990 Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

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

, 20 For the 2020 calendar year, or tax year beginning , 2020, and ending C Name of organization Pacific Northwest Railroad Archive Check if applicable: D Employer identification number Address change Doing business as 27-1315373 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 425 SW 153rd Street (206)349-6242Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Burien, WA 98166-2214 **G** Gross receipts \$ 99.254. Amended return Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes No Gary L Tarbox, 425 SW 153rd St, Seattle, WA 98166 H(b) Are all subordinates included? 🗌 Yes 🗌 No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 If "No," attach a list. See instructions 501(c) () ◀ (insert no.) Website: ► N/A **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Association L Year of formation: 2009 M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities: Pacific Northwest Railroad Archive (PNRA) owns and operates a facility and equipment 1 enabling our five member Railroad Heritage Organizations (RHO's) to preserve their historic railroad document Activities & Governance collections and makethem available to the general public over internet websites 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 82 Total unrelated business revenue from Part VIII. column (C), line 12 7a 7a 0. Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 36<u>,</u>643. 8 29,464. Revenue 9 Program service revenue (Part VIII, line 2g) 135,852. 57,234. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,564. 5,377. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 167,880 99,254 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 482. b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 60,221. 93,288. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 60,221. 93,288. 19 Revenue less expenses. Subtract line 18 from line 12 107,659. 5,966. Assets or designation of designation of the designa **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 754,423. 752,441. 21 Total liabilities (Part X, line 26) . 249,455. 241,507. 22 Net assets or fund balances. Subtract line 21 from line 20 504,968. 510,934. Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 05/10/2021 Sign Signature of officer Date Here Gary L Tarbox, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check X if **Paid** self-employed P00289982 Jonathan C Fischer 05/14/2021 Jonathan C Fischer **Preparer** Firm's EIN \triangleright 43-4394678 Firm's name ▶ Jonathan C. Fischer, CPA **Use Only** Firm's address ▶ 9836 42nd Ave S W, Seattle, WA 98136 Phone no. (206)935-2508May the IRS discuss this return with the preparer shown above? See instructions Yes □ No

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Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Pacific Northwest Railroad Archive (PNRA) owns and operates a facility and equipment enabling our five member Railroad Heritage Organizations (RHO's) to preserve their historic railroad document
	collections and makethem available to the general public over internet websites
	corrections and makethem available to the general public over internet websites
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	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 others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$28,045. including grants of \$0.) (Revenue \$19,076.)
	Provide affordable storage, equipment and work space for the
	physical digital preservation of historic railroad documents
	PNRA owns and operats a 7,500 sq-ft archive facility in Burien, WA
	It's configured for RHO inventory to sort, scan, catalog and
	preserve their collection materials at the Archive or remotely
4b	(Code:) (Expenses \$ 5,520. including grants of \$0.) (Revenue \$11,489.)
	Respond to requests from community organizations and individuals
	and fulfill those request with material from Railroad Heritage
	organizations (RHO's)collections
	PNRA fulfills requests for information and copies of material in
	RHO collections and receives donations for the information.
	Additionally, PNRA fulfills orders for its RHO's online
	stores on a fee for service basis
4c	(Code:) (Expenses \$11,867. including grants of \$0.) (Revenue \$1,200.)
	Operate and maintain railroad heritage websites
	PNRA operates web services that host the RHO's research websites
	in a commercial data center in South Seattle that received 18,811
	individual visits in 2020, making the historic railroad info
	available to the general public. The websites are: NPRHA.org;
	GN-NPJointArchive.org; research.MilwElectric.org;
	research.SPSHS.org; and PNRA.org. The RHO's provide funds to
	support their websites, while volunteers at PNRA updated the
	sites with material cataloged and scanned during work sessions,
	both on site at PNRA and remotely, as appropriate.
	NOTE OF PLOT OF THE ONE TOWARD OF APPLOPHIAGE.
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ 3,701. including grants of \$ 0.) (Revenue \$ 0.)
	Total program service expenses ► 49,133.

