

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A	For the 2	2010 calend	dar year, or tax year begin	ning	, 2010, and	d ending		,				
В	Check if app	plicable		<del></del>			DE	mployer Identifi	ication Number			
	Addres	ss change	Appanoose County	Community Railroa	ad			42-11819	40			
	$\vdash$	change	PO Box 321					elephone numbe				
	Initial	Ť	Centerville, IA	52544			Ι,	641-437-	7029			
	$\vdash$						<del></del>	J41 4J1	1023			
	Termin								702	000		
	$\vdash$	ded return	=			- 1		iross receipts \$		, 889 .   <del>  []</del>		
	Applica	ation pending	F Name and address of principa	l officer			(a) Is this a group (b) Are all affiliat		₩''"	$\blacksquare$		
			Same As C Above				• •	a list (see instr	ructions) Yes	∐ No		
<u></u>	Tax-exen	npt status	501(c)(3) X 501(c) (4	1 ) ◄ (insert no) 494	7(a)(1) or	527		•	•			
J	Websit	te: ► N/				н	c) Group exemp	tion number				
K		organization	Corporation Trust	Association Other ►	<b>L</b> Year	of Formation	1	M State of leg	gal domicile			
Pa		Summai										
	1 Bri	efly descri	be the organization's missi	on or most significant activit	hes: <u>Rail</u>	<u>L Servi</u>	<u>ice to A</u>	<u>ppanoose</u>	e_County	and_		
0				urers and employe								
Activities & Governance	۱											
Ë	l			E	57-6	ンモコアル						
Š	2 Ch	eck this bo	ox 🕨 📗 if the organizatio	n discontinued its operations	s o <u>r dispose</u>	d of more	than 25% o	f its net ass	ets.			
ن ھ	3 Nu	mber of vo	oting members of the gover	ning body (Part VI, line 1a)ر	N		SC	3		<u> 10</u>		
68				s of the governing body (Par		9) 1 92 21	011	4		0		
<b>\F</b>				ı calendar year 2010 (Part V	ilne 2a) '\	A A A L	ဟ	5		0		
ţ			of volunteers (estimate if	• • • • • • • • • • • • • • • • • • • •	L	D- 0		6	<del></del>	0		
•	1			Part VIII, column (C), line 12	'OGD	JEN.	UT I	7a 7b		<u>0.</u> 0.		
_	<b>D</b> Ne	t unrelated	business taxable income	from Form 990-1, line 34 &-	والمتعادية والمتعادد		Dulan N					
		ntributions.	and aronto (Part VIII Juna	16)		ŀ	Prior \		Current Y			
ā			and grants (Part VIII, line vice revenue (Part VIII, line			ŀ	26	2,281.		<u>, 446.</u> , 453.		
ē	1		ncome (Part VIII, column (A	=-		ŀ		2,593.		,433. ,197.		
Revenue				nes 5, 6d, 8c, 9c, 10c, and 1	10)	ŀ		0,105.		<del>, 197.</del> , 793.		
_				(must equal Part VIII, colum		12)		1,203.		, 889.		
	1		imilar amounts paid (Part I		iii (7 (), iiii c - i	12)		1,200.	,,,,	,005.		
			to or for members (Part I)			ŀ						
				17	6,931.	157	,896.					
s S			er compensation, employee		0,931.	137	, 030.					
Expenses			fundraising fees (Part IX, o	* **		ŀ				<del></del> i		
ă	<b>b</b> To	tal fundrais	sing expenses (Part IX, col									
ш	17 Otl	her expens	ses (Part IX, column (A), I	nes 11a-11d, 11f-24f).				3,412.	352	<u>,749.</u>		
	18 To	tal expens	es. Add lines 13-17 (must	equal Part IX, column (A), lii	ne 25)		53	0,343.	510	<u>,645.</u>		
	<b>19</b> Re	venue less	expenses Subtract line 1	8 from line 12			-23	9,140.	193	,244.		
8 8							Beginning of C		End of Y			
9 6			(Part X, line 16).					3,069.	2,122			
Net Assats a Fund Balanco	<b>21</b> To	tal liabilitie	es (Part X, line 26)				4	0,062.	356	<u>,292.</u>		
ž	<b>22</b> Ne	t assets or	fund balances Subtract li	ne 21 from line 20			1,57	3,007.	1,766	,047.		
Pa	art II	Signatu	re Block									
Une	der penalties	of perjury, I d	leclare that I have examined this ret	urn, including accompanying schedule all information of which preparer has	es and statemen	nts, and to the	e best of my kno	wledge and belie	ef, it is true, corre	ct, and		
con	npiete Decia	aration of prep	arer tother than officer) is based on		any knowledge							
		P X	Kaymond L	unnin				<del>-8</del> - //	<del>-</del>			
Si	gn	'Signatu	re of officier				Date					
He	re	Ray					Presider	nt				
		<del>                                     </del>	print name and title									
		Print/Type p	oreparer's name	Preparer's signature	Da	ate	Check	〈 X ıf F	PTIN			
Pa		Bruce	Kimmerle	Bruce Kimmerle		(2x/1	self-e	mployed 1	N/A			
	eparer	Firm's name	Bruce Kimmer	le, CPA	/	17						
Us	e Only	Firm's addre	ess • 415 Haynes A	ve		_	Firm's	Firm's EIN ► N/A				
_			Centerville,	IA 52544			Phon		437-1040			
Ma	v the IRS	discuss th		shown above? (see instruct	ions)		•		X Yes	No		

