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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)

OMB No 1545-0047

rganization may have to use a copy of this return to satisfy state reporting requirements

intern	ISI PEVEL	de Selvice The Organization may have to doc a dopy of this folding to dation, or				- inspection			
A F	or the	2010 calendar year, or tax year beginning OCT 1, 2010 and ending	g S	EP 30,	2011				
Bc	heck if pplicable	C Name of organization		D Employer	identifica	tion number			
	Addres	M-1 RAIL							
\vdash	Name	B B.		1 26-2310566					
늗	_ichange _inital _return	Number and street (or P 0 box if mail is not delivered to street address) Room/	/curto	E Telephone					
	Termin-	600 RENAISSANCE CENTER 1740	E relephone	(313)	566-8250				
	Arnend return	ed City or town, state or country, and ZIP + 4		G Gross receipts	s \$	6,272,866.			
	Applica	DETROIT, MI 48243-1802		H(a) is this a	group retu	ım			
	pending	F Name and address of principal officer:MATTHEW P. CULLEN		for affiliates?					
		iliates inclu							
1 7	ax-exe	SAME AS C ABOVE mpt status:	527			st. (see instructions)			
		e: ► WWW.M-1RAIL.COM	1 0 - 1	H(c) Group ex					
			Vear C			State of legal domicile. MI			
		Summary	Tour C	or torribation =		State of logal dominenc.			
		Briefly describe the organization's mission or most significant activities: TO PLAN	. D	ESTGN.	CONST	RUCT.			
Activities & Governance		EQUIP, FURNISH, AND OPERATE A PUBLIC TRANSPO							
пāг	-	Check this box if the organization discontinued its operations or disposed of							
ě	ŀ		more	man 25% or ii	1 - 1	is. 11			
မြိ		Number of voting members of the governing body (Part VI, line 1a)	•	• ••	3	11			
ಷ		Number of Independent voting members of the governing body (Part VI, line 1b)	•	••	4				
ë.		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		••	5				
Ξ	_	Total number of volunteers (estimate if necessary)	•		6	11			
Ac	l	Total unrelated business revenue from Part VIII, column (C), line 12			. 7a	0.			
	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34	· ·		. 7ь	0.			
				Prior Year		Current Year			
9	8 (Contributions and grants (Part VIII, line 1h)	-	7,721,		6,232,648.			
Revenue	9 F	Program service revenue (Part VIII, line 2g)			0.	0.			
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		28,	821.	40,218.			
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,750,	089.	6,272,866.			
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1·3)			0.	0.			
-	14 8	Benefits paid to or for members (Part IX, column (A), line 4)			0.				
S	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.				
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.			
8	ь	Fotal fundraising expenses (Part IX, column (D), line 25) 22, 182.							
யி	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		538,	756.	627,138.			
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A) line 25 IVED		538,	756.	627,138.			
	19 F	Revenue less expenses. Subtract line 18 from line 12	$\overline{}$	7,211,		5,645,728.			
Net Assets or Fund Balances			O Ref	ginning of Curre		End of Year			
팔	20 7	Fotal labelities (Part X, line 16) Fotal labelities (Part X, line 26)	ن ان	9,578,	809.	15,203,092.			
ASS Ba	21 7	Fotal liabilities (Part X, line 26)	2	223,		201,707.			
E E	22	Net assets or fund balances. Subtract line 21 from line 20. OCDEN. LIT	╌	9,355,		15,001,385.			
Ps	ert B	Signature Block		370007	00.0	20/001/0001			
Lind	or nanal	ties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatama	ents and to the i	hact of my l	rowledge and helief it is			
*===	es hessar	tres of perjury, i deciate that i have examined this feturn, including accompanying schedules and s	200505	bas and to the t	gas nest of till t	Minalende aum neuer' ir iz			
Hue.	COLIECT	t, and complete: declaration of preparer (other than onicer) is based on an information of which pre	Брато т	ilas aliy kiluwict	-//~ C	14/35			
2	_	Signature of officer		Date	4 0	<u> </u>			
Sign	n	ttes of perjury, I declare that I have examined this return, including accompanying schedules and stand complete. Declaration of preparer (other than officer) is based on all information of which prescribed by Signature of officer THOMAS F. MCNULTY, CHIEF FINANCIAL OFFICE Type or print name and title	E D	Date					
Her	е	Type or print rected of title	<u>ck</u>						
ڪ				Date	Check	PTIN			
	.	Print/Type preparer's name Preparer's signature			ıf L]			
Paid C	'	MICHAEL R. NICHOLAS		7-13-12	self-employed				
Fier Use	arer	Firm's name GEORGE JOHNSON & COMPANY		Firm's	EIN 🛌				
Tize	Only	Firm's address 1200 BUHL BUILDING, 535 GRISWOLD				10) 000 000			
٤		DETROIT, MI 48226-3689		Phone	eno. (3	13) 965-2655			
		S discuss this return with the preparer shown above? (see instructions)				X Yes No			
6320	01 02-22	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.				Form 990 (2010)			

	m 990 (2010) M-1 KAIL	20-2.	210200	Page Z
Par	art # Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III	<u>- </u>		
1	Briefly describe the organization's mission: TO 'PLAN, DESIGN, CONSTRUCT, EQUIP, FURNISH, AND OPER	מחם שחג	THEFT	ΩD
	BY CONTRACT, A PUBLIC TRANSPORTATION SYSTEM.	AIE, FOR	TISETE	<u>OR</u>
	bi contract, a public transportation sistem.			
				
