Decimal 1							Amount	
С.	Beginning balance					1c			
a	Additions during the year					4.4		***************************************	
	Distributions during the year					10			
f	Ending balance								
2a	organization include an amount on Fo	rm 990, Part X, line	21, for escrow or	custodial acc	ount liabi	ilit. (2		Yes	N-
<u> </u>	if Yes, explain the arrangement in Part XIII (Check here if the av	nlanation has bee	المالدات والمستعمرة	. D		ـــــ ــــــــــــــــــــــــــــــــ	162	No No
Par	t V Endowment Funds. Complete if	the organization ar	swered "Yes" on I	orm 990. Par	rt IV line	10			
		(a) Current year	(b) Prior year	(c) Two ve	are back	(d) Three	years back		
1a	Beginning of year balance		(D) / Hor your	(C) TWO ye	ars back	(a) Tiffee	years back	(e) Four	years back
b	Contributions					<u> </u>		 	
С	Net investment earnings, gains, and losses			+				<u> </u>	
d	Grants or scholarships		······································						
е	Other expenditures for facilities			 					
	and programs			1					
f	Administrative expenses								
	-			-					
a	Provide the estimated percentage of the currel Board designated or quasi-endowment	nt year end balance	(line 1g, column (a)) held as:					
	Permanent endowment		_%						
		%							
	Term endowment >								
•	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
3a	Are there endowment funds not in the possess	ion of the organizat	tion that are held a	nd administe	red for th	e organiza	ation		
	by:							<u> </u>	es No
	(i) Unrelated organizations							3a(i)	
- 1	(ii) Related organizations		********************					3a(ii)	
		nis listed as require	a on Schedule H?				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3b	
7	pescribe in Fart Am the intended uses of the of	'qanızatıon's endov	ment funds.				*************	00 1	
Part									
	Complete if the organization answered	Yes" on Form 990,	Part IV, line 11a. 9	See Form 990	Part X. I	line 10			
	Description of property	(a) Cost or ot basis (investm	ner (b) Cos	or other (other)	(c) Ad	ccumulate preciation	ed	(d) Book v	value
1a l	and						Toront See		
b 8	Buildings						7,66		
c l	_easehold improvements								
d E	Equipment		- 1	7,209.		17 00	10		
е (Other			1,403.		17,20	13.		0.
otal.	Add lines 1a through 1e. (Column (d) must equ	ol Form 000 5 : : :	. ,		·		-		
	- Column (a) must equ	ai Form 990. Part X	column (B), line 1	Oc.)			D		0.

Schedule D (Form 990) 2019 INC	NOIGIII TANG.		23-7053004 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			·
Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
(a) C	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes		the state of the s	
(2) LITIGATION SETTLEMENT			56,000.
(3) PREPRESS			17,524.
(4) PRINTING			16,673.
(5) DISTRIBUTION			5,677.
(6)		***************************************	
(7)			
(0)			1

Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2019

95,874.

(9)

Schedule D (Form 990) 2019 INC		23-7053004 Page 4
Part XI Reconciliation of Revenue per Audited Financ	al Statements With Revenue	per Return.
Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.	
Total revenue, gains, and other support per audited financial statem	ents	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments	1 1	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
game (course) of this country	2a	e di la companya di l
b Donated services and use of facilities Recoveries of prior year grants	2b	
3	2c	and the second s
* *************************************		indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 		
a Investment expenses not included on Form 990, Part VIII, line 7b	1 40 1	Line Administra
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I.	line 191	
Part XII Reconciliation of Expenses per Audited Finance	ial Statements With Expense	es per Beturn
Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.	o por riotarn.
1 Total expanses and leases non-resident fire and the design of the desi		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		Parameter Spirit
a Donated services and use of facilities	2a	1
b Prior year adjustments	2b	
c Other losses	2c	7. Januari Barit
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		NET CALL
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Part XIII Supplemental Information.	!. line 18.)	5
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	a and 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line 2; Part XI,
into 2d and 4b, and rait All, lines 2d and 4b. Also complete this part to pro	ovide any additional information.	
PART X, LINE 2:		
INCOME TAXES - THE SOCIETY IS EXEMPT F	ROM ALL FEDERAL AND	STATE INCOME
	1412	DITTE INCOME
TAXES, IN ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERN	AL REVENUE CODE.
THE SOCIETY REVIEWED THE IMPACT OF FAS	C 740-10-05 ON THE	CONSOLIDATED
FINANCIAL STATEMENTS AND HAS DETERMINE	D THERE IS NO MATER	RIAL UNCERTAIN TAX
POSITIONS OR UNRECOGNIZED TAX BENEFITS	AND THERE IS NO MA	TERIAL IMPACT ON
THE STATEMENTS OF FINANCIAL POSITION,	STATEMENTS OF OPERA	TIONS AND CHANGES
IN NET ASSETS OR CASH FLOWS. THE IRS F	ORM 990 FOR THE YEA	RS ENDED DECEMBER
21 2010 2017 ANTE 2016		
31, 2018, 2017 AND 2016.		

