Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Α	For the	2010 cale	endar year, or tax year beginning	,	, 2010, and	ending	Decem	ber 31	, 20 10			
В	Check if	applicable:	C Name of organization Pacific No	rthwest Railroad Archive				D Employ	yer identification number			
	Address	change	Doing Business As						27-1315373			
	Name ch	•	Number and street (or P.O. box if mail	I is not delivered to street address	s) Ro	oom/suite		E Telepho	one number	_		
✓	Initial ret	•	2599 East Madison Street						206-349-6242			
\Box	Terminat		City or town, state or country, and 2	ZIP + 4						_		
$\overline{\Box}$	Amende		Seattle, WA 98112-4710				1.	G Gross r	receipts \$ 71,9	55		
П		on pending	F. Name and address of universal of	ficer: Gary L. Tarbox, Pre	sident			Is this a group return for affiliates? Yes				
	пррпоат	on pending	2599 East Madison Street, Sea				1	e all affiliates included? Yes No				
_	Tay over	mpt status:	√ 501(c)(3) 501(c)		947(a)(1) or	527	1 ' '		a list. (see instructions)	10		
<u>'</u>	•	•	vw.PNRArchive.org	5)() 4 (IIISCIT 110.) 4.)+1 (u)(1) OI		+		n number ►			
_	•		: Corporation Trust Assoc	ciation Other	1 //	-	0000		e of legal domicile: WA	—		
_	art I			dation Other >	L Year	of formatio	n: 2009	W State	e or legal dornicile. WA	—		
	_	Summ		ion or most significant	a otiviti o o	Dacific N	lorthwoot D	oilroad /	Arabiya (DNDA) waa	—		
	1	-	escribe the organization's miss	_	_							
Ö		formed to preserve the histories of the railroads operating in the Pacific Northwest region. PNRA purchased and manages a										
ä		7,500 sq-ft building and is acquiring scanning and computing equipment for the use of non-profit railroad history organizations										
ern		to preserve the histories of their railroads and make it accessible to the general public on the internet. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.										
Š			•		1 1							
æ			of voting members of the gove					3				
es			of independent voting membe			•		4		7		
Ξ	5	Total nur	mber of individuals employed i	n calendar year 2010 (P	art V, line 2a	a)		5		00		
Activities & Governance	6	Total nur	mber of volunteers (estimate if	necessary)				6		97		
•	7a									00		
	b									00		
								ar	Current Year			
Ф	8	Contribu	itions and grants (Part VIII, line	1h)				00	65,1	11		
ğ	9	Program	service revenue (Part VIII, line	2g)					6,8	25		
Revenue	10		ent income (Part VIII, column (A							19		
ď	11		venue (Part VIII, column (A), line							00		
			renue—add lines 8 through 11 (r					00	71,9	55		
_			ınd similar amounts paid (Part I	· · · · · · · · · · · · · · · · · · ·						00		
	14									00		
'n			other compensation, employee							00		
Expenses			onal fundraising fees (Part IX, c	·						00		
Sen			ndraising expenses (Part IX, col			136						
Ä			penses (Part IX, column (A), lin					00	43,1	<u>05</u>		
			penses. Add lines 13–17 (must					00	43,1			
	19	-	e less expenses. Subtract line 1	•		• —		00	28,7			
. "	_	nevenue	ess expenses. Subtract line	io iroittiille 12		· Ber	inning of Cur		End of Year	00		
Net Assets or Fund Balances	20	Total aga	acts (Dort V. line 16)				Jilling Or Our	00				
Asse Bala	20		sets (Part X, line 16)			. —			508,9			
det/	21		, , ,			• –		00	480,1			
			ets or fund balances. Subtract I	line 21 from line 20 .	<u> </u>			00	28,7	60		
	art II		ture Block									
			ury, I declare that I have examined this plete. Declaration of preparer (other than						ny knowledge and belief,	it is		
		T k		Tomoor, to based on all linein	anon or winon p	51004101110	lo dilly killowio	ago.				
0:-		0:					D-4					
Siç	-	Sign	nature of officer				Date	е				
He	re											
		1 21	e or print name and title	In		1_		1	low:			
Pa	id	Print/Ty	rint/Type preparer's name Preparer's signature Date						if PTIN			
	epare	r						self-emp	oloyed			
	e Onl		Firm's name ► F						Firm's EIN ▶			
									Phone no.			
Ma	y the IF	RS discus	s this return with the preparer	shown above? (see inst	ructions) .				· · Yes 🗌 N	No.		