2	Did the organization undertake any significant program services during the year which were not listed on		L	T
	the prior Form 990 or 990-EZ?	••	L Yes	X No
_	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 ser	vices?	. LYes	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the exempt purpose achievements for each of the organization's three largest program services			
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	ount of grants and	,	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.			
4a) (Revenue \$ _)
	TO ACQUIRE, OWN, OPERATE, DESIGN, CONSTRUCT, AND MAI			
	RAILWAY, AS ENABLED BY LEGISLATION ADVANCED BY THE S	TATE OF N	1ICHIGAI	<u>N.</u>
				
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$ _)
				
4c	(Code:) (Expenses \$ Including grants of \$) (Revenue \$ _)
				
				
4d	Other program services. (Describe in Schedule O.)	 _		
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	560 504			
			Form 9	90 (2010)

Pa	rt IV 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 "Yès," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		х
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	Х	
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	N/	A
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
	Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	<u>.</u>		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
_	Part VI	11a		Х
ь	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		Х
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		Х
d				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	i		
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	'		1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,]
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17	<u> </u>	X
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		X
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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	ļ	X_

operate one or more hospitals must attach audited financial statements (see instructions)

20ь

Pa	T N Checklist of Required Schedules (continued)			
	•	1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	Unitèd States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		i	
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		 -	
21	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
20				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200	} :	х
a		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	· - ·	A
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	~ -		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30	 -	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			X
	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			₁ ,
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ų,
	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			.,
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35_	<u> </u>	Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	1		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		<u> </u>	
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			ļ
	Note. All. Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Pear V Statements Regarding Other IRS Fillings and Tax Compliance Check ris Schedule O contains a response to any question in the Part V 1	Form	990 (2010) M-1 RAIL 26-2310	566	Р	age 5
Series the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1 is 1 is 0	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
tale Entite the number reported in Box 3 of Form 1096. Enter -0° in not applicable be Entite the number of Forms VSQ finduladed in the 1ac Enter of Print applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) warmings to prize warmings? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the celeradry year ending with worthin the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required fore-line, (see instructions) 3 Did the organization have unrelated business gross someme of \$1.000 or more during the year? 8 Did If Yea, Instantian the varieties of the search of		Check if Schedule O contains a response to any question in this Part V			
b Einer the number of Forms W-20 included in line 1a. Enter 0-it not applicable C bot the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) wavings to pizze winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the caelendary year ending with or within the year covered by this return b if a least one is reported on line 2a, did the organization file all required federal employment tax returns? 4b if a least one is reported on line 2a, did the organization file all required federal employment tax returns? 5c if the sum of lines 1a and 2 as greater than 250, you may be required to e-life, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4c At any time during the calendary 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 Accounts. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction? 6c If Yes, 1 to the Sa or 5b, did the organization file form 888817? 5c Deas the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any ocniributions that were not tax deductible? 6c A X 7b Fires, 1 did the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible? 7c A year of the organization entered springer and a section \$10(a). 8d but the organization network a symmetrial excess \$15 made party as a contribution and party for goods and services provided? 7res, 1 did the organization entered the donor of the value of the goods or services provided? 7d principation and the symmetrial entered the principation and party to grother than the				Yes	No
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable guinting (gambhing) wormings to prize without the within the year overed by this return. 2. Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return. 3. If all feet on the calendar year ending with or within the year covered by this return. 3. If all feet on the calendar year ending with or within the year covered by this return. 3. If Yes, I has it flied a Form 990-T for the year? If Yes, *provide an explanation in Schedule O. 4. At any time during the calendar year, did the organization have an interest in, or a signature or other authenty over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4. If Yes, I have the name of the foreign country? 5. Was the organization have in the foreign country? 6. Was the organization and the foreign country? 8. Was the organization and the foreign country? 8. Was the organization and whether transaction at any time during the tax year? 8. Was the organization and whether transaction are the financial accounts. 8. Was the organization with the organization that it was or is a party to a prohibited tax eheler transaction? 8. Was the organization and the organization that it was or is a party to a prohibited tax eheler transaction? 8. Was the organization mellide with every solicitation an express statement that such contributions or grifts were not tax deductible? 8. If Yes, I will the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 8. If Yes, I will de organization mellide with every solicitation an express transmit and party to goods and services provided? 9. If Yes, I will de organization include with every solicitation an express transmit organization in the party of the party of the organi	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
to the tree member of employees reported on Form W3, Transmittel of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return If a feast one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines is a and 2 as greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the celendar 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, seechies of the financial account)? 5b If Yea,* enter the name of the foreign country ≥ ≥ ≥ bank account, seechies and a service of the organization and 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, seecurities account, or other financial account)? 5a Was the organization are party to a prohibited tax shelter transaction? 5b If Yea,* enter the name of the foreign country. ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		,	
2a Enter the number of employees reported on Form W/3. Transmittal of Wage and Tax Statements, filled for the calendary sear ending with or within the year covered by this return 1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file, (see instructions) 3a ID the registration have unrelated bourness gross income of \$1,000 or more dumpt the year? 3b If Yes, *Ina at filed a Form 990-T for the year? If Yes, *provide an explanation in Schedule O 3d At any time dumpt the calendary year, dut 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 If Yes, *Ina at filed a Form 990-T for the year? If Yes, *In year of the foreign country (such as a bank account, securities account, or other financial account)? 5b If Yes, *In the Said of the foreign country (such as a bank account, securities account, or other financial account)? 6c If Yes, *In the Said of the foreign country (such as a bank account, securities and Financial Accounts. 6c If Yes, *In the Said of the organization file Form 8886-T7 6d 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? 6c If Yes, *In the organization here on the view of the goods or services provided? 6d If Yes, *Indicate the number of Forms 8822 filed during the year 6d Did the organization easile, schange, or otherwise dispose of tangible personal property for which it was required to file Form 822? 6d If Yes, *Indicate the number of Forms 8222 filed during the year 6d Did the organization calendary for years and the property of the organization file a form 1038-C7 7e X 7e Did the organization received a contribution of qualified intellectual property, did the organization fi	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file; (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 (with a a bank account, society, and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (with a a bank account, or orther financial account)? 4b if "Yes," enter the name of the foreign country. ♣ See instructions for filing requirements for form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any contributions that were not tax deductible? 6b If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7b If "Yes," did the organization the during the tax shelter transaction of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 9c If "Yes," did the organization ordify the donor of the value of the goods or services provided? 9c If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9c If the organization call and the section of the value of the goods or services provided? 9c If the organization received a contribution of oars, boats, anplanes, or other vehicles, did the organization in M/A organization make a destribution of oars, boats, anplanes, or other vehicles,		(gambling) winnings to prize winners?	1c	Х	
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section'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 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a .. . **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a X Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a 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 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 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 Х 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Х Does the organization have a written whistleblower policy? 13 X 13 Х Does the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15a X Х Other officers or key employees of the organization 15b 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 X taxable entity during the year? 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 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 ►MI 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 ___ Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PAUL TRULIK - (313) 566-8250