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

TEEA0113L 12/21/10

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BAA	١									TEEA010	D2L 10/08	V10								Forr	n <b>990</b>	(2010)

			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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part $V$	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	<b>b</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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 Ь		X
	c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	<del>                                     </del>
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  a Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	140		
	business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u>
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		X_
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	ļ	X
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20 Ь		

Page 4 Part JV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х 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 Х 23 Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete* 25b Х Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х 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): Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. 32 Х

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X Х 35 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? a 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 X No Yes Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Х

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

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Form 990 (2010)

Check if Schedule O contains a response to any question in this Part V				
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a  0		Yes	No
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vend (gambling) winnings to prize winners?	ors and reportable gaming	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State				
ments, filed for the calendar year ending with or within the year covered by this return	2a 0			
b If at least one is reported on line 2a, did the organization file all required federal employments.		2b		├─
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see	•			Х
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year. <b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule</i> (		3a 3b		^
•		30		<del> </del>
4a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other b If 'Yes,' enter the name of the foreign country. ►	financial account)?	4a		Х
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and	Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the		5a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax she	•	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c		
	and did the organization			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, solicit any contributions that were not tax deductible?		6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such not tax deductible?	contributions or gifts were	6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and services provided to the payor?	partly for goods and	7a		
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided	2	7 a		┈
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for				<u> </u>
Form 8282?		7с		ļ
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7e		ļ
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal be		7 f		-
g If the organization received a contribution of qualified intellectual property, did the organization as required?	ition file Form 8899	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	ne organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppor supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ting organizations. Did the have excess business	8		
9 Sponsoring organizations maintaining donor advised funds.		٣		<del>                                     </del>
a Did the organization make any taxable distributions under section 4966?		9a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		9ь		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 6			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>			<u> </u>
a 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 School	ule O			]
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c	<u> </u>		$oldsymbol{ol}}}}}}}}}}}}}}}}}$
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b		
BAA TEEA0105L 11/30/10		Form	990	(2010

Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 10 1 a b Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a Х Х b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8 b Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Х 10a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Х 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12<sub>b</sub> to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c 13 Х 13 Does the organization have a written whistleblower policy? Х 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15 a Х **b** Other officers of key employees of the organization 15<sub>b</sub> If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 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? Х 16a b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website X Upon request Another's website 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Heather Clark 1303 S 21st Street Centerville IA 52544 641-437-7029

Form <b>990</b> (2010)	Appanoose	County	Community	Railroad

BAA

42-1181940

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Form 990 (2010)