Part l	V Checklist of Required Schedules			
			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	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		×
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? <i>If</i> "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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8	×	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	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	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
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	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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	12b		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 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	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," 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? <i>If "Yes," complete Schedule G, Part I</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</i> "Yes," <i>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		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21		×

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 25a	04-		.,
b	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		×
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
Ü	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	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, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
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 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Yes No 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 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) . . . Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3a × If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 X 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 a party to a prohibited tax shelter transaction at any time during the tax year? . . . X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 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 as charitable contributions? 6a × b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 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 7a × If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с × If "Yes," indicate the number of Forms 8282 filed during the year d 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 × If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . 10b 11 Section 501(c)(12) organizations. Enter: 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? . . . 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b 13c С 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a × If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 16 If "Yes," complete Form 4720, Schedule O.

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	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	Enter the number of voting members included on line 1a, above, who are independent . 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		×
3	Did 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		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6	×	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×	
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by			
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		×
a b	Other officers or key employees of the organization	15b		×
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	100		L
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-			501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)	·		. ,
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inte	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	

Form 990 (2020) Page **7**

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.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ensa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than or box, unless person is both a officer and a director/truste					n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Robert E Kelly	10.00							_	_	_
President	10.00	×		×				0.	0.	0.
(2) Richard S Wilkens Vice President	10.00	×		×				0.	0.	0.
(3) William C Petryk Treasurer	15.00	×		×				0.	0.	0.
(4) Paul W Krueger Secretary	4.00	×		×				0.	0.	0.
(5) Chris Craig Director	1.00	×						0.	0.	0.
(6) William M Kajdzik Director	6.00	×						0.	0.	0.
(7) William C Sornsin Director	2.00	×						0.	0.	0.
(8) David T Sprau Director	2.00	×						0.	0.	0.
(9) Gary L Tarbox Executive Director	40.00			×				7,200.	0.	0.
(10)										
(11)		-								
(12)										
(13)		-								
(14)										

Part	VII Section A. Officers, Directors, 7	Trustees,	Key I	Em	plo	yee	s, an	d H	lighest Compe	nsated E	mplo	yees (con	tinued)
					(0	C)							
	(A)	(B)	Position (do not check more than						(D)	(E)		(F)	
	Name and title	Average	`				e than d is both		Reportable	Reporta	able	Estimated	amount
		hours					or/trust		compensation	compens		of oth	
		per week (list any	악	Пg	ç	₩ ₩	en H	Fo	from the organization	from rela organiza		compens from t	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ghe	Former	(W-2/1099-MISC)	(W-2/1099		organizati	
		related	dual	tion	_	mp	st co	4				related orga	nizations
		organizations below	ี้ <u>รี</u>	lal t		oye) mg						
		dotted line)	stee	ıtsı.		Φ	ens						
				ee			Highest compensated employee						
(15)													
(10)													
(16)													
(10)			1										
(17)													
(1/)			1										
(18)													
(10)			1										
(10)													
(19)			-										
(20)													
(20)			-										
(04)													
(21)			-										
(00)													
(22)													
(00)													
(23)													
(2.4)													
(24)													
(25)													
								<u> </u>					
1b	Subtotal						• •	•	7,200.		0.		0.
C	Total from continuation sheets to Part			•	•	•		•					
d	· · · · · · · · · · · · · · · · · · ·							<u> </u>	7,200.		0.		0.
2	Total number of individuals (including but		to th	ose	e list	ted	above	e) w	ho received more	e than \$10	00,000	of	
	reportable compensation from the organi	ization >										1.4	
												Ye	s No
3	Did the organization list any former of												
	employee on line 1a? If "Yes," complete											3	×
4	For any individual listed on line 1a, is the												
	organization and related organizations									dule J fo	r such		
	individual											4	×
5	Did any person listed on line 1a receive of												
<u> </u>	for services rendered to the organization	? If "Yes," c	compl	ete	Scr	nedi	ıle J f	or s	such person .	· · ·		5	×_
	on B. Independent Contractors												
1	Complete this table for your five high												
	compensation from the organization. Rep	ort compen	satio	n toi	r the	ca	lenda	r ye	ar ending with or	within the	organ	lization's ta	ıx year.
	(A)	luana							(B)	daga		(C)	_
	Name and business add	iress							Description of serv	rices		Compensation	1
								_		, .			
2	Total number of independent contractor							th	ose listed abov	e) who			
	received more than \$100,000 of compens	ation from	the or	gan	ıızat	ion	▶						