SUITE 1740,

DETROIT,

IM

48243-1802

600 RENAISSANCE CENTER,

Form 990 (2010)	M-1	RAIL	2

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

2 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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)				C)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(D)	(E)	(F)	
Name and Title	Average		Position		Reportable	Reportable	Estimated				
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	week	<u> </u>	T				<u> </u>	from	from related	other	
	(describe	g G	i		i	-		the	organizations	compensation	
	hours for	Individual trustee or director	stee			Highest compensated employee		organization	(W-2/1099-MISC)	from the	
	related organizations	1 fars	툡		806	mg f		(W-2/1099-MISC)		organization and related	
	in Schedule	N S	Institutional trustee	Officer	Key employee	lest c	Former			organizations	
	O)	F	₽	£	ş	동	臣				
MATTHEW P. CULLEN											
C.E.O. AND PRESIDENT	1.00	X	<u> </u>	X				0.	0.	0.	
JOHN HERTEL			1			1		_		_	
DIRECTOR	1.00	X	<u> </u>	<u> </u>				0.	0.	0.	
THOMAS P. DEKAR]							_		
TREASURER	1.00	X	<u> </u>	X	L_			0.	0.	0.	
DR. LEO E. HANIFIN				l	l						
DIRECTOR	1.00	X	<u> </u>	ļ		<u> </u>		0.	0.	0.	
DANIEL GILBERT	1 00		1								
VICE-CHAIR	1.00	X	ļ	X	_	ļ		0.	0.	0.	
ROGER S. PENSKE											
CHAIR	1.00	X	├ —	X	_	 		0.	0.	0.	
S. MARTIN TAYLOR	1 00									•	
DIRECTOR	1.00	X	<u> </u>	ļ	-	-		0.	0.	0.	
RICHARD RAPSON	1 00	.,			ĺ						
DIRECTOR	1.00	X	├	-	<u> </u>	┼	_	0.	0.	0.	
GEORGE W. JACKSON JR.	1 00	v		l	l					_	
DIRECTOR	1.00	X	}	}—	├-	-	-	0.	0.	0.	
ATANAS ILITCH	1 00	J.		ł				0.		_	
DIRECTOR	1.00	X	-	 	├	}	├	<u> </u>	0.	0.	
NORMAN L. WHITE	1.00	X				-		0.	0.	0.	
DIRECTOR	1.00	<u> </u>	├	-	├	+-	<u> </u>	0.	<u></u>	<u>.</u>	
ANN LANG VICE-PRESIDENT	1.00			х				0.	0.	0.	
THOMAS F. MCNULTY		┢	┢		t	1-					
CHIEF FINANCIAL OFFICER	1.00	1	}	X				0.	0.	0.	
PAUL CHILDS			\vdash			T	\vdash				
CHIEF OPERATING OFFICER	1.00	Ì		X	1			0.	0.	0.	
ROBERT GREGORY		T	1		1	1					
VICE-PRESIDENT	1.00			X		}		0.	0.	0.	
		L	↓_	_	<u> </u>	\perp	<u>L</u> .				
					{				1	}	
		1.	1	1	1	1	ı	1	I	}	

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` (A) Name and title	(B) Average			(C Pos	•	1		(D) Reportable	(E) Reportable		Fet	(F) timate	ed .
·	hours per week	(c				app	ly)	compensation	compensation from related	1	am	ount o	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	,	compensation from the organization and related organizations		
										_			
		_									_		
		_		_						_			
					<u> </u>								
		-	-			-	_					 -	
1 b Sub-total c Total from continuation sheets to Part \	/II, Section A					>		0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	10 F	eceived more than \$100),000 in reportable	0.			0.
compensation from the organization							_					Yes	0 No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y en	nplo	yee,	or t	nighest compensated er	mployee on		3		х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	•		-					•	the organization		4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con					_			ed organization or indiv	Idual for services		5		х
Section B. Independent Contractors													
 Complete this table for your five highest of the organization. 	ompensated in	dep 	ende ——	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens 	ation fi	rom 	
(A) Name and busines								(B) Description of s	services	C	(C comper		n
PATTON BOGGS, 1185 AVENU 30TH FLOOR, NEW YORK, NY		E .	AM: 	ER.	IC.	AS 		LEGAL SERVIC	ES		10	0,7	94.
											·		
				_					-				
2 Total number of independent contractors	(including but	not l	ımite	ed to	the	se l	sted	d above) who received r	nore than				