Form 990 (2010) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: "To make railroad history accessible to the general public." PNRA is a service organization providing affordable space and services for the benefit of nonprofit railroad history organizations (RHOs) and, thereby, the public at large. These benefits strengthen the RHO's ability to pursue their missions to preserve and interpret railroad history for current and future generations. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ✓ No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program ☐ Yes ✓ No If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 36,407 including grants of \$ (Code:) (Expenses \$ 00) (Revenue \$ 6,825) "Provide affordable storage and work space." PNRA purchased and manages a 7,500 sq-ft building and is configuring the space for the RHOs to store and catalog their collections. In addition to the \$36,702 of funds expended, over 1,050 hours of volunteer labor was expended during the year to prepare the building for full operation.) (Expenses \$ 295 including grants of \$ Maintain and operate railroad history web sites: PNRA operates and configures computer servers which host the RHO web sites. PNRA provides knowledgeable people to update the sites when requested by the RHOs. More than 420 hours of volunteer work has been expended adding information to the internet web sites: www.NPRHA.org, www.GN-NPJointArchive.org and www.PNRArchive.org (Code:) (Expenses \$ 00 including grants of \$ 00) (Revenue \$ Curate exhibits of railroad-related subjects from collections at Archive. PNRA has promoted the display of railroad-related exhibits of photos, materials and information at regional museums. PNRA have applied for three grants to fund the exhibit preparation costs. The RHOs will donate the use of their materials in the exhibits to promote railroad history to the general public. The three grant applications required over 155 hours of volunteer work to complete and submit. (One grant totaling \$18,500 was awarded in April 2011 with the other two pending.)

Other program services. (Describe in Schedule O.)

Total program service expenses ▶

None including grants of \$

(Expenses \$

) (Revenue \$

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	2	✓	✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		∨
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	√	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	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? <i>If "Yes," complete Schedule D, Part VIII </i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," complete Schedule D, Part X 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)? <i>If</i> "Yes," complete Schedule D, Part X .	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		√
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
L	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	- Ch		
7	· ·	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		•
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
•	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		Ť
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
b				
120	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	128		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Form 990 (2010) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . **b** Enter the number of voting members included in line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . . . 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8b **√** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 13 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 16a **b** If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website ☐ Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Brian Kaehler, 16711 SE 30th Street, Bellevue, WA 98008, 425-922-1238

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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 to any question 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.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Posit	sition (check all that appl			that ap	ply)	Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Gary L. Tarbox President	- 50	1		√						00
(2) William C. Sornsin Vice President	- 2	√		\						00
(3) Brian Kaehler Treasurer	- 4	√		√						00
(4) Paul Krueger Secretary	- 4	√		✓						00
(5) Edward R. Sherry Director	- 4	1								00
(6) William Kajdzik Director	- 2	1								00
(7) Robert E. Kelly Director	- 4	1								00
(8)	-									
(9)	-									
(10)	-									
<u>(11)</u>	-									
(12)	-									
(13)	-									
(14)	-									
(15)	-									
(16)	-									

Part	VII Section A. Officers, Directors, Trus	stees, Key	Emplo	oyee	es, a	and	Highe	est	Compensated	Employees (co	ntinued)
	(A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average hours per			_	_	that ap		Reportable compensation	Reportable compensation from	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	other compensation from the organization and related organizations
(17)		-									
(18)		-									
(19)		-									
(20)		-									
(21)		-									
(22)		-									
(23)		-									
(24)		-									
(25)		-									
(26)		-									
(27)		-									
(28)		-									
	Sub-total							L			00
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio									00
2	Total number of individuals (including but	t not limited	to th					e) w	ho received m	ore than \$100,	
	reportable compensation from the organi	Zation	ione								Yes No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete s</i>								oloyee, or high	-	ated
4	For any individual listed on line 1a, is the organization and related organizations individual										the
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indivi	dual
Section	on B. Independent Contractors		- /-						<u> </u>		
1	Complete this table for your five highest compensation from the organization.	compensat	ed ind	dep	end	ent	contr	act	ors that receive	ed more than \$	5100,000 of
	(A) Name and business add	lress							(B) Description of s	ervices	(C) Compensation
None											
2	Total number of independent contractor							th	nose listed ab	ove) who	
	received more than \$100,000 in compens	sation from	the or	rgar	nizat	tion					