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

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

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee												
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average hours		tion (		all t	hat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other		
	per week (describe	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the		
	hours for related	dual	tion	-	m Dic	st ca	4			organization and related		
	organiza- tions in Schedule	trust	al tru		yee	mpe				organizations		
	O)	æ	stee		·	nsati						
(1) Jody McDanel						E.				<del></del>		
Director	0							0.	0.	0.		
(2) Thomas Zaputil					<del> </del>			0.	0.	<u></u>		
Director	0							0.	0.	0.		
(3) Mark Bachman					<del>                                     </del>		<del>                                     </del>	Ŭ.	0.	<u>v.</u>		
Director	0							0.	0.	0.		
(4) Ray Cummins												
President	0							0.	0.	0.		
(5) DR Lee Den Hartog												
Director	0						<u> </u>	0.	0.	0.		
(6) Heather Clark			:									
Secretary	0		<u> </u>			-		0.	0.	<u> </u>		
										•		
Director	0		┝		_		_	0.	0.	0.		
(8) Jeff Burns	0		ŀ					0.	٥	0		
Vice President (9) Tod Faris	<u> </u>							0.	0.	0.		
Director	0		İ					0.	0.	0.		
(10) Bill McAfee								· · · · · · · · · · · · · · · · · · ·		<u> </u>		
Director	0							0.	0.	0.		
(11)												
<u>(12)</u>							<u> </u>	<u> </u>				
(13)		ļ										
(14)					_							
<u>(15)</u>												
(16)			<del> </del>		_		-					
(17)												
<u></u>						L	<u> </u>	l				

TEEA0107L 12/21/10

Part, VII	Section A. Officers, Directors, Trus	tees, k	(ey	En	ıplo	ye	es,	an	d Highest Con	npensated Em	ployee	<b>s</b> (co.	nt)
	(A)	(B)		<i>(</i>	-	c)	h-1 -	1.3	(D)	(E)		(F)	
	Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			Officer		Highest compensate employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo cor ore	stimated ount of ot npensation the ganization nd relate panization	ther on on ed
		Sch O)	ee	stee			nsated						
_(18)													
(19)													
(20)													
(21)									<del></del> .				
(22)											<del> </del>		
(23)													
(24)													<del></del>
(25)													
(26)													
(27)													
(28)													
(29)													
1 b Sub-to	otal	•				•		•	0.	0			0.
	from continuation sheets to Part VII, Section (add lines 1b and 1c)	A						•	0.	0			0. 0.
2 Total	number of individuals (including but not limite he organization   0	d to tho	se lı	stec	i abo	ove)	who	o re			-	npens	
	ne organization o											Yes	No
3 Did th on line	e organization list any <b>former</b> officer, director e 1a? <i>If 'Yes,' complete Schedule J for such i</i>	or trust ndıvıdua	ee, I	key	emp	oloy	ee, d	or hi	ghest compensat	ed employee	3		Х
4 For an	ny individual listed on line 1a, is the sum of re ganization and related organizations greater t <i>ndividual</i>	portable han \$15	cor 50,00	npe )0?	nsat If 'Y	tion 'es'	and com	oth plet	er compensation e Schedule J for	from	4		X
	ny person listed on line 1a receive or accrue of vices rendered to the organization? If 'Yes,' or	ompens	atio	n fro	om a	any I fo	unre	elate	ed organization or	ındıvıdual	5		X
Section E	3. Independent Contractors											<u>L</u>	
1 Comp	lete this table for your five highest compensal ensation from the organization	ed inde	pend	dent	cor	itrac	tors	tha	t received more t	han \$100,000 of			
(A) Name and business address  (B) Description of services									of services	(C) Compensation			
	<u> </u>												
					·								
9 T-1-1		1. 1											
	number of independent contractors (including 200 in compensation from the organization •		ıımı	led	(O th	iose	ııst	ea a	ibove) who receiv	ed more than			