	rm 990			26-2310566 Page 9
-: L	art VII	Statement of Revenue		
^_		•	(A) (B) Total revenue Related or exempt function revenue	(C) (D) Unrelated excluded from tax under revenue revenue sections 512, 513, or 514
nts	^{ဋ္ဌ} 1 a	Federated campaigns 1a		
Contributions, gifts, grants	<u></u> Б	Membership dues 1b		
ţ,	e c	Fundraising events . 1c		***
.g	<u>a</u>	Related organizations 1d		
Ę.	E e	Government grants (contributions) 1e 232,648.		
ij	o f	All other contributions, gifts, grants, and		
Ę.	5	similar amounts not included above 1f 600000.	Į.	
jo.	<u> 9</u>	Noncash contributions included in lines 1a-1f \$	6000640	
9	<u> </u>	Total. Add lines 1a-1f	6232648.	
_		Business Code		
Ş.	2 a			<u> </u>
Ser	e b			
Ē	2			
Program Service	ž ,			
P	f	All other program service revenue		
	ı	Total. Add lines 2a-2f		
	3	Investment income (including dividends, interest, and		
	-	other similar amounts)	40,218.	40,218.
	4	Income from investment of tax-exempt bond proceeds		10,2200
	5	Royalties .		
	1	(i) Real (ii) Personal		
	6 a	Gross Rents		
	ь	Less: rental expenses		
	c	Rental income or (loss)		
	d	Net rental income or (loss)		
	7 a	Gross amount from sales of (i) Securities (ii) Other		
		assets other than inventory		
	Ь	Less: cost or other basis		
		and sales expenses		
	ľ	Gain or (loss)		
		Net gain or (loss)		
Other Revenue	8 a	Gross income from fundraising events (not including \$ of		
ě		contributions reported on line 1c). See		
ē		Part IV, line 18 a		
ᅙ	b	Less: direct expenses b		
	1	Net income or (loss) from fundraising events		
) ga	Gross income from gaming activities. See Part IV, line 19		
		Less: direct expenses b Net income or (loss) from gaming activities .		
		Gross sales of inventory, less returns		
	b	and allowances a Less: cost of goods sold b		
		Net income or (loss) from sales of inventory		1
		Miscellaneous Revenue Business Code		
	11 a			
	ь			
	С			
		All other revenue		
	е	Total. Add lines 11a-11d		
	12	Total revenue. See instructions	6272866. 0.	0. 40,218.

Part IX Statement of Functional Expenses

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

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

(A) (C) (D) Fundraising Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): 13,750. 1,375. 11,687. Management 688. 22,945. 229,452. 195,034. 11,473. Legal 103,434. 87,919. 10,343. 5,172. Accounting 2,159. 1,835. 216. 108. Lobbying Professional fundraising services See Part IV, line 17 f Investment management fees 37,289. 31,696. 3,729.1,864. Other g 12 Advertising and promotion 11,166. 9,491. 1,117. 558. 13 Office expenses . Information technology 14 Royalties . 40,000. 34,000. 4,000. 2,000. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,353. 5,400. 635. 318. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) PROJECT DEVELOPMENT 183,513. 183,513. b 22. 19. All other expenses 627,138. 560,594. 44,362. 22,182. Total functional expenses. Add lines 1 through 24f 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

Part X	Balance Sheet			
	•	(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	20,090.	1	
2	Savings and temporary cash investments	7,983,728.	2	13,628,10
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
ĺ	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ļ	employers and sponsoring organizations of section 501(c)(9) voluntary			
_	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	1,448.	9	1,44
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
6	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
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	1,573,543.	15	1,573,54
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,578,809.	16	15,203,09
17	Accounts payable and accrued expenses	223,152.	17	134,35
18	Grants payable		18	
19	Deferred revenue		19	67,35
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employees,			
	highest compensated employees, and disqualified persons. Complete Part II			
j	of Schedule L	i	22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	 -
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	223,152.	26	201,70
	Organizations that follow SFAS 117, check here X and complete	, , , , , , , , , , , , , , , , , , ,		
g	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,855,657.	27	2,501,38
28	Temporanly restricted net assets	7,500,000.	28	12,500,00
29	Permanently restricted net assets		29	
27 28 29 30 31 32	Organizations that do not follow SFAS 117, check here and			
5	complete lines 30 through 34.		1	-
3 30	Capital stock or trust principal, or current funds	İ	30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	9,355,657.	33	15,001,38
34	Total liabilities and net assets/fund balances	9,578,809.	34	15,203,09

Form **990** (2010)

Form	990 (2010) M-1 RAIL	26-23	10566	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
(_		
~ 1	Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>	6,272		
2	Total expenses (must equal Part IX, column (A), line 25)	2			38.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,645	5,7	28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,355	5,6	57.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
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	15,001	1,3	85.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u>.</u>	<u> </u>		
				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	О.		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u></u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a		-	
	separate basis, consolidated basis, or both:				ĺ
	X Separate basis Consolidated basis Both consolidated and separate basis			1	ĺ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audıt		ļ	1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		Зь		L
			Form 9)90 (2010)

SCHEDULE A

Department of the Treasury
Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

		M-1 RAI	L						26	5-2310566	
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See ınst	ructions.			
he orga	anization is not a	a private foundation	because it is: (For lines 1	through 1	1, check	only one b	ox.)	<u>^</u>			
1 🗀	A church, co	nvention of churche	s, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(ī)				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)((A)(iii).				
4	A medical res	search organization	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,	
	city, and stat	e:	- 								
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	mental uni	t describe	ed in	
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	_	ite, or local governm	ent or governmental unit	described	d in sectio	n 170(b)(1)(A)(v).				
7 <u>X</u>	An organizati	ion that normally rec	erves a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	oublic described in	
	section 170((b)(1)(A)(vi). (Comple	te Part II.)								
8	¬ · · · · · · · · · · · · · · · · · · ·		ection 170(b)(1)(A)(vi).	-	-						
9	An organizati	ion that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	nembershi	p fees, ar	nd gross receipts from	
			nctions - subject to certa								
			axable income (less sect	ion 511 ta	x) from bu	sinesses a	ecquired b	y the orga	ınızatıon a	after June 30, 1975.	
_	٦	509(a)(2) . (Complete	•								
10 ⊨	7 ·	-	perated exclusively to te	•	-			-			
11	_	-	perated exclusively for the		-				-		
			ations described in section				2). See sec	ction 509(a)(3). Che	eck the box that	
			organization and complete organization and c] T	
	a ∐ Type		_ ,,		e III - Func				ـــاα ا	Type III - Other	
e		•	at the organization is not han one or more publich		•	•	•		•		
f			tten determination from t						3(a)(1) 01	section 309(a)(z).	
•		rganization, check ti			инвату	pe i, Type	ii, or rype	5 III			
•	•	•	organization accepted ar	ov aift or co	ontribution	from any	of the follo	Owing per	eons?	—	
9	•		lirectly controls, either al			•				Yes No	
			upported organization?			p 01 0 011 0		()	,, ======	11g(i)	
	•		n described in (i) above?		- •				•	11g(ii)	
		•	person described in (i)		∋?					11g(iii)	
h			about the supported or			•		•	Ť	<u> </u>	
		•	••		. ,						
(i) Nan	ne of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) Is	the	(vil) Amount of	
• •	ganization	\.,,	organization (described on lines 1-9		sted in your	, -		organizati (i) organiz		support	
			above or IRC section		document?	L		US	2		
			(see instructions))	Yes	No	Yes	No	Yes	No		
								i	i I		
			 	<u> </u>		 	ļ	_			
-											
			 	 	-				 		
				ļ		<u> </u>		<u> </u>	├──┤		
Total											