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b	65,111				
i, gi mo	С	Fundraising events 1c	·				
jifts ar a	d	Related organizations 1d					
s, g nila	e	Government grants (contributions) 1e					
ion sir	f	All other contributions, gifts, grants,					
out	-	and similar amounts not included above					
ıtril 1 ot	q	Noncash contributions included in lines 1a-1f: \$	00				
Cor anc	h	Total. Add lines 1a–1f		65,111			
	- ''	Total: / Ida iii ii i	Business Code	03,111			
enn	2a	Member Services Fees	531312	6,825	6,825		
3ev	b		331312	0,023	0,023		
ce F							
ërvi	c d						
n Se							
Iran	e	All other program service revenue .					
Program Service Revenue	f g	Total. Add lines 2a–2f		6,825			
	3	Investment income (including divide		0,823			
	J	and other similar amounts)		19	19		
	4	Income from investment of tax-exempt bo		17	17		
	4 5	·	•				
	3	Royalties	(ii) Personal				
	60	Gross Rents	()				
	6a	Less: rental expenses					
	b						
	C	Rental income or (loss)		00			
	d 7a	Net rental income or (loss) Gross amount from sales of (i) Securities	> (ii) Other	00			
	<i>1</i> a	assets other than inventory	(ii) Guici				
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶	00			
ine	8a	Gross income from fundraising					
ver		events (not including \$					
Other Revenu		of contributions reported on line 1c). See Part IV, line 18 a					
₽		Less: direct expenses b					
		Net income or (loss) from fundraising	events . ►	00			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b [
		Net income or (loss) from gaming active	/ities ►	00			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	C	Net income or (loss) from sales of inve	entory ►	00			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	C						
	d	All other revenue					
	е	Total. Add lines 11a–11d	▶	00			
	12	Total revenue. See instructions		71,955	6,844	00	00

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete co	iumii (A) but are not	required to complet		anu (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members 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 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b	Management	2,795 3,693	2,795	3,693	
c d	Accounting				
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other	1,019	1,019		
12 13 14	Advertising and promotion	986		850	136
15 16 17	Royalties	7,875	7,875		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest	23,835	23,835		
21 22 23	Payments to affiliates	2,992	2,992		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)	2,772	2,772		
a b c d					
e f 25	All other expenses Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following	43,195	38,516	4,543	136
26	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form 990 (2010) Page **11**

Part X Balance Sheet

_	art X	Balance Sheet		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		00	1	7,341
	2	Savings and temporary cash investments		00	2	23,191
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
Assets	5	Receivables from current and former officers employees, and highest compensated employ Schedule L	ees. Complete Part II of		5	
	6	Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of seemployees' beneficiary organizations (see instru	(c)(3)(B), and contributing ection 501(c)(9) voluntary		6	
	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use	<u> </u>		8	
	9	Prepaid expenses and deferred charges	F		9	
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D	10a 458,409			
	b	Less: accumulated depreciation	10b 00	00	10c	458,409
	11				11	
	12	Investments—other securities. See Part IV, line			12	
	13	Investments-program-related. See Part IV, line	F		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		00	15	20,000
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	00	16	508,942
	17	Accounts payable and accrued expenses		00	17	5,168
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
Š	21	Escrow or custodial account liability. Complete	Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, employees, highest compensated employees,	and disqualified persons.			
					22	
	23	Secured mortgages and notes payable to unrela		00	23	410,014
	24	Unsecured notes and loans payable to unrelated		00	24	65,000
	25	Other liabilities. Complete Part X of Schedule D			25	
Se	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check h lines 27 through 29, and lines 33 and 34.	ere ▶ ☐ and complete	00	26	480,182
ũ	27	Unrestricted net assets			27	
ala	28	Temporarily restricted net assets			28	
B	29	Permanently restricted net assets	<u> </u>		29	
r Fund Balances	23	Organizations that do not follow SFAS 117, cl complete lines 30 through 34.			23	
S O	30	Capital stock or trust principal, or current funds	,		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or ed	<u> </u>		31	
As	32	Retained earnings, endowment, accumulated in	· ·	00	32	28,760
et	33	Total net assets or fund balances		00	33	28,760
Z	34	Total liabilities and net assets/fund balances .		00	34	508,942
_	1					Form 990 (2010)