Part VIII Statement of Revenue

		Check if Schedule	O co	ntains a re	spor	ise or note to ar	າy line in this Pa	art VIII . . .		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
တ္တ	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	32,155.				
<u> </u>	C	Fundraising events			1c	0.	-			
ŁŞ,	d	Related organization			1d	0.				
ar la		Government grants			1e	3,500.				
S,	e	=		-	16	3,500.	-			
ion S	f	All other contribution and similar amounts no			4.6	0.00				
out he					1f	988.				
를 전	g	Noncash contribution								
in Si		lines 1a–1f			1g		0.5.5.10			
0 6	h	Total. Add lines 1a-	-1t .			<u> ▶</u>	36,643.			
Δ.						Business Code				
į į	2a	Membership fe				531312	19,076.	19,076.	0.	0.
le P	b	Fulfillment f				561910	11,489.	11,489.	0.	0.
en S	С	Information T				516110	1,200.	1,200.	0.	0.
gram Ser Revenue	d	Grant & Proje		Revenue		541720	24,840.	24,840.	0.	0.
Program Service Revenue	е	Miscellaneous				519120	629.	629.	0.	0.
<u> </u>	f	All other program se								
	g	Total. Add lines 2a-	-2f .			🕨	57,234.			
	3	Investment income								
			nilar amounts)				5,377.	5,377.	0.	0.
	4	Income from investr			•	•				
	5	Royalties	<u></u>			<u> </u>				
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income o	r (los	s)		🕨				
	7a	Gross amount from		(i) Securit	ties	(ii) Other				
		sales of assets								
		other than inventory	7a							
ē	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě	С	Gain or (loss)	7с							
	d	Net gain or (loss)				, >				
Other	8a	Gross income from	m fu	ındraising						
Ò		events (not including	\$	0.						
		of contributions rep	porte	d on line						
		1c). See Part IV, line	e 18		8a					
	b	Less: direct expens	es .		8b					
	С	Net income or (loss)) from	n fundraisin	g eve	ents ►				
	9a	Gross income f	from	gaming						
		activities. See Part I	IV, lin	e 19 .	9a					
	b	Less: direct expens	es .		9b					
	С	Net income or (loss)) from	n gaming a	ctivitie	es >				
	10a	Gross sales of ir	nvent	ory, less						
		returns and allowan	ces		10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)) from	n sales of ir	vento	ory >				
SI						Business Code				
Miscellaneous Revenue	11a									
scellaneo Revenue	b									
e e	С									
<u>is</u>	d	All other revenue								
Σ	е	Total. Add lines 11a	<u>a–1</u> 10	<u></u>		<u></u> >				
	12	Total revenue. See	instr	uctions		🕨	99,254.	62,611.	0.	0.

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colu	mn (A).
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations		'	5	,
	and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	7,200.	0.	7,200.	0.
b	Legal				
С	Accounting	3,188.	0.	3,188.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion	150.	0.	0.	150.
13	Office expenses	1,876.	1,495.	49.	332.
14	Information technology	11,867.	11,867.	0.	0.
15	Royalties	4 005		4 005	
16	Occupancy	4,396.	0.	4,396.	0.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	40.151		40.11	
20	Interest	12,428.	0.	12,428.	0.
21	Payments to affiliates	12 772	0	12 772	0
22	Depreciation, depletion, and amortization .	13,773.	0.	13,773.	0.
23	Insurance	2,639.	0.	2,639.	0.
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) amount, list line 24e expenses on Schedule O.)				
2	D-16-11	E E20	E E20	0	0
a b	Fulfillment Exp Grant Expenses	5,520. 30,251.	5,520. 30,251.	0.	0.
C		30,231.	30,231.	0.	0.
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	93,288.	49,133.	43,673.	482.
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	23,200.		20,070.	202.
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	26,295.	1	18,043
2	Savings and temporary cash investments	649.	2	804
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	-182.	4	-182
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 751,789.			
b	Less: accumulated depreciation 10b 87,556.	663,495.	10c	664,233
11	Investments—publicly traded securities	64,166.	11	69,543
12	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	754,423.	16	752,441
17	Accounts payable and accrued expenses	481.	17	946
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.40 0.74	22	040 561
23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	248,974.	23	240,561
24	, ,		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schodule D.		05	
26	of Schedule D	0.40 455	25	0.41 5.05
20	Total liabilities. Add lines 17 through 25	249,455.	26	241,507
	Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ► ⊠ and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds	504,968.	31	510,934
		F04 060	32	510,934
32	Total net assets or fund balances	504,968.	32	