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) → Section`A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (c) 2008 (d) 2009 (e) 2010 (f) Total **(b)** 2007 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,753,070, 7,721,268 6,232,648 16,706,986. 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 2,753,070, 7,721,268 6,232,648, 16,706,986. 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) 15,093,062. 6 Public support. Subtract line 5 from line 4 1,613,924. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (d) 2009 (e) 2010 (f) Total (c) 2008 7,721,268. 6,232,648. 16,706,986. 2,753,070. 7 Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties 6,291. 28,821. 40,218. 75,330. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 16,782,316. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) \mathbf{X} organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 % 15 15 Public support percentage from 2009 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . .. b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

ァ、Part 掛 Support Schedule for Organizations Described in Section 509(a)(2)

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

Calendar year (or fiscal year beginning in March Gifts, grants, controbutions, and membership fees received. (Do not include any funcisal grants.) Giross receives from admissions, merchandise sold or services personal value of the control of	Se	ction A. Public Support	iow, piease com	piete Fait II.)				
1 Giffe, grants, continutions, and memberable feet received. (Do not include any Yunusual grants, *) 2 Gross receipts from admissions, merchandse acid or services performed, or facilities furnished in any activity that is related to the organization's teavewing typipose of grants and the organization's teavewing typipose of grants are not an unrelated trade of the organization's teavewing typipose or activities that are not an unrelated trade of the principle of the organization's teavewing typipose or septiment of the organization's teavewing typipose or septiment of its behalf or expended on its behalf or			(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
memberahip fees received. (Do not include any nursual grants?) 2 Gross receipts from admissions, membrandises cold or services performed, or facilities furnished in any activity that is related to the originazation's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues leveral for the originarization's benefit and either paid to or expended on its behalf or the originarization's benefit and either paid to or expended on its behalf or the originarization's benefit and either paid to or expended on the behalf of the originarization's benefit and either paid to or expended on the behalf of the originarization's benefit and either paid to or expended on the search of the originarization's benefit and either paid to or expended on the search original persons by a powermental unit to the originarization's benefit and either paid to originarization's paid to be either paid to originarization's paid to be either paid to be eith								
2 Gross receipts from admissions, membracines cold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from admission at the production of th		_						
merchandse acid or services per formed, or facilities furnished in any activity that is related to the organization of services that are not an unrelated trade or bus- iness under section 513 1 Tax revines leved for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and flowers from other than disqualified persons to b Amounts included on lines 1, 2, and 1, a		include any "unusual grants.")					1	
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any activity that is related to the organization's tax-exampt purpose 3. Gross receipts from activities that are not an unrelated trade of the purpose in the organization's benefit and either paid to or expended on its behalf 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 furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A Amounts included on lines 1, 2, and 3 received from disqualified persons b. Amounts included on lines 1, 2, and 3 received from disqualified persons b. Amounts included on lines 1, 2, and 3 received from disqualified persons b. Amounts included on lines 1, 2, and 3 received from disqualified persons that encount on we 1 to the types. 6. Add lines 7 and 7 b 8. Public support guizentive 1; binke 6) 8. Public support guizentive 1; binke 6) 8. Cecline B. Total Support Calendary says (fitsed year beginning in 1 organization) Calendary says (fitse		merchandise sold or services per-		1				
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	20			-				

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

2010
Open to Public

Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			<u>.</u>
Nam	ne of organization			Emple	oyer identification number
	M-1 RAI				26-2310566
Pa	rt I-A Complete if the org	anization is exempt und	ler section 501(c	or is a section 527 or	rganization.
3	Provide a description of the organiz Political expenditures Volunteer hours				
	rt I-B Complete if the org)(3).	··· · · · · · · · · · · · · · · · · ·
	Enter the amount of any excise tax	· -			
	Enter the amount of any excise tax				
	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?	• •	Yes No
	Was a correction made? If "Yes," describe in Part IV.		•		└─ Yes
T-		janization is exempt und	ler section 501(c	except section 501/	c)(3)
L	Enter the amount directly expended	<u> </u>	<u> </u>	······································	
	Enter the amount of the filing organ	, ,	•	• •	
-	exempt function activities		and digameations for	► \$	
3	Total exempt function expenditures	 . Add lines 1 and 2. Enter here a	and on Form 1120-PO		
Ī	line 17b	,		_, ▶\$	
4		1120-POL for this year?	• • •		Yes No
	Enter the names, addresses and er		IN) of all section 527 p		h the filing organization
	made payments. For each organiza				
	contributions received that were pro-	• •	•	•	te segregated fund or a
	political action committee (PAC). If	additional space is needed, pro-	vide information in Par	rt IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
				-	
			1		1