Form 990 (2010) Page **12**

Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	1,955
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	3,195
3	Revenue less expenses. Subtract line 2 from line 1	3		2	28,760
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			00
5	Other changes in net assets or fund balances (explain in Schedule O)	5			00
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2	28,760
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2a b c	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?	 versight			√
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar were			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		,
			Forr	n 990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

_	nc Northwest Raint								27-13			
Pai			rity Status (All orga						instructio	ns.		
The o	_		ation because it is: (Fo		_		_					
1			hes, or association of			ed in sec	tion 170	(b)(1)(A)(i	i).			
2			170(b)(1)(A)(ii). (Attac		-		470(1)(4)	(A) (***)				
3			spital service organiza						O/F//4// #//	:::\	41	
4		earch organizatione, city, and stat	on operated in conjun	CHOII WILI	i a nospii	ai descri	bea in se	ection 17	U(D)(T)(A)(, III). ⊏nie	ertne	
5	•	-	the benefit of a colle	ge or uni	versity o	wned or	operated	l by a go	vernment	al unit c	loccrib	od in
3		o)(1)(A)(iv). (Com		ge or um	versity of	wried of	operated	i by a go	veriment	ai uiiit c	iesci il	Jeu III
6	☐ A federal, stat	e, or local gover	nment or government	al unit de	scribed in	n section	170(b)(1	I)(A)(v).				
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	mplete Pa	art II.)						
9	•	•	receives: (1) more that							•		-
			d to its exempt funct									
			ent income and unre after June 30, 1975. Se						n 511 tax	x) from	busin	esses
10		_	d operated exclusively					-	(4)			
11		-	nd operated exclusive		-	-				or to ca	irry oi	ıt the
			olicly supported organ									
	•	•	describes the type of				•	, , ,		. , . ,		
	a 🗌 Type	el b \square	Type II c	□ Тур	e III–Fun	ctionally	integrate	d	d [Туре	: III–Ot	her
е	☐ By checking t	his box, I certify	that the organization	is not co	ntrolled d	lirectly or	indirectl	y by one	or more o	disqualif	ied pe	rsons
			ers and other than on-	e or more	e publicly	support	ed organ	izations o	described	in secti	on 509	9(a)(1)
	or section 509											
f	_	ation received a check this box	a written determination			that it is	a Type	I, Type 	II, or Typ 	e III su 	oportir	ng 🗌
g	Since August following pers		he organization acce	pted any	gift or co	ontributio	n from a	any of the	Э			
			ndirectly controls, eit							ıd	Yes	No
	(iii) below,	the governing b	ody of the supported	organizat	ion?					11g(i)	
		-	on described in (i) abo							11g(i	i)	
		-	a person described in							11g(ii	i)	
h		1	ion about the support	1								
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify nization in		Is the tion in col.		Amount apport	of
	organization		above or IRC section		document?	col. (i)	of your	(i) organ	ized in the		арроп	
			(see instructions))	Yes	No	Yes	port?	Yes	.S.? No			
				103	110	103	110	103	110			
(A)												
(B)												
(0)												
(C)												
(D)												
(E)												

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 **(e)** 2010 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 The portion of total contributions by 5 each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4. Section B. Total Support (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2009 Schedule A, Part II, line 14 15 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			•			
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				00	65,111	65,111
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				00	6,825	6,825
3	Gross receipts from activities that are not an unrelated trade or business under section 513				00	00	00
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				00	00	00
5	The value of services or facilities furnished by a governmental unit to the organization without charge				00	00	00
6	Total. Add lines 1 through 5				00	71,936	71,936
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				00	00	00
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				00	00	00
С	Add lines 7a and 7b				00	00	00
8	Public support (Subtract line 7c from line 6.)						71,936
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6				00	71,936	00
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.				00	19	19
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				00	00	00
С	Add lines 10a and 10b				00	19	19
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				00	00	00
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				00	00	00
13	Total support. (Add lines 9, 10c, 11, and 12.)				00	71,955	71,955
14	First five years. If the Form 990 is for the organization, check this box and stop he	J	•		, or fifth tax ye		` , ` ,
Secti	on C. Computation of Public Suppor						_
15	Public support percentage for 2010 (line	3, column (f) d	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2009 Scl					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2010 (-		17	%
18	Investment income percentage from 2009					18	<u>%</u>
19a	33 ¹ / ₃ % support tests—2010. If the organ						
J.	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ /3% support tests – 2009. If the organize line 18 is not more than 33 ¹ /3%, check this						
20	Private foundation. If the organization di						_