Form 990 (2020) Page **12**

Part	XI Reconciliation of Net Assets			
	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)		99,2	54.
2	Total expenses (must equal Part IX, column (A), line 25)		93,2	88.
3	Revenue less expenses. Subtract line 2 from line 1		5,9	66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	5	04,9	68.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	5	10,9	34.
Part	32, column (B))			
	Check if Schedule O contains a response or note to any line 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," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		×
	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 ☐ 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		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	DEV 05/05/21 DDO	Г	, മമവ	(0000)

REV 05/05/21 PRO Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(D)

(E) Total 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.

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

Name of the organization

Employer identification number

Paci	fic	Northwest	: Railroad	Archive				27-1315373	
Par	t I	Reason fo	r Public Cha	rity Status. (All	l organizations mus	t comple	ete this p	oart.) See instruction	ons.
The c	rgani	zation is not a	private founda	tion because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
1	\square A	church, conve	ention of churcl	hes, or associati	on of churches descri	ibed in se	ection 17	0(b)(1)(A)(i).	
2	\square A	school descri	bed in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	
3	\square A	hospital or a	cooperative hos	spital service org	anization described i	n sectior	170(b)(1	I)(A)(iii).	
4	□ A	medical resea	arch organizatio	on operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(iii). Enter the
	h	ospital's name	e, city, and state	e:					
5			operated for the operat		college or university	owned o	r operate	ed by a government	al unit described in
6	ПА	federal, state	or local govern	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7	A	n organization	that normally	•	tantial part of its sup		٠,		the general public
8	ПА	community tr	ust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	_				d in section 170(b)(1)	-	erated in	conjunction with a la	and-grant college
	OI				iculture (see instruction				
10	X A	n organization	that normally r	eceives (1) more	than 331/3% of its su	pport fro	m contrib	outions, membership	fees, and gross
	re	eceipts from a	ctivities related	to its exempt full tincome and uni	nctions, subject to ce related business taxal	rtaın exce ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	331/3% Of its
	a	cquired by the	organization a	fter June 30, 197	75. See section 509(a	a)(2). (Cor	nplete Pa	art III.)	2401100000
11	□ A	n organization	organized and	l operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
12	☐ Aı	n organization	organized and	operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to car	ry out the purposes
					ns described in secti				
	С	heck the box i	n lines 12a thro	ough 12d that des	scribes the type of sup	porting c	rganizati	on and complete line	s 12e, 12f, and 12g.
а		Type I. A ຣເ	pporting organ	ization operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
					regularly appoint or e			he directors or trust	ees of the
		supporting of	organization. Y o	ou must comple	ete Part IV, Sections	A and B.	•		
b					ed or controlled in co				
					rganization vested in		persons	that control or mana	age the supported
		organization	ı(s). You must	complete Part I	V, Sections A and C				
С					ting organization oper				Illy integrated with,
		its supporte	d organization(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.	
d		Type III nor	n-functionally i	i ntegrated. A su	pporting organization	operated	d in conn	ection with its suppo	rted organization(s)
					nization generally mu				d an attentiveness
		requirement	(see instructio	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е					a written determination				II, Type III
f	Ent	er the number	of supported of	organizations .					
g	Pro	vide the follov	ving information	n about the supp	orted organization(s).				
		me of supported of		(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1–10		ur governing ment?	''' '	other support (see
					above (see instructions))	docui	non:	instructions)	instructions)
						Yes	No		
(A)									
· ·									
(B)									
(C)									
				1		1	1		