Schedule C (Form 990 or 990-EZ) 2010	M-1 RAIL		·		2310566 Page 2
Part II-A Complete if the org		mpt under section	on 501(c)(3) and file	d Form 5768	
(election under sec	tion 501(h)).				
	tion belongs to an aff				
3 Check ► L if the filing organiza	tion checked box A a	nd "limited control" pr	ovisions apply.		
	ts on Lobbying Expe ditures" means amo	nditures unts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to infli	uence a legislative bo	dy (direct lobbying)	[
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter	er the amount from th	e following table in bo	th columns.		<u> </u>
If the amount on line 1e, column (a) o	r (b) is: The lol	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e	·		
Over \$500,000 but not over \$1,000	0,000 \$100,0	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	00 plus 10% of the ex	cess over \$1,000,000		
Over \$1,500,000 but not over \$17	,000,000 \$225,0	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000			
g Grassroots nontaxable amount (er			. [ļ
h Subtract line 1g from line 1a. If zer	•				
i Subtract line 1f from line 1c. If zero		•	[
j If there is an amount other than ze		line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this		_ 			Yes No
	ations that made a		r Section 501(h) on do not have to comp es 2a through 2f on paç		
	Lobbying Expe	enditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures		ļ	<u> </u>		ļ
d Grassroots nontaxable amount					
e Grassroots ceiling amount		1			
(150% of line 2d, column (e))	<u> </u>	}	 	····	
f Gracernote lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 M-1 RAIL 26-2310566 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or			,···
	local legislation, including any attempt to influence public opinion on a legislative matter			
	or referendum, through the use of:			
а	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х	
C	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		Х	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		Х	
8	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,159
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total. Add lines 1c through 1i			2,159
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	if "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī	
	If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on 501(c)	(5), or se	ction
	501(c)(6).		 -	Yes No
4	Mars substantially all (0004 or mars) duce received pendeductible by marsh and			165 140
	Were substantially all (90% or more) dues received nondeductible by members?		1	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?	•	3	
eat r	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 1			
	"Yes."		10 0 13 di	Jarcica
1	Dues, assessments and similar amounts from members			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	• •	1	
	Section 192(e) nonceductible iodovino and boillical expenditures (do not include amounts of boiltie	cal	1	
		cal	1	
	expenses for which the section 527(f) tax was paid).	cal		
а	expenses for which the section 527(f) tax was paid). Current year	cal	2a	
a b	expenses for which the section 527(f) tax was paid). Current year Carryover from last year	cal	2a 2b	
a b c	expenses for which the section 527(f) tax was paid). Current year		2a 2b 2c	
a b c	expenses for which the section 527(f) tax was paid). Current year	 	2a 2b	
a b c 3	expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	 	2a 2b 2c	
a b c 3	expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pages.	 	2a 2b 2c 3	
a b c 3	expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	 	2a 2b 2c	
a b c 3	expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?	 	2a 2b 2c 3	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

M-1 RAIL

Employer identification number 26-2310566

Pat	11	Organizations Maintaining Donor Advise	d 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
1	Total r	number at end of year		
2	Aggre	gate contributions to (during year)		
3	Aggre	gate grants from (during year)		
4		gate value at end of year		
5		e organization inform all donors and donor advisors in v	writing that the assets held in donor advise	d funds
_		e organization's property, subject to the organization's	_	Yes No
6		e organization inform all grantees, donors, and donor a		—
		artable purposes and not for the benefit of the donor o		-
		missible private benefit?	. contraction, of for any other purpose of	Yes No
Par		Conservation Easements. Complete if the org	anization answered "Yes" to Form 990. Pa	
<u>^ ~~~</u> 1		se(s) of conservation easements held by the organization		
•		Preservation of land for public use (e.g., recreation or e		orically important land area
		Protection of natural habitat	Preservation of a certific	• •
		Preservation of open space	Freservation of a certific	led Historic structure
^		·		f
2		lete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of	a conservation easement on the last
	day of	the tax year.		Hald state Fad state Ton Vers
	T			Held at the End of the Tax Year
a		number of conservation easements		2a
Ð		acreage restricted by conservation easements		2b
C		er of conservation easements on a certified historic stri	• •	2c
ď		er of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structur	1 i
		in the National Register		. 2d
3	_	per of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year •			
4		er of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·	
5		the organization have a written policy regarding the per		
		ons, and enforcement of the conservation easements it		L Yes L No
6		and volunteer hours devoted to monitoring, inspecting,		
7		nt of expenses incurred in monitoring, inspecting, and o		
8	Does o	each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and se	ection 170(h)(4)(B)(ii)?		L Yes No
9	In Par	t XIV, describe how the organization reports conservati	on easements in its revenue and expense s	statement, and balance sheet, and
	ınclud	e, if applicable, the text of the footnote to the organizat	ion's financial statements that describes th	ne organization's accounting for
		rvation easements.		
Pai	t III	Organizations Maintaining Collections of	•	her Similar Assets.
		Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the	organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	histori	ical treasures, or other similar assets held for public ext	nibition, education, or research in furtheran	ce of public service, provide, in Part XIV,
	the te	xt of the footnote to its financial statements that descri	bes these items.	
ь	If the	organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasu	ires, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	lic service, provide the following amounts
	relatın	g to these items:		
	(i) Re	evenues included in Form 990, Part VIII, line 1		> \$
		ssets included in Form 990, Part X		▶ \$
2		organization received or held works of art, historical tre		gain, provide
		llowing amounts required to be reported under SFAS 1		
а		nues included in Form 990, Part VIII, line 1		▶ \$
_ h		s included in Form 990. Part X	• •	• •