Schedule D (Form 990) 2019

NATIONAL RAILWAY HISTORICAL SOCIETY Schedule D (Form 990) 2019 INC Part XIII | Supplemental Information (continued) 23-7053004 Page 5

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Inspection

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Open to Public

OMB No. 1545-0047

% ⊠ Employer identification number Schedule I (Form 990) (2019) 23-7053004 (h) Purpose of grant or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant NATIONAL RAILWAY HISTORICAL SOCIETY Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table Part I | General Information on Grants and Assistance (**b**) EIN criteria used to award the grants or assistance? 1(a) Name and address of organization or government Name of the organization Part

Schedule I (Form 990) (2019) INC

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Page 2

23-7053004

(a) Type of grant or assistance	(h) Ni mhar at	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		L	
	recipients	cash grant	(a) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column (b); and any other add	ditional information.	
SCHEDULE I					
NO ORGANIZATION OR INDIVIDUAL RECEIVED MORE	IVED MORE	THAN \$5,000;	00; HOWEVER,	۱, TOTAL	
GRANTS EXCEED \$5,000.					
932102 10-26-19					School (Con many)

Schedule I (Form 990) (2019)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

NATIONAL RAILWAY HISTORICAL SOCIETY

INC

OMB No. 1545-0047 Open to Public Inspection

Employer identification number 23-7053004

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PUBLICATIONS: NRHS ISSUES TWO PUBLICATIONS. FOUR PRINTED ISSUES OF THE
"NRHS BULLETIN" WAS DISTRIBUTED TO THE MEMBERS OF THE SOCIETY. THIS
PUBLICATION PROVIDES HISTORICAL DATA AND INFORMATION NOT LIKELY TO BE
COVERED IN SIMILAR PUBLICATIONS AND PROVIDES A SHOWCASE FOR NEW WRITERS
IN THE FIELD OF RAILROAD HISTORY. SIX ISSUES OF "NRHS NEWS" WERE
DISTRIBUTED ELECTRONICALLY TO THE MEMBERS OF THE SOCIETY AND POSTED TO
THE SOCIETY'S WEB PAGE. THREE PRINTED ISSUES OF THIS PUBLICATION WERE
ALSO DISTRIBUTED. THE PURPOSE OF THIS PUBLICATION IS TO KEEP THE
MEMBERS ABREAST OF CURRENT EVENTS AND ACTIVITIES TAKING PLACE IN THE
SOCIETY AND IN THE FIELD OF RAILROAD HISTORY.
EXPENSES \$ 127,689. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
ALL OTHER PROGRAM SERVICES
EXPENSES \$ 20,159. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART V, LINE 1C:
THE ORGANIZATION DID NOT HAVE ANY INSTANCES WHERE BACKUP WITHHOLDING
WAS REQUIRED; HOWEVER, IF THE SITUATION WOULD ARISE, THE ORGANIZATIN IS
AWARE OF THE REPORTING REQUIREMENTS AND WOULD HANDLE THAT ACCORDINGLY.
FORM 990, PART VI, SECTION A, LINE 6:
NRHS HAS MEMBERS WHO ELECT THE PRESIDENT, VICE PRESIDENT AND BOARD OF
DIRECTORS BY MAIL. THE SECRETARY AND TREASURER ARE ELECTED BY THE BOARD OF
DIRECTORS.

Employer identification number 23-7053004

FORM 990, PART VI, SECTION A, LINE 7A:

NRHS HAS MEMBERS WHO ELECT THE PRESIDENT, VICE PRESIDENT AND BOARD OF

DIRECTORS BY MAIL. THE SECRETARY AND TREASURER ARE ELECTED BY THE BOARD OF

DIRECTORS. THE BOARD OF DIRECTORS MEETS NO MORE THAN THREE 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 OF DIRECTORS.

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

FORM 990, PART VI, SECTION A, LINE 7B:

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, SECTION A, LINE 8B:

FORMAL MINUTES OF THE MEETINGS OF THE MEETINGS/WORK SESSIONS OF THE

SOCIETY'S COMMITTEES ARE NOT TAKEN, BUT APPROPRIATE REPORTS ARE PROVIDED TO

THE BOARD OF DIRECTORS IF FURTHER ACTION BY THE BOARD IS REQUIRED SUCH AS

APPROVAL OF BUDGETS.

