Mail to:

Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 2/2022)

Fee: See instructions

Certifi	cate number: 24492 (N/A if initial registration)	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:				
Fiscal	year ended: 12/31/2022 MM DD YYYY	Organization is exempt from registration because				
FEIN:	23-7053004	Organization does not solicit contributions in Pennsylvania				
1.	Legal name of organization: NATIONAL RAILWAY	HISTORICAL SOCIETY INC				
	Check if name change and give previous name					
2.	All other names used to solicit contributions:					
	N/A					
3.	Contact person: TONY WHITE	Contact's E-mail: TWHITE@NRHS.COM				
4.	Principal address of organization:	Mailing address: (if different than principal address):				
	505 SOUTH LENOLA ROAD, NO. 226					
	MOORESTOWN					
	NJ 08057					
	County: BURLINGTON	Phone number: 215-557-6606				
	800 number:	Fax number:				
	Email (if different than Contact's email):					
	Website: WWW.NRHS.COM					
5.	Type of organization (e.g. non-profit corporation, unincorpor NOT-FOR-PROFIT CORPORATION	rated association, etc.):				
	Where established: MARYLAND	Date established:* 01/01/1935				

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

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6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)								
N/A								
	<u>'</u>							
7.	Short form registration applicability - Specified types of charitable organizations described in 1/462.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":							
	§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust							
	§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.							
	§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities							
	§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.							
	X Not Applicable							
	Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.							
	Items 8 and 9 are required to be completed by initial registrants only							
8.	Date organization first solicited contributions from Pennsylvania residents: MM DD YYYY							
	Other							
9.	If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.							
	Other							
	*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.							

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10.	NATIONAL RAILWAY HISTORICAL SOCIETY INC Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? X Yes No (If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.
	If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.): CONTRIBUTIONS ARE SOLICITED THROUGH DIRECT MAIL AND THE ORGANIZATION WEBSITE.
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	PRESERVATION OF RAILWAY HISTORY THROUGH PURCHASES AND/OR RESTORATION OF BOOKS, FILMS, MAPS, TIMETABLES, PHOTOGRAPHS, VIDEOS, OFFICIAL COMPANY DOCUMENTS, ETC.
14.	Is the organization registered to solicit contributions in any other state or municipality? X Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) MARYLAND
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) Yes X No
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:
	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to
16.	solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

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	nclude the beginning and ending dates of all contracts and dates services began, or will begin, with respect to oliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)
_	SEE STATEMENT 2
_	
	lames, addresses, and telephone numbers of any commercial coventurers under contract with the organization:
1	I/A
_	
r	the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combine egistration covering all of its Pennsylvania affiliates? See note "Affiliate and Parent Organization") Yes No X Not Applicable
(I	"Yes," give all names and certificate numbers of the affiliate organizations: Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group eturn and file a public disclosure form (BCO-23) for each affiliate.)
	s the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration in the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable
(I	"Yes," provide the name and, if available, certificate number of the parent organization. Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group re
L	egal name of parent organization Pennsylvania certificate number
	Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)
_	SEE STATEMENT 3

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends

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22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities: TONY WHITE 505 SOUTH LENOLA ROAD MOORESTOWN, NJ 08057 B. Have final responsibility for the custody of contributions: TONY WHITE 505 SOUTH LENOLA ROAD MOORESTOWN, NJ 08057 C. Have final responsibility for final distribution of contributions: TONY WHITE 505 SOUTH LENOLA ROAD MOORESTOWN, NJ 08057 D. Are responsible for custody of financial records: RALPH BITZER 505 SOUTH LENOLA ROAD, SUITE 226 MOORESTOWN, NJ 08057 23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to: Yes X No A. Any other officer, director, trustee, or employee? B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with Yes X No organization? ** C. Any officers, agents or employees of any supplier or vendor providing goods or services? ** Yes X No **(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor) If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties. 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever: A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other Yes X No jurisdiction? B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes X No C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes (If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

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

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

Signatu	re of Chief Fiscal Officer	Date	
TONY	WHITE, PRESIDENT		
Type or	print name and title of Chief Fiscal Officer		
Signatu	re of Other Authorized Officer	Date	
RALP	H BITZER, TREASURER		
Type or	print name and title of Other Authorized Officer		
Che	cklist for registration:		
X	Completed registration statement properly signed and dated.		
X	A copy of the IRS 990/990EZ/990PF/990N Return and required	I schedules,	
	signed and dated by an authorized officer		
	Public Disclosure Form BCO-23 (if required)		
	Applicable Financial Statements (audited, reviewed, compiled of	or internally prepared)	
X	Registration fee and any late filing fees		
	Initial Registrants Only: IRS determination letter, articles of incoby-laws.	rporation or charter and	
See	Instructions for more information on completing this form and att	achments.	