Sche	dule D (Form 990) 2010 M-1 RAI	<u> </u>				2	6-23	10566	5 Pa	1ge 2
Par	t 掛 Organizations Maintaining C	collections of A	rt, Historical Tı	reasures, c	or Other	r Simila	r Asset	s (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that	t are a sig	gnificant us	se of its	collection	item	S
	(check all that apply):									
а	Public exhibition	d	Loan or exc	change progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization	on's exem	npt purpos	e in Part	XIV.		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	asures, or oth	er sımılar	assets				_
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's c	ollection?		<u> </u>		Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the organization	on answered	"Yes" to F	Form 990,	Part IV, I	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contributio	ns or other as	sets not i	ncluded				
	on Form 990, Part X?						. 🗀	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:							
								Amount		
c	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 F	orm 990, Part X, line	21?		_			Yes		No
	If "Yes," explain the arrangement in Part XIV.									
Par			swered "Yes" to Fo	orm 990, Part	IV, line 10).				
		(a) Current year	(b) Prior year	(c) Two year			ars back	(e) Four	years	back
1a	Beginning of year balance									
Ь	Contributions			T						
c	Net investment earnings, gains, and losses					***************************************				
ď	Grants or scholarships					***************************************	***************************************			
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses	- 		 			************			**********
9	End of year balance					····	***********			
2	Provide the estimated percentage of the year	r end balance held :	as:	_ 	h					
a		a cha balance nela l	%							
ь	Permanent endowment									
		<u></u> ,°								
	Are there endowment funds not in the posse	.,,	ation that are held	and administs	ered for th	e organiza	ation			
36		sssion of the organiz	ation that are neld	and administe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ie organiza		Ţ	Yes	No
	by: (i) unrelated organizations							3a(ī)		
	(ii) related organizations	•	• •••	• • • •		• •	•	3a(ii)		
	If "Yes" to 3a(ii), are the related organization	 c listed as required (on Schedulo P2	•				3b		
_	Describe in Part XIV the intended uses of the	•		- • -			•	30		
Par	t VI Land, Buildings, and Equipn									
K. est	Description of investment	(a) Cost or o		st or other	(0) 00	cumulated		(d) Boo	k walu	
	Description of investment	basis (investi		st or other s (other)		reciation	·	(u) BOO	. ∀alu	5
	Lond		54510							
1a		•								
b					<u> </u>		_			
C	Leasehold improvements						\dashv			
ď	Equipment				 .					
	Other	and Fame 000 De-	t V ookum = 70\ !:==	10(a))	L		•			0.
ota:	I. Add lines 1a through 1e. (Column (d) must e	squai ruirii 990, Pan	A, COIUITIN (B), IINE	10(0).)						<u> </u>

(a) Déscr	stments - Other Securities. iption of security or category	(b) Book value		(c) Method of valuation	
	uding name of security)			cost or end-of-year marke	t value
1) Financial deriva			- 		
2) Closely-held eq 3) Other	unty interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
<u>(I)</u>					
	qual Form 990, Part X, col (B) line 12)				<u></u>
Part VIII Inve	stments - Program Related	See Form 990, Part X, line	∋ 13.	(a) Made and of columbia	
(a) Des	cription of investment type	(b) Book value		(c) Method of valuation Cost or end-of-year marke	
(4)					
(1) (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	qual Form 990, Part X, col (B) line 13) ▶				.,,, <u></u>
Part IX Othe	r Assets. See Form 990, Part X, I				
		(a) Description			(b) Book value
	RUCTION IN PROGRESS	S			1,573,543.
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
(7) (8)					
(9)					
(10)					
	must equal Form 990, Part X, col (B)	line 15.)		>	1,573,543.
	er Liabilities. See Form 990, Part				
1.	(a) Description of liability		(b) Amount		
(1) Federal inc	ome taxes				
(2)			<u></u>		
(3)					
(4)				_	
(5)				→ ·	
(6)					
(8)				_	
(9)				_	
				i	
(10) (11)					

	dule D (Form 990) 2010 M-1 RAIL	-1-1-0:		-2310300 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	-	ateme	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		6,272,866.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		627,138.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		5,645,728.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		5,645,728.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Reve	nue pe	r Retu	
1	Total revenue, gains, and other support per audited financial statements		1	6,325,886.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a			
b	Donated services and use of facilities 2b 5	3,02	0.	
c	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	53,020.
3	Subtract line 2e from line 1		3	6,272,866.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-		<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b		1	}
ь	Other (Describe in Part XIV.)			
	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,272,866.
_	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	enses i	<u> </u>	
1 1	Total expenses and losses per audited financial statements		1	680,158.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	<u> </u>	† <u> </u>
-		3,02	0.	
ь	Prior year adjustments			
c	Other losses 2c		-1	
d	Other (Describe in Part XIV.)		\dashv	
_	Add lines 2a through 2d		2e	53,020.
е 3	Subtract line 2e from line 1	•	3	627,138.
_			3	0277130.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b		 -}	
	Other (Describe in Part XIV.) 4b		⊢ .	
	Add lines 4a and 4b	-	. <u>4c</u>	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	·		627,138.
	t XIV Supplemental Information			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro			
PAF	RT X, LINE 2: M-1 RAIL'S MANAGEMENT IS NOT AWARE OF	ANY	UNRE	COGNIZED
	, DEVENTED 14 OF GERTHARD 20 0011 OF 0010 W 1 DIV			
<u>TAY</u>	BENEFITS AS OF SEPTEMBER 30, 2011 OR 2010. M-1 RAI	.ь т	POT.	ENTIALLY
SUL	BJECT TO FEDERAL INCOME TAX EXAMINATIONS BY THE IRS	FOR	ΤΤΡ	YEARS OF M-I
RA]	L'S EXISTENCE.			

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.

2010 Open to Public inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

M-1 RAIL

Employer identification number 26-2310566

FORM 990, PART VI, SECTION A, LINE 2: SIX OF THE MEMBERS OF THE

ORGANIZATION'S BOARD OF DIRECTORS, ROGER S. PENSKE, MATTHEW P. CULLEN,

ATANAS ILITCH, GEORGE W. JACKSON, JR., RICHARD RAPSON, AND S. MARTIN

TAYLOR, ARE ALSO MEMBERS OF THE BOARD OF DIRECTORS OF DOWNTOWN DETROIT

PARTNERSHIP, INC. ("DDP"), A TAX-EXEMPT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE, AND ANN LANG, AN OFFICER OF THE