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

THE SOCIETY DISTRIBUTES THE DRAFT FORM 990 DIRECTLY TO THE BOD MEMBERS BY EMAIL.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization NATIONAL RAILWAY HISTORICAL SOCIETY INC	Employer identification number 23-7053004
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH MEMBER OF THE SOCIETY'S GOVERNING BODY IS REQUIRED TO	SIGN A CONFLICT
OF INTEREST FORM ONCE EVERY THREE YEARS. AT EACH MEETING O	F THE SOCIETY'S
BOARD OF DIRECTORS THERE IS AN OPPORTUNITY FOR ANYONE IN A	TTENDANCE TO
STATE WHETHER THEY HAVE A NEW CONFLICT OF INTEREST AND THE	SE STATEMENTS ARE
DOCUMENTED IN THE SOCIETY'S MINUTES.	
FORM 990, PART VI, SECTION C, LINE 19:	
1) THE SOCIETY'S BYLAWS ARE AVAILABLE UPON REQUEST, CAN BE	OBTAINED FROM
THE SOCIETY'S SECRETARY AND ARE AVAILABLE ON THE SOCIETY'S	WEBSITE. 2) A
COPY OF THE SOCIETY'S CONFLICT OF INTEREST POLICY IS PROVI	DED TO EACH
MEMBER OF THE SOCIETY'S BOARD OF DIRECTORS AND IS MADE AVA	ILABLE UPON
REQUEST, AND CAN BE OBTAINED FROM ANY MEMBER OF THE BOARD,	OR THE SOCIETY'S
SECRETARY. 3) THE SOCIETY'S FINANCIAL STATEMENTS ARE INCLU	DED IN ITS ANNUAL
REPORT WHICH IS PRESENTED AT THE ANNUAL MEETING.	
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·

SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2019

OMB No. 1545-0047

Employer identification number Open to Public Inspection Direct controlling 23-7053004 entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Ξ End-of-year assets **(e)** Total income ਉ NATIONAL RAILWAY HISTORICAL SOCIETY

INC Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service PartII Parti

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	6 5 5 €	(13)
THE NRHS FUND, INC - 46-5395491						Yes	2
505 SOUTH LENOLA RD.							
MOORESTOWN, NJ 08057	SOLICITING	MARYLAND	501(C)(3)	LINE 10	NRHS	>	
						4	
	1						
	7						
	γ						
						-	

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Page 2 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 23-7053004

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income		(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	General of Percentage managing ownership
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	Janizations Taxable as poration or trust during	a Corpoi		Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	zation answe	ed "Yes" on F	orm 990, Par	t IV, line 34	, because it had o	ine or mor	e related
(a) Name, address, and EIN of related organization	Z c	Prima	(b) Primary activity	(c) Direct co (state or foreign country)	(d) Direct controlling entity (((e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of Perend-of-year ow	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
932162 09-10-19									Schedule	R (Form	Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Page 3

23-7053004

		The second secon				
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	:				Yes	å
	s with one or more re	ated organizations listed	in Parts II-IV?	(4.54) (1.54) (1.54) (1.54)		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Ą			12		×
b Gift, grant, or capital contribution to related organization(s)				÷		×
c Gift, grant, or capital contribution from related organization(s)				2	,	4
					×	ľ
				19		×
e Loans or loan guarantees by related organization(s)				5		×
				- 100 m		
f Dividends from related organization(s)				+		×
g Sale of assets to related organization(s)						×
h Purchase of assets from related organization(s)				2 4		4 ≻
				= :		4 ۶
				=		⋖
Lease of racilities, equipment, or other assets to related organization(s)				1		×
				A Company		
k Lease of facilities, equipment, or other assets from related organization(s)				¥	:	×
 Performance of services or membership or fundraising solicitations for related organization(s) 	ınization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)					>
Sharing of facilities, equipment, mailing lists or other articles and facilities.	(5)			<u>ا</u>		4
	lon(s)			-		×
o sharing of paid employees with related organization(s)				9		×
						Ğı
p Reimbursement paid to related organization(s) for expenses				.	Ţ	×
						4 :
				5		×
 r Uther transfer of cash or property to related organization(s) 				+		×
				<u> </u>		×
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete thi	s line, including covered I	for information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ount involved		
(1)						
(2)						
(3)						
						1
(4)			-			
(5)						
(9)						
932163 09-10-19			Schee	Schedule R (Form 990) 2019	066	19
					1	

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

The state of the s	au actions regarding exclus	SION OF CERTAIN RIVE	- 1	-						
(a)	(<u>a</u>)	(၁)	(D)	(e)	£	(a)	Ξ	3	9	乏
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income par (related, unrelated,	partners sec. 501(c)(3)	Share of total	Share of	Dispropor- tionate	Dispropor- Code V-UBI General or Percentage Lingle amount in box 20 managing Amount in box 20 managing	General or managing	Percentage
		country)	excluded from tax under sections 512-514)	Yes No	income	assets	Yes No	of Schedule K-1 (Form 1065)	Ves No	diusialino
				L					-	
								-		
							1			
				-						
		•								
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Facti	ouppiemental info	rmation	
	riovide additional infor	nation for responses to questions on Schedule R. See instructions.	
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