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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 **2013**

Open to Public Inspection

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

▶ Information about Form 990-EZ and its instructions is at www irs.gov/form990.

| | | | | | | | L |
|----------------|--------------|------------------|--|---------------------|-------------|----------------------------|----------------------------|
| A | | 1 | dar year, or tax year beginning , and ending C Name of organization | | | | |
| В | Check if a | | D Employer identification number | | | | |
| Ц | Address of | change | Soo Line Historical & Technical Soc | | | | |
| Ц | Name cha | • | 39 | -1418948 | | | |
| Ц | initial retu | ım | Number and street (or P O box, if mail is not delivered to street address) | Room | n/suite | | hone number |
| Ц | Terminate | | 39105 Fishermans Ln | | | 90 | 6-523-9209 |
| | Amended | l return | City or town, state or province, country, and ZIP or foreign postal code | | | F Grou | p Exemption |
| | Application | on pending | Chassell MI 49916 | | | | ber ▶ |
| G | | nting Method | X Cash | | H Chec | ck ▶ 🗶 | if the organization is not |
| ı | | | sooline.org | | requ | ired to att | ach Schedule B |
| J | Tax-exe | empt status (cl | neck only one) — X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or | 527 | (For | m 990, 99 | 0-EZ, or 990-PF) |
| K | Form o | f organization | Trust Association Other | | | | |
| L | Add line | es 5b, 6c, and 7 | b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t | total assets | | | |
| | | | are \$500,000 or more, file Form 990 instead of Form 990-EZ | | | ▶ \$ | |
| F | 'art I | Reven | ue, Expenses, and Changes in Net Assets or Fund Balan | i ces (see 1 | the instruc | ctions for | Part I) |
| | -1 | Check | if the organization used Schedule O to respond to any question in t | his Part I | | | X |
| | 1 | Contributions, | gifts, grants, and similar amounts received | | | 1 | 15,891 |
| | 2 | Program ser | vice revenue including government fees and contracts | | | § 2 | 49,803 |
| | 3 | Membership | dues and assessments See S | tateme | ent | 3 | 40,020 |
| | 4 | Investment i | ncome | | | 4 | 33 |
| | 5a | Gross amou | nt from sale of assets other than inventory 5a | | | | |
| | b | Less cost o | r other basis and sales expenses 5b | | | | |
| | С | Gain or (loss) | from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | | | |
| | 6 | Gaming and | fundraising events | | | | |
| | a | Gross incom | ne from gaming (attach Schedule G if greater than | | | | |
| ne | 1 | \$15,000) | 6a | | | | |
| Revenue | b | Gross incom | ne from fundraising events (not including \$ of cor | | | | |
| æ | | from fundrai | | | | | |
| | | sum of such | gross income and contributions exceeds \$15,000) 6b | | | | |
| | C | Less direct | expenses from gaming and fundraising events 6c | | | | |
| | d | Net income | or (loss) from gaming and fundraising events (add lines 6a and 6b and subt | | | | |
| | | line 6c) | | | | 6d | |
| | 7a | Gross sales | of inventory, less returns and allowances | | | | |
| | b | Less cost o | f goods sold 7b | | | | |
| | C | Gross profit | or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | 7c | |
| | 8 | Other reven | ue (describe in Schedule O) | | | <u> </u> | |
| _ | 9 | Total reven | ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | RECEIV | ED | ▶ 9 | 105,747 |
| 2014 | 10 | | similar amounts paid (list in Schedule O) | | | <u>10 إد</u> | 1,400 |
| 7 | 11 | Benefits par | d to or for members | UN 302 | nia 18 | 3 11 | |
| رق | 12 | Salaries, oth | ner compensation, and employee benefits | | .VIT | 10 11 12 13 13 | |
| <u> </u> | 13 | Professiona | fees and other payments to independent contractors | ~ · · · · | | ≚ <u>13</u> | 7,674 |
| Expense 5 | 14 | Occupancy, | rent, utilities, and maintenance | | | 14 | 8,073 |
| | 15 | Printing, put | olications, postage, and shipping | | | 15 | 26,602 |
|) | 16 | Other expen | 16 | 39,872 | | | |
| ¥_ | 17 | Total exper | ses. Add lines 10 through 16 | | | ▶ 17 | 83,621 |
| Ž" | 18 | Excess or (c | deficit) for the year (Subtract line 17 from line 9) | | | 18 | 22,126 |
| ₹ ⁸ | 19 | Net assets of | | | | | |
| کة م | | end-of-year | figure reported on prior year's return) | | | 19 | 198,527 |
| Net Assets | 20 | Other chang | es in net assets or fund balances (explain in Schedule O) | | | 20 | |
| _ | 21 | Net assets of | or fund balances at end of year Combine lines 18 through 20 | | | ▶ 21 | 220,653 |
| | - n | | ian Aat Blating and the annual instrumetions | | | | 200 57 |