ORGANIZATION, IS ALSO AN OFFICER OF DDP. THE ORGANIZATION HAS A SHARED

SERVICES AGREEMENT WITH DDP.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION HIRED A PUBLIC ACCOUNTING FIRM TO PREPARE FORM 990. MANAGEMENT REVIEWED THE RETURN PRIOR TO DISTRIBUTING A DRAFT RETURN TO BOTH THE TREASURER (WHO IS A BOARD MEMBER) AND CHIEF FINANCIAL OFFICER FOR THEIR REVIEW. COMMENTS FROM THESE INDIVIDUALS WERE REVIEWED AND APPROPRIATELY INCORPORATED INTO THE FINAL FORM 990 THAT WAS FILED. A FINAL COPY OF THE FORM 990 WAS PROVIDED TO EACH BOARD MEMBER VIA E-MAIL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS PRESENTED TO THE APPLICABLE PARTIES ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE BOARD REVIEWS
REQUIREMENTS AND DETERMINES THE COMPENSATION OF THE CHIEF EXECUTIVE
OFFICER.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

632211
611-24-11

Schedule O (Form 990 or 990-EZ) (2010) Name of the organization	Page 2
M-1 RAIL	Employer identification number 26-2310566
AVAILABLE TO THE PUBLIC UPON REQUEST.	

Form **8868** (Rev. January 2011)

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

) • (VOII)	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box		>	X
	are filing for an Additional (Not Automatic) 3-Month Ex	-	•	form).		
•	omplete Part II unless you have already been granted			•	8868	
	ic filing (e-file). You can electronically file Form 8868 if		•			oration
	to file Form 990-T), or an additional (not automatic) 3-mo					
=	offile any of the forms listed in Part I or Part II with the ex				•	
	•	•				
	Benefit Contracts, which must be sent to the IRS in par		(see instructions). For more details on tr	te electro	onic filing of this i	orm,
	Automatic 3-Month Extension of Time		hart engine (se contes needed)			
Part I						
	ation required to file Form 990-T and requesting an autor	nauc o-me	onth extension - check this box and con-	piere		
Part I onl	y corporations (including 1120-C filers), partnerships, REM	 NCs and t	ruete must use Form 7004 to may set as	ovtonos	n of time	Ш
	corporations (including 1120-C illers), partierships, helvi ome tax returns.		rusts must use Form 7004 to request an	extensio		.
Type or	Name of exempt organization			Employ	rer identification	number
print	M-1 RAIL			26	-2310566	
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.			
filing your return See	600 RENAISSANCE CENTER, NO	. 174	0			
instructions	City, town or post office, state, and ZIP code. For a fe	oreign add	ress, see instructions.			
	DETROIT, MI 48243-1802					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicati	ion	Return	Application			Return
,		Code	Is For			Code
. 990)	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 990		03	Form 4720			09
Form 990		04	Form 5227			10
)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
		600 R	ENAISSANCE CENTER, S	UITE	1740 -	
• The be	ooks are in the care of DETROIT, MI 48					
	none No. ► (313) 566-8250		FAX No. ▶		-	
	organization does not have an office or place of busines	s in the Ur	nited States, check this box			. 🖂
	is for a Group Return, enter the organization's four digit		•	ıs ıs for ti	ne whole group, o	check this
box ►	. If it is for part of the group, check this box	_			• • •	
	quest an automatic 3-month (6 months for a corporation					.,,,,,,
		-	tion return for the organization named a		e extension	
ıs f	or the organization's return for:					
•	calendar year or					
	X tax year beginning OCT 1, 2010	. ar	id ending SEP 30, 2011			
2 f t	he tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return Fina	al retum		
<u> </u>	Change in accounting period	37,0011.000		J. 1015.11		
_	Change in accounting period					
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tax less any			
	nrefundable credits. See instructions.	J. 0003, 6	into the tellative tax, less ally	3a	\$	0.
	his application is for Form 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and	54	*	
	imated tax payments made. Include any prior year over	-		3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your page				<u> </u>	<u>·</u>
	using EFTPS (Flectronic Federal Tax Payment System)			30	\$	0.

Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	ktension,	complete only Part II and check this bo	 Эх		X
Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously filed	Form	8868.	
• If you are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).			
Part # Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies r	reeded).	
Type or Name of exempt organization			Emp	loyer identification	number
print M-1 RAIL			2	6-2310566	
File by the Number street and room or suite no. If a P.O. box	see instruc	tions.			 -
due date for 600 RENAISSANCE CENTER, NO.					
retum See City, town or post office, state, and ZIP code. For a f		dress, see instructions.			
DETROIT, MI 48243-1802					
Enter the Return code for the return that this application is for (fil	ie a separa	te application for each return)			0 1
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01				<u> </u>
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grante					
		ENAISSANCE CENTER, S	OLT	E 1/40 -	
• The books are in the care of ► DETROIT, MI 48 Telephone No. ► (313) 566-8250	243-1				
	46 - 11	FAX No. >			
If the organization does not have an office or place of business					
• If this is for a Group Return, enter the organization's four digit	_				
box . If it is for part of the group, check this box		$rac{ach\ a\ list\ with\ the\ names\ and\ EINs\ of\ all\ T 15, 2012$.	memo	ers the extension is	tor.
			SEP	30, 2011	
6 If the tax year entered in line 5 is for less than 12 months,			Final		 '
Change in accounting period	DITECK TOES	initial retuin	i ii iau i	etatu	
7 State in detail why you need the extension					
ADDITIONAL TIME IS NECESSARY	TO CO	MPILE DATA FOR COMPI	ETE	AND ACCUR	ATE
RETURN.					
				· · · · · · · · · · · · · · · · · · ·	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	, or 6069, €	enter the tentative tax, less any			
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayment a	llowed as	a credit and any amount paid			
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your p	ayment wr	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See Inst	ructions.		8c	\$	0.
Sign	ature ar	nd Verification			
Under penalties of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized to prepare this	ding accomi form.	panying schedules and statements, and to the	e best o	of my knowledge and b	elief,
	C.P.A	.•	Date	► 5-14-12	
THE PARTY OF THE P			2010	· · · · · · · · · · · · · · · · · · ·	