Part	• • •						
	(Complete only if you checked the						alify under
Secti	Part III. If the organization fails to on A. Public Support	quality und	er the tests iis	stea below, p	iease compie	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(5) 2011	(6) 2010	(4) 2010	(0) 2020	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	•	•			12	
13	First 5 years. If the Form 990 is for the	•	,		•		` ' ' '
Caati	organization, check this box and stop he						🕨 📋
3ecu 14	on C. Computation of Public Suppor Public support percentage for 2020 (line 6			11 column (f)		14	%
15	Public support percentage from 2019 Sch	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test—2020. If the organibox and stop here. The organization qua						
b	331/3% support test—2019. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization metal Part VI how the organization meets the organization	eets the facts facts-and-circ	s-and-circumst cumstances tes	ances test, ch st. The organiz	eck this box a zation qualifies	and stop here s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the facts-and-ci	acts-and-circu rcumstances te	mstances test, est. The organi	check this bozation qualifie	ox and stop he s as a publicly	ere. Explain supported
18	Private foundation. If the organization	did not check	a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this be	ox and see

Schedule A (Form 990 or 990-EZ) 2020

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 qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	55,467.	104,937.	28,043.	29,464.	36,642.	254,553.
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	49,170.	40,743.	88,337.	135,852.	56,604.	370,706.
3	Gross receipts from activities that are not an	15/1.01	1077101	00,007.	200,002.	30,001	3.07.001
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	104,637.	145,680.	116,380.	165,316.	93,246.	625,259.
7a	Amounts included on lines 1, 2, and 3	104,037.	143,000.	110,300.	103,310.	73,240.	023,237.
14	received from disqualified persons .	2 000	1 050	150	F4 222	403	F0 000
		3,900.	1,052.	152.	54,333.	483.	59,920.
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						
	· ·		1 050	150	- A 000	100	
	Add lines 7a and 7b	3,900.	1,052.	152.	54,333.	483.	59,920.
8	Public support. (Subtract line 7c from						
Casti	line 6.)						565,339.
	on B. Total Support	(-) 001C	(I-) 0047	(-) 0040	(-1) 0040	(-) 0000	(6) T-+-I
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	104,637.	145,680.	116,380.	165,316.	93,246.	625,259.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	5.			2,564.	5,377.	7,946.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	5.			2,564.	5,377.	7,946.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	104,642.			167,880.		633,205.
14	First 5 years. If the Form 990 is for the	•			•		. , . ,
	organization, check this box and stop he						▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8					15	89.28 %
16	Public support percentage from 2019 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2020 (-			1.25 %
18	Investment income percentage from 2019					18	%
19a	331/3% support tests—2020. If the organ						
	17 is not more than 331/3%, check this box	_	_	-		_	_
b	331/3% support tests—2019. If the organize						
	line 18 is not more than 331/3%, check this I	pox and stop h	ere. The organ	ization qualifies	as a publicly s	upported organ	ization 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, c	check this box	and see instru	ctions ▶ 🗌

Part IV Supporting Organizations

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

	Section A	. All S	upporting	ı Orgar	nizations
--	-----------	---------	-----------	---------	-----------

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No
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	_	res	NO
2	class or purpose, describe the designation. If historic and continuing relationship, explain. 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	1		
3a	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	2 3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	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 Part VI .	6		
7	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).	7		
8	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	8		
	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 .	9a		
	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.	9b		
С	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.	9с		
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 line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	101		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
	<u> </u>		Yes	No
4				
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	instru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in	struct	ions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
2	-	20		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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? If "Yes" or "No," provide details in Part VI.			
1		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Vos." describe in Part VI the role played by the organization in this regard			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

(see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
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		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
7	emergency temporary reduction (see instructions).	6	ntograted Type III suppo	rting organization
1	☐ Check here if the current year is the organization's first as a non-function	ally l	megrated Type III Suppo	rung organization