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FORM BCO-10	ALL PROFESSIONAL SOLICITORS	STATEMENT 1
NAME AND ADDRESS NONE		PHONE NUMBER
CONTRACT BEGIN DATE	CONTRACT END DATE SOLICIT DATE	

FORM BCO-10	PROFESSIONAL FUNDRAISING COUNSELS	STATEMENT 2
NAME AND ADDRESS		PHONE NUMBER
CONTRACT BEGIN DATE	CONTRACT END DATE SERVICE DATE	

FORM BCO-10	OFFICERS,	DIRECTORS,	TRUSTEES	AND	EXECUTIVES	STATEMENT	3
NAME AND ADDRESS				TITI	ĿE		
HARRY ALLEN WEBER 505 SOUTH LENOLA F MOORESTOWN, NJ 08				FORM	 MER PRESIDENT		
NAME AND ADDRESS				TITI	Œ		
TONY WHITE 505 SOUTH LENOLA F MOORESTOWN, NJ 08				PRES	 SIDENT		
NAME AND ADDRESS				TITI	Œ		
E. STEVEN BARRY 505 SOUTH LENOLA F MOORESTOWN, NJ 08				DIRI	 ECTOR		
NAME AND ADDRESS				TITI	Œ		
NED HARRIS 505 SOUTH LENOLA F MOORESTOWN, NJ 08				DIRI	— ECTOR		
NAME AND ADDRESS				TITI	Œ		
ROBERTA BALLARD 505 SOUTH LENOLA F MOORESTOWN, NJ 08	•			DIRI	— ECTOR		
NAME AND ADDRESS				TITI	Œ		
REGAN RICKSON 505 SOUTH LENOLA E MOORESTOWN, NJ 08				DIR	ECTOR		

NAME AND ADDRESS	TITLE
ERIC FOGG 505 SOUTH LENOLA ROAD, 226 MOORESTOWN, NJ 08057	DIRECTOR
NAME AND ADDRESS	TITLE
R. DOUGLAS SCOTT 505 SOUTH LENOLA ROAD, 226 MOORESTOWN, NJ 08057	DIRECTOR
NAME AND ADDRESS	TITLE
HAROLD SHAAK 505 SOUTH LENOLA ROAD, 226 MOORESTOWN, NJ 08057	DIRECTOR
NAME AND ADDRESS	TITLE
CHARLES WEBB 505 SOUTH LENOLA ROAD, 226 MOORESTOWN, NJ 08057	DIRECTOR
NAME AND ADDRESS	TITLE
JON BAAKE 505 SOUTH LENOLA ROAD, 226 MOORESTOWN, NJ 08057	DIRECTOR
NAME AND ADDRESS	TITLE
MARLIN TAYLOR 505 SOUTH LENOLA ROAD, 226 MOORESTOWN, NJ 08057	DIRECTOR
NAME AND ADDRESS	TITLE
DAVID FOSTER 505 SOUTH LENOLA ROAD, 226 MOORESTOWN, NJ 08057	DIRECTOR
NAME AND ADDRESS	TITLE
FRANK SCHEER 505 SOUTH LENOLA ROAD, 226 MOORESTOWN, NJ 08057	DIRECTOR
NAME AND ADDRESS	TITLE
SCOTT ANDES 505 SOUTH LENOLA ROAD, 226 MOORESTOWN, NJ 08057	DIRECTOR

NAME AND ADDRESS		TITLE
JOHN GOODMAN 505 SOUTH LENOLA ROAD, MOORESTOWN, NJ 08057	226	DIRECTOR
NAME AND ADDRESS		TITLE
JOHN SIMANTON 505 SOUTH LENOLA ROAD, MOORESTOWN, NJ 08057	226	DIRECTOR
NAME AND ADDRESS		TITLE
KENNETH EDDY 505 SOUTH LENOLA ROAD, MOORESTOWN, NJ 08057	226	DIRECTOR
NAME AND ADDRESS		TITLE
SKIP WATERS 505 SOUTH LENOLA ROAD, MOORESTOWN, NJ 08057	226	DIRECTOR
NAME AND ADDRESS		TITLE
JEFFREY S. SMITH 505 SOUTH LENOLA ROAD, MOORESTOWN, NJ 08057	226	DIRECTOR
NAME AND ADDRESS		TITLE
PATRICK MOLLOY 505 SOUTH LENOLA ROAD, MOORESTOWN, NJ 08057	226	DIRECTOR
NAME AND ADDRESS		TITLE
JACK HILBORN 505 SOUTH LENOLA ROAD, MOORESTOWN, NJ 08057	226	DIRECTOR
NAME AND ADDRESS		TITLE
RICKY DURRANT 505 SOUTH LENOLA ROAD, MOORESTOWN, NJ 08057	226	DIRECTOR
NAME AND ADDRESS		TITLE
RALPH BITZER 505 SOUTH LENOLA ROAD, MOORESTOWN, NJ 08057	226	TREASURER