Part IV	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

27-1315373

Department of the Treasury Internal Revenue Service Name of the organization

Pacific Northwest Railroad Archive

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Employer identification number

Par	Organizations Maintaining Dono organization answered "Yes" to Fo	or Advised Funds or Other Similar Fo	unds or Accounts. Complete if the
	organization anowords 100 to 10	(a) Donor advised funds	(b) Funds and other accounts
1 2 3 4 5	Total number at end of year		held in donor advised
6	Did the organization inform all grantees, do only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or	r for any other purpose
Par	Conservation Easements. Comp		s" to Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by Preservation of land for public use (e.g., purpose). Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organizate easement on the last day of the tax year.	recreation or education)	of a certified historic structure
			Held at the End of the Tax Year
а	Total number of conservation easements .		
b	Total acreage restricted by conservation eas		
d	Number of conservation easements on a cer Number of conservation easements includ historic structure listed in the National Regis	ed in (c) acquired after 8/17/06, and no	ot on a
3	Number of conservation easements modified tax year ►	d, transferred, released, extinguished, or to	erminated by the organization during the
4 5	Number of states where property subject to Does the organization have a written poliviolations, and enforcement of the conservat	icy regarding the periodic monitoring, i	
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	on easements during the year
	>		
7	Amount of expenses incurred in monitoring, ►\$		
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirement	
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the organization's accounting for conservation e	text of the footnote to the organization's pasements.	financial statements that describes the
Part		ections of Art, Historical Treasures, ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und works of art, historical treasures, or other public service, provide, in Part XIV, the text of	similar assets held for public exhibition,	education, or research in furtherance of
b	If the organization elected, as permitted ur works of art, historical treasures, or other public service, provide the following amount	similar assets held for public exhibition, s relating to these items:	education, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII,	, line 1	• \$
2	(i) Revenues included in Form 990, Part VIII, (ii) Assets included in Form 990, Part X If the organization received or held works following amounts required to be reported up	of art, historical treasures, or other simi	lar assets for financial gain, provide the
а	Revenues included in Form 990, Part VIII, lin Assets included in Form 990, Part X	e1	• \$
b	Assets included in Form 990, Part X		> \$

	e D (Form 990) 2010									Page 2
Part										
3	Using the organization's acquisition, collection items (check all that apply):		other recor	rds, chec	k any of th	e follov	wing that are a s	significa	ınt use	of its
а	Public exhibition		d	☐ Loa	n or excha	nge pro	ograms			
b	Scholarly research		е	Oth	er					
С	✓ Preservation for future generation	ins								
4	Provide a description of the organiza XIV.	tion's collections	and expla	ain how tl	ney further	the or	ganization's exer	npt pu	rpose i	n Part
5	During the year, did the organization assets to be sold to raise funds rather								Yes [√ No
Part	Escrow and Custodial Arra line 9, or reported an amour	angements. Co	omplete i	f the org	_					
1a		, custodian or ot	ther interm	nediary fo				_	Yes 「	□No
b	If "Yes," explain the arrangement in P	art XIV and comp	olete the fo	ollowing ta	able:					
	, 1	•		J			A	mount		
С	Beginning balance					10	;			
d	Additions during the year					10	I			
е	Distributions during the year					16)			
f	Ending balance					11				
2a	Did the organization include an amou	nt on Form 990, F	Part X, line	21? .					Yes	No
	If "Yes," explain the arrangement in P									
Par	Endowment Funds. Compl									
		(a) Current year	(b) Prid	or year	(c) Two year	s back	(d) Three years bac	k (e) F	our years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance		1							
2	Provide the estimated percentage of	-		ıs:						
а	Board designated or quasi-endowme		%							
b	Permanent endowment	%								
C	Term endowment ▶ % Are there endowment funds not in th		the ergani	zation the	at are hold	and ac	ministered for th			
3a	organization by:	e possession or	ine organi.	zalion ina	at are neid	and ac	iriiriisterea for ti	ie 	Yes	No
	(i) unrelated organizations							3a	(i)	
	(ii) related organizations							3a(
b 4	If "Yes" to 3a(ii), are the related organ Describe in Part XIV the intended use	s of the organizat	tion's endo	owment fo	unds.			3k)	
Part	VI Land, Buildings, and Equip	ment. See For	m 990, Pa	art X, line	e 10.					
	Description of investment	(a) Cost or (investi		, ,	r other basis ther)		Accumulated epreciation	(d) E	Book valu	е
1a	Land				172,500				17	72,500
b	Buildings				283,581		00		28	33,581
С	Leasehold improvements				2,274		00			2,274

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

d Equipment . . .