Schedule A (Form 990 or 990-EZ) 2020

Part V

Secti	on D-Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish	1			
2	Amounts paid to perform activity that directly furthers exe	rted			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name c	the organization		Employer identification number			
	fic Northwest Railroad Archive		27-1315373			
Par			ls or Accounts.			
	Complete if the organization answered '	Yes" on Form 990, Part IV, line 6.				
		(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 funda are the organization's property, subject to the					
6	funds are the organization's property, subject to the	= = =				
U	6 Did the organization inform all grantees, donors, and donor advisors 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					
	conferring impermissible private benefit?					
Par						
ı aı	Complete if the organization answered '	Yes" on Form 990. Part IV. line 7.				
1	Purpose(s) of conservation easements held by the					
•	Preservation of land for public use (for example, recre	= : : : : : : : : : : : : : : : : : : :	f a historically important land area			
	☐ Protection of natural habitat	·	f a certified historic structure			
	☐ Preservation of open space					
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	n in the form of a conservation			
	easement on the last day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		. 2a			
b	Total acreage restricted by conservation easement					
C	Number of conservation easements on a certified h					
d	Number of conservation easements included in historic structure listed in the National Register .	(c) acquired after 7/25/06, and not c				
3	Number of conservation easements modified, trans		24			
3	tax year ►	sierrea, releasea, extiliguistiea, or terri	illilated by the organization during the			
4	Number of states where property subject to conser	vation easement is located >				
5	Does the organization have a written policy reg		ection, handling of			
	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · □ Yes □ No			
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	g conservation easements during the year			
	>					
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing of	conservation easements during the year			
	▶ \$					
8	Does each conservation easement reported on line					
•	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of					
	organization's accounting for conservation easeme		modification and describes the			
Part	III Organizations Maintaining Collections	s of Art. Historical Treasures, or 0	Other Similar Assets			
	Complete if the organization answered '		3 in 6 in mai 7 i 3 3 i 5 i			
1a	If the organization elected, as permitted under FAS		e statement and balance sheet works			
	of art, historical treasures, or other similar assets					
	service, provide in Part XIII the text of the footnote	to its financial statements that describe	es these items.			
b	If the organization elected, as permitted under FAS					
	art, historical treasures, or other similar assets held provide the following amounts relating to these iter		search in furtherance of public service,			
			▶ \$			
	(ii) Assets included in Form 990, Part X		\$			
2	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part XIf the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the			
	following amounts required to be reported under Fa	ASB ASC 958 relating to these items:	2			
а	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		• \$			
b	Assets included in Form 990, Part X		> \$			

Schedule D (Form 990) 2020 Page **2**

Part	III Organizations Maintaining Col	lections of Art, Hi	storical Treasures	s, or Other Similar	Assets (continued)	
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and other reco	ords, check any of the	ne following that make	e significant use of its	
а	▼ Public exhibition	d	Loan or exchange	ge program		
b	▼ Scholarly research ■ Continuous Con	е				
С	▼ Preservation for future generations					
4	Provide a description of the organization's XIII.	s collections and exp	lain how they furthe	r the organization's ex	cempt purpose in Part	
5	During the year, did the organization solid assets to be sold to raise funds rather than					
Part	Part IV Escrow and Custodial Arrangements.					
	Complete if the organization ans 990, Part X, line 21.	wered "Yes" on Fo	rm 990, Part IV, lir	ne 9, or reported an	amount on Form	
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?				not ·	
b	If "Yes," explain the arrangement in Part X	III and complete the t	ollowing table:			
					Amount	
С	Beginning balance			1c		
d	Additions during the year			1d		
е	Distributions during the year			1e		
f	Ending balance			1f		
2a	Did the organization include an amount on					
	If "Yes," explain the arrangement in Part X	III. Check here if the	explanation has beer	n provided on Part XIII		
Par						
	Complete if the organization ans	swered "Yes" on Fo				
		Current year (b) P	rior year (c) Two year	ars back (d) Three years b	pack (e) Four 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					
2	Provide the estimated percentage of the co	urrent year end balar	ce (line 1g, column (a)) held as:		
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ▶%	ó				
С	Term endowment ▶ %					
	The percentages on lines 2a, 2b, and 2c sh					
3a	Are there endowment funds not in the pos	ssession of the orgar	nization that are held	I and administered for	the	
	organization by:				Yes No	
	(i) Unrelated organizations				. 3a(i)	
	(ii) Related organizations				. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi	izations listed as requ	uired on Schedule Rí	?	. 3b	
4	Describe in Part XIII the intended uses of the	he organization's end	lowment funds.			
Part	VI Land, Buildings, and Equipmen	nt.				
	Complete if the organization ans	swered "Yes" on Fo	rm 990, Part IV, lir	ne 11a. See Form 99	00, Part X, line 10.	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land	172,500			172,500.	
b	Buildings		283,566.	48,739.	234,827.	
C	Leasehold improvements		131,763.	20,196.	111,567.	
d	Equipment		145,578.	11,760.	133,818.	
e	Other		18,382.	6,861.	11,521.	
	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part			664,233.	