Pa	t VIII Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns     1 a       b Membership dues     1 b       c Fundraising events     1 c       d Related organizations     1 d       e Government grants (contributions)     1 e     327,446.				
CONTRIBUTIO AND OTHER S	f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lns 1a-1f. \$  h Total. Add lines 1a-1f	327,446.			
E REVENUE	2a Railroad Freight Services b Business Code	361,453.	361,453.		
RAM SERVIC	c				
PROG	f All other program service revenue g Total. Add lines 2a-2f  ▶	361,453.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds.</li> </ul>	11,197.	11,197.		
	For a second for a class of the control of the cont				
	7 a Gross amount from sales of assets other than inventory  b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
	c Net income or (loss) from fundraising events.  9a Gross income from gaming activities See Part IV, line 19  a				
	b Less: direct expenses c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code  11 a Market Value Gain Securit b	3,793.	3,793.		
	c d All other revenue.				
	e Total. Add lines 11a-11d.  12 Total revenue. See instructions	3,793. 703,889.	376,443.	0.	0.
	- Total revenue, Occ mondonom	,00,000.	2,0,223.	υ.	

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do l	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			3	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	· 0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	120,699.	120,699.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	8,851.	8,851.		
10	Payroll taxes	28,346.	28,346.		
11	Fees for services (non-employees)				
á	Management	12,000.	12,000.		
ŀ	Legal	3,020.	3,020.		
(	Accounting	3,060.	3,060.		
C	<b>I</b> Lobbying				
•	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
ç	g Other				
12	Advertising and promotion				
13	Office expenses	2,851.	2,851.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	538.	538.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	116,629.	116,629.		<del></del>
23	Insurance	42,067.	42,067.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
	Repairs	43,888.	43,888.		
	Property Taxes	35,737.	<u>35,</u> 737.		
	Track Maintenance	29,303.	29,303.		
	Contract Labor	19,406.	19,406.		,
	Fuel & Oil	16,755.	16,755.		
	All other expenses	27,495.	27,495.		
	Total functional expenses. Add lines 1 through 24f	510,645.	510,645.	0.	0.
26	Joint costs. Check here ► If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA				<del></del>	Form <b>990</b> (2010)

Pa	<u>ırt X</u>	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			8,251.	1	283,248.
	2	Savings and temporary cash investments			110,436.	2	100,706.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			52,726.	4	61,124.
	5	Receivables from current and former officers, directo and highest compensated employees Complete Part	rs, trustee II of Sche	s, key employees, edule L		5	
	6	Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and cont sponsoring organizations of section 501(c)(9) volunta organizations (see instructions)	ied under ributing er iry employ	section 4958(f)(1)), nployers and rees' beneficiary		6	
Ą	7	Notes and loans receivable, net		ŀ	· · · · · · · · · · · · · · · · · · ·	7	
A S E T S	8	Inventories for sale or use		ŀ	<del></del>	8	
Ţ	-	Prepaid expenses and deferred charges		•	11,116.	9	8,368.
5	9	, ,	1 1		11,110.	9	0,300.
		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,556,745.			
	b	Less. accumulated depreciation	10Ь	4,169,462.	1,161,387.	10 c	1,387,283.
	11	Investments — publicly traded securities			269,153.	11	281,814.
	12	Investments – other securities See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets		ļ	· · · · · · · · · · · · · · · · · · ·	14	
	15	Other assets See Part IV, line 11		ļ	<del></del>	15	
	16	Total assets Add lines 1 through 15 (must equal line	: 34)		1,613,069.	16	2,122,543.
	17	Accounts payable and accrued expenses		}	1,116.	17	313,116.
	18	Grants payable .				18	
	19	Deferred revenue			19		
L	20	Tax-exempt bond liabilities		20			
A B I	21	Escrow or custodial account liability. Complete Part		21			
L I T	22	Payables to current and former officers, directors, trubighest compensated employees, and disqualified pe	istees, key rsons Coi	y employees, mplete Part II			
E S		of Schedule L				22	
S	23	Secured mortgages and notes payable to unrelated to	=	s		23	
	24	, ,	d parties		22 215	24	10.156
	25	Other liabilities Complete Part X of Schedule D		•	38,946.	25	43,176.
	26	Total liabilities. Add lines 17 through 25			40,062.	26	356,292.
N E T		Organizations that follow SFAS 117, check here > 27 through 29 and lines 33 and 34.	and c	complete lines			
	27	Unrestricted net assets					
ASSETS				ŀ		27	
Ī	28	Temporarily restricted net assets		ŀ	* *	28	
O R	29	Permanently restricted net assets	F	<del></del>		29	
	ļ	Organizations that do not follow SFAS 117, check he lines 30 through 34.	ere - [	X and complete			
FUND	30	Capital stock or trust principal, or current funds		ŀ		20	<del></del>
	30 31	Paid-in or capital surplus, or land, building, or equipr	nont fund	}	2 167 150	30	2 167 150
Ã	l				2,167,159.	31	2,167,159.
Ā	32	Retained earnings, endowment, accumulated income	, or other	iuiiu5	-594,152.	32	-401,112.
<b>B4し420世の</b>	33	Total habitates and not assets found belonges		}	1,573,007.	33	1,766,047.
- BA	34	Total liabilities and net assets/fund balances			1,613,069.	_34 _	2,122,339.