54

0

458,409

Schedule D (Form 990) 2010 Page 3 Investments - Other Securities. See Form 990, Part X, line 12. Part VII (c) Method of valuation: (a) Description of security or category (b) Book value Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3) (4) (5) (6)(7) (8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, line 15. Part IX (a) Description (b) Book value (1) (2)(3) (4) (5) (6) (7) (8) (9)(10)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3)(4) (5)(6) (7) (8)

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

(9) (10) (11)

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

Schedule D (Form 990) 2010 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 . . . 4 4 5 Donated services and use of facilities 5 6 Investment expenses 6 7 7 8 8 Total adjustments (net). Add lines 4 through 8 9 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 . 10 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2b Recoveries of prior year grants 2c C Other (Describe in Part XIV.) 2d Add lines **2a** through **2d** 2e 3 Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Prior year adjustments 2b d Other (Describe in Part XIV.) 2d Add lines 2a through 2d 2e 3 Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b . . . 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . **Supplemental Information** Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. Part III, Line 4: Railroad-related books, magazines and documents donated to PNRA were reported at a zero amount in Form 990, Part VII, because the Archive does not capitalize its collections as allowed in SFAS 116. The collections are being scanned, cataloged and posted on the internet web sites of the participating railroad history organizations. Part VI, Line 1: Assets will not be depreciated until the PNRA facility is in operation, expected in 2011.

Schedule D (Form 990) 2010 Page 5					
Part XIV	Supplemental Information (continued)	-			
	, ,				



SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

19

20

21

22

23

24

25 26

27

Food inventory

Drugs and medical supplies .

Historical artifacts

Archeological artifacts

Scientific specimens

Taxidermy

Other ► (

Other ► (

Pacific Northwest Railroad Archive

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

Inspection

Employer identification number

27-1315373

Part I **Types of Property** (c) (a) (b) (d) Noncash contribution Method of determining Check if Number of contributions or amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art 2 Art-Historical treasures . . . 3 Art-Fractional interests . . 4 Books and publications . . 5 Clothing and household goods Cars and other vehicles . . . 6 7 Boats and planes 8 Intellectual property 9 Securities-Publicly traded . . 10 Securities-Closely held stock . Securities-Partnership, LLC, 11 or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution-Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential . . 16 Real estate—Commercial . 17 Real estate-Other 18 Collectibles

None

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be			
	used for exempt purposes for the entire holding period?	30a		✓
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard			
	contributions?	31	✓	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		✓
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Schedule M (Form 990) (2010) Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Part 1, Line 4: Railroad-related books, magazines and documents donated to PNRA were reported at a zero amount in Form 990, Part VII, because the Archive does not capitalize its collections as allowed in SFAS 116.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Pacific Northwest Railroad Archive	27-1315373
Part VI, Line 11b: PNRA posts a copy of the Form 990 filing along all Schedules on a password protect	cted web site for review by the seven
Directors. They are asked to email their comments to all the Directors so they are aware of any sug	gested changes. After all comments
have been received and incorporated into the documents, the Directors are asked to approve the do	ocuments for filing.
Part VI, Line 12c: Directors are asked to review the PNRA Conflict of Interest policies which are part of	of the corporation's Bylaws and to
reveal any potential conflicts when they are recognized by an individual Director. Directors and Co	mmittee Chairs are responsible to
monitor activities at PNRA for situations which may appear as a Conflict of Interest and to ask any p	participating members to reveal any
Conflicts that they may have.	
Part VI, Line 19: PNRA posts its governing documents on its web site, www.PNRArchive.org which is	accessible by the general public.
These documents include PNRA's: Form 1023 filing; Bylaws which contain the Conflict of Interest	policies; Form 990 filings;
IRS 501(c)(3) Determination Letter; Articles of Incorporation; Board meeting minute summaries; an	d financial statements.

Schedule O (Form 990 or 990-EZ) (2010)		Page 2
Name of the organization	Employer identification number	
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