 $\mathsf{B}\mathsf{A}\mathsf{A}$

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on For			
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation: -of-year market value
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments – Program Related.	<u> </u>		
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		nod of valuation: -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶			
Part IX	Other Assets.			
I dit ix	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
	(a) Description	555,		(b) Book value
(1)	,, ,			.,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	<u> </u>		
Part X	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> <u>(7)</u>				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	runcertain tax positions. In Part XIII, provide the text of the footnote			nts that reports the
	s liability for uncertain tax positions under FASB ASC 740. Check			

Schedule D (Form 990) 2020 Page **4**

	XI Reconciliation of Revenue per Audited Financial Stateme			netu	f i i .
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		i		
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				er Re	turn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4-	
•				4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			4c 5	
5 Part	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, lin Supplemental Information.	e 18.)		5	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	<i>e 18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	<i>e 18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
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5 Part Provid 2; Part Pt I	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linex III) Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part III, Line 4: Railroad-related books, operating documents donated to PNRA were reported at zero value	d 4; P to pro umen (\$0	art IV, lines 1b and 2b ovide any additional in ts, maps, photo	5 o; Part of formations are	schedule
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Pt I maga: D, Pa 116.	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part III, Line 4: Railroad-related books, operating documents donated to PNRA were reported at zero value art VII, because PNRA does not capitalize collection. The collections are being scanned, cataloged and	e 18.) d 4; P to pro umen (\$0 Lons pos	art IV, lines 1b and 2b ovide any additional in ts, maps, photo .00) on Form 99 as allowed as ted on the inte	5 p; Part forma ps ar po , s per	schedule SFAS
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Schedule D (Fo	orm 990) 2020	Page \$
Part XIII	Supplemental Information (continued)	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Inspection

Name of the organization Employer identification number Pacific Northwest Railroad Archive 27-1315373

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications	×		0.	Not capi	tali	zed	
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, 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							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► (
29	Number of Forms 8283 received	by the org	ganization during the tax y	ear for contributions for				
	which the organization completed				29			
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	erty reported in Part I lines	1 through			
-	28, that it must hold for at least the							
	to be used for exempt purposes f					30a		×
b	If "Yes," describe the arrangemen		.					
31	Does the organization have a gift acceptance policy that requires the review of any nonstandar							
-	contributions?							
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or se	ell noncash			
	S .	•		· • • • • • • • • • • • • • • • • • • •		32a	×	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a)	s checked.			
	describe in Part II.		(-)	(a)				

Schedule M (Form 990) 2020 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Pt I Line 32b: Railroad related books, operating documents, maps, photos, and magazines donated to PNRA were reported at zero-value on Form 990, Schedule D, Pt I Line 33: Books with subjects outside of the Pacific Northwest region, or duplicates of books already in our collections have been sold on consignment through third-party book dealers or on EBay

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

27-1315373 Pacific Northwest Railroad Archive Pt VI, Line 11b: PNRA posts a copy of the Form 990 filing along with all schedules on a password protected website for the review by its eight Directors. They are informed the 990 is ready for review, and are asked to email their comments to the Executive Director, and the other Directors, so all officers and directors area aware of suggested changes. After all comments have been received, they are incorporated into the the documents to be filed and the final files are posted on the PNRArchive.org website for public access. Pt VI, Line 12c: PNRA adopted the "Conflict-of-interest Policy" required by the IRS to maintain our Federal tax exempt status and have been made the policy part of the Corporation's Bylaws. The policy includes: potential conflicts must be reported when they are recognized by an individual; each person is responsible to monitor activities at PNRA for situations which may appear as a Conflict-of-Interest; and to ask any participated members to reveal any Conflicts that they may have. Each year, PNRA's Directors, officers and committee chairs are emailed the Conflict-of-Interest policy, and are required to sign our Conflict-of-Interest Disclosure form. The form confirms the receipt and review of the policy, the person's agreement to comply with the policy, and their understanding that PNRA must engage primarily in activities which accomplish one or more of our charitable purposes. Pt VI, Line 19: PNRA posts all governing documents on our website: 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; each year's Form 990 filings, IRS 501(c)(3) Determination letter; Articles of Incorporation, and financial statements Pt X: In May of 2019, PNRA's Directors authorized setting up an investment account