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Form **990** (2010)

Forn	1990 (2010) Appandose County Community Railroad	42-1181940		Pa	ige iz			
Pai	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				$\Box$			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		03,8				
2	Total expenses (must equal Part IX, column (A), line 25)	2		10, <del>c</del>				
3	Revenue less expenses Subtract line 2 from line 1	3		93,2 73,0				
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4								
5	5 Other changes in net assets or fund balances (explain in Schedule O).							
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,7	66,2	251.			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				$\Box$			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O							
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х				
ŀ	Were the organization's financial statements audited by an independent accountant?		2b		Х			
(	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O							
(	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both.	issued on a						
	X Separate basis Consolidated basis Both consolidated and separate basis							
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a		Х			
t	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	required audit	3ь					
BAA			Form	990 (	(2010)			

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#### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service

Appanoose County Community Railroad 42-1181940 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements **2**a b Total acreage restricted by conservation easements. 2b c Number of conservation easements on a certified historic structure included in (a) 20 d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2d structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If 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 SFAS 116 (ASC 958) relating to these items: ▶\$ a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X ▶\$

Schedule D (Form 990) 2010 Appan	oose Cour	nty (	Community :	Railr	oad	42-118	31940	Page 2		
Part III Organizations Maintai	ning Collec	ctions	s of Art, Histo	orical 1	reasures, oi	Other Similar As	sets (contir	าued)		
3 Using the organization's acquisition items (check all that apply).	on, accession,	, and o	other records, ch	neck any	of the following	that are a significant	use of its colle	ection		
a Public exhibition			<b>d</b> Loan	or excha	ange programs					
<b>b</b> Scholarly research			e Other	r						
c Preservation for future genera	ations		_		<del>-</del>					
4 Provide a description of the organ Part XIV	ızatıon's colle	ections	and explain ho	w they f	urther the organ	ization's exempt purpo	se in			
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or r ather than to t	eceive oe mai	donations of aintained as part	rt, histor of the o	ical treasures, o ganization's co	or other similar llection?	Yes	No		
Part IV Escrow and Custodial 9, or reported an amou	Arrangemount on Form	<b>ents.</b> 1 990	Complete if , Part X, line	organı 21.	zation answe	red 'Yes' to Form	990, Part I\	/, line		
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian	, or ot	her intermediary	y for con	tributions or oth	ner assets not	Yes			
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV ar	nd com	nolete the follow	uno table	n:		□ 163			
The root, explain the distinguished			iproto tiro ronon	ing table	•		Amount			
c Beginning balance						1c	7 II TOUT N			
<b>d</b> Additions during the year						1d				
e Distributions during the year										
e Distributions during the year  f Ending balance  1e  1f										
2a Did the organization include an ai	mount on For	n aan	Part Y June 213	2		L	Yes	No		
<b>b</b> If 'Yes,' explain the arrangement		11 330,	Tart X, IIIC 21:	•						
Part V Endowment Funds. Co		ora	ianization and	SWATAC	L'Ves' to For	m 990 Part IV lin	a 10			
Late v   Endownient runds: 00	(a) Current y		(b) Prior yea		(c) Two years back			are back		
1 a Beginning of year balance	(a) current y	cai	(b) Thoi yea	-	(c) Two years back	(u) Tillee years back	(e) rour ye	als back		
<b>b</b> Contributions			<del></del>				+			
<b>b</b> Contributions							+			
c Net investment earnings, gains, and losses	·····									
d Grants or scholarships			ļ							
Other expenditures for facilities and programs										
f Administrative expenses										
<b>g</b> End of year balance										
2 Provide the estimated percentage	of the year e	nd bal	ance held as							
a Board designated or quasi-endow	/ment ►		%							
<b>b</b> Permanent endowment ►	%									
c Term endowment ►	%									
3a Are there endowment funds not in organization by	n the possessi	ion of	the organization	that are	held and admi	nistered for the	Yes	No		
(i) unrelated organizations.							3a(i)	1		
(ii) related organizations							3a(ii)			
b If 'Yes' to 3a(ii), are the related o	roanizations li	isted a	s required on S	chedule	R?		3b			
4 Describe in Part XIV the intended	•		•							
Part VI Land, Buildings, and E										
Description of investment		(a) Cos	it or other basis	<b>(b)</b> C	ost or other sis (other)	(c) Accumulated depreciation	(d) Book	value		
1 a Land				1	201,880.		20	1,880.		
<b>b</b> Buildings	<u> </u>				182,461.	77,033.		5,428.		
c Leasehold improvements	F			4	,095,782.	3,069,568.		$\frac{5,120.}{6,214.}$		
<b>d</b> Equipment	The state of the s				,076,622.	1,022,861.	1	3,761.		

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

e Other

Schedule **D** (Form 990) 2010

1,387,283.

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

Schedule <b>D</b> (Form 990) 2010 Appanoose County Community Rai	llroad	42-1181940	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited	Financial Statements	N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV)			
9 Total adjustments (net) Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine		Datama N/3	
Part XII Reconciliation of Revenue per Audited Financial Stat	tements with Revenue pe	er Return N/A	
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:	اما		
a Net unrealized gains on investments .	2a		
b Donated services and use of facilities	2b	<b></b>	
c Recoveries of prior year grants	2c	<b></b> -}	
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d  3 Subtract line 2e from line 1		2e 3	
	1 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4b	<del> </del>	
c Add lines 4a and 4b.	[ 40]	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin	no 12 )	5	
Part XIII   Reconciliation of Expenses per Audited Financial St			
Total expenses and losses per audited financial statements	atomorro vitti Exponsos	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIV.)	4b		
c Add lines 4a and 4b.		4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I Part XIV   Supplemental Information	line 18)	5	
Complete this part to provide the descriptions required for Part II, lines 3, 5, at Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Parany additional information	nd 9, Part III, lines 1a and 4, Part XIII, lines 2d and 4b Also com	art IV, lines 1b and 2b, nplete this part to prov	ride

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Schedule **D** (Form 990) 2010

BAA

Schedule D (Form 990) 2010 Appanoose County Community Railroad  Part XIV   Supplemental Information (continued)	42-1181940	Page 5
Part Aiv   Supplemental information (continued)		
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## SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Appanoose County Community Railroad	42-1181940			
990 Reviewed by the Board of Directors				
Farm 000 Farming of Assembled D. I.				
Form 990 - Explanation of Amended Return				
Amended to report \$ 19,767 less accounts payable and reduce leg	gal fees \$ 204 and			
Form 990, Part VI, Line 11b - Form 990 Review Process				
Reviewed by all board members prior to IRS submission.				
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available				
No documents available to the public.				
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