of publicly traded securities in which PNRA's reserve and contingency funds are

Name of the organization Pacific Northwest Railroad Archive	Employer identification number 27–1315373
deposited	
Pt VI, Line 18: PNRA's form 1023 is available on the PNRA website:	PRNArchive.org
Pt VI, Line 6: Members of PNRA are all volunteers who works at leas	t 30 hours
at the Archive, or who donates at least \$25 in the twelve-month per	iod preceeding
the Annual meeting, as specified in the PNRA bylaws	
Pt VI, Line 7a: The members of PNRA select the Directors who service	e two-years
terms on the Board of Directors, at the Annual meeting, as specifie	d in the Bylaws
Pt III, Line 4d:	
Expenses: \$3,701 including grants of: \$0 Revenue: \$0	
Description: Form 990, Part III, Line 4d:	
Implement a specially designed search function for PNRA's digital coll	ection database for the
users to easily locate information using descriptions that meet	international
finding-aid standards and make the search process intuitive	

Form **8879-E0**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning , 2020, and ending , 20

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879E0 for the latest information.

Department of the Treasury

OMB No. 1545-0047

nternal Revenue Service	Go to www.irs.gov/Form88/9EO for the latest information	ation.
Name of exempt organizati	on or person subject to tax	Taxpayer identification number
Pacific Northw	est Railroad Archive	27-1315373
Name and title of officer or	person subject to tax	
	Executive Director	
	Return and Return Information (Whole Dollars Only)	
check the box on lin blank, then leave line	e return for which you are using this Form 8879-EO and enter the apple 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line fee 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not on the applicable line below. Do not complete more than one line in F	or the return being filed with this form was ot enter -0-). But, if you entered -0- on the
1a Form 990 check	here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A),	line 12) 1b 99,254.
2a Form 990-EZ che		
3a Form 1120-POL	_	
4a Form 990-PF che		
5a Form 8868 check		
6a Form 990-T chec		
7a Form 4720 check	k here ▶ □ b Total tax (Form 4720, Part III, line 1)	
	rjury, I declare that $oxtimes$ I am an officer of the above organization or \Box I	
name of organization		
of the 2020 electronic true, correct, and corl consent to allow my to receive from the IF processing the return Agent to initiate an electronical confidential informatic dentification number PIN: check one box I authorize on the tax year state agency(ies PIN on the return electronically file	c return and accompanying schedules and statements, and, to the best implete. I further declare that the amount in Part I above is the amount in intermediate service provider, transmitter, or electronic return original RS (a) an acknowledgement of receipt or reason for rejection of the train or refund, and (c) the date of any refund. If applicable, I authorize the ectronic funds withdrawal (direct debit) entry to the financial institution to the federal taxes owed on this return, and the financial institution to intact the U.S. Treasury Financial Agent at 1-888-353-4537 no later that so authorize the financial institutions involved in the processing of the on necessary to answer inquiries and resolve issues related to the pay (PIN) as my signature for the electronic return and, if applicable, the conformal of the intermediate services as part of the IRS Fed/State program, I also authorize disclosure consent screen.	st of my knowledge and belief, they are shown on the copy of the electronic return. tor (ERO) to send the return to the IRS and nsmission, (b) the reason for any delay in U.S. Treasury and its designated Financial account indicated in the tax preparation of debit the entry to this account. To revoke an 2 business days prior to the payment electronic payment of taxes to receive ment. I have selected a personal onsent to electronic funds withdrawal. IN as my signature Enter five numbers, but do not enter all zeros It a copy of the return is being filed with a orize the aforementioned ERO to enter my PIN as my signature on the tax year 2020 is being filed with a state agency(ies)
	ties as part of the IRS Fed/State program, I will enter my PIN on the re	
Signature of officer or person		Date ► 05/10/2021
	ation and Authentication ter your six-digit electronic filing identification	
	ed by your five-digit self-selected PIN.	9 1 7 3 5 7 0 1 1 5 2 Do not enter all zeros
	e numeric entry is my PIN, which is my signature on the 2020 electron this return in accordance with the requirements of Pub. 4163 , Modernior Business Returns.	
ERO's signature ▶	Date	
	ERO Must Retain This Form — See Instructi	ons

Do Not Submit This Form to the IRS Unless Requested To Do So