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)



Soo Line Historical & Technical Soc 39-1418948

| Pa | ort V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in the | in the is Part V | | |
|------------|--|---------------------|--|----------------|
| 33 | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | | |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | _ 33_ | | X |
| | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | | | |
| | change on Schedule O (see instructions) | 34 | | x |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | 34 | | <u> </u> |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | х |
| ь | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | \vdash | <u> </u> |
| | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | 335 | | |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | x |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | 333 | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | Х |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | | | |
| | Did the organization file Form 1120-POL for this year? | 37b |] | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | | | |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a |] | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | |
| 39 | Section 501(c)(7) organizations Enter | | | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities | | | |
| 40a | (), () See the see that the see that the segment and the jobs and see | | | |
| | section 4911 ▶, section 4912 ▶, section 4955 ▶ | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit | | | |
| | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been | | | |
| | reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| С | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on | | | |
| | organization managers or disqualified persons during the year under sections 4912, | | | |
| | 4955, and 4958 | | | |
| a | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c | | | |
| _ | reimbursed by the organization | | | |
| e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40- | | x |
| 41 | List the states with which a copy of this return is filed None | 40e | L | |
| | The organization's books are in care of ▶ C. David Pulse Telephone no | ▶ 906-52 | 3 – 0 | 209 |
| | 39105 Fishermans Lane | J J J G G E | | 200 |
| | Located at ▶ Chassel1 MI ZIP+4 ▶ | 49916 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | X |
| | If "Yes," enter the name of the foreign country | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | | | |
| | and Financial Accounts. | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | <u> </u> | X |
| | If "Yes," enter the name of the foreign country | | | _ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here | 1 | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | 43 | т | |
| | | £ | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | | |
| | completed instead of Form 990-EZ | 44a | | X_ |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | | | ., |
| | completed instead of Form 990-EZ | 44b | - | X |
| | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | 1 | |
| | | 170 | | X |
| AE- | Did the organization have a controlled entity within the manning of section E42/EV42V2 | 1 45- | | |
| 45a 45b | • | 45a | | ^ |
| 45a 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | 45a | | A. |
| | • | 45a 45b | | x |

| Total number of other analyses paid over \$100,000 of compensation from the organization of five other properties. Total number of other analyses paid over \$100,000 of compensation from the organization from the organization of five other compensation. | Form | 990-EZ (2 | 013) | Soo | Line | Histo | rical | & Technica | al So | oc 39-14 | 18948 | | | ı | Page 4 |
|--|-------|------------|-----------------|--------------------|--------------|---------------|-------------------|---------------------|--------------|---|-------------------------|--------------------------|--|----------|---------------|
| Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Chock if the organization used Schedule O to respond to any question in this Part VI | 46 | | | tion enga | age, direct | ly or indirec | tly, in political | campaign activitie | | | | | | | |
| All section 501 (c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 60 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 17 Did the organization angue in lobying sections 501 (h) election in effect during the tax year? If Yes, "complete Schedule C, Part II 18 Is the organization as shore is section 170(b)(1)(A)(b)? If Yes," complete Schedule E 19 Did the organization ask each insection 527 organization? 19 Did the organization ask each insection 527 organization? 10 Complete that table for the organization is section 527 organization? 10 Complete that table for the organization is section 527 organization? 10 Complete that table for the organization is section 527 organization? 10 Name and title of each employee 11 Total number of other employees paid over \$100,000 12 Complete that table for the organization is the organization of the organization organization of the organization of the organization organization of the | - | | | | | | | C, Part I | | | | | 46 | <u> </u> | <u> </u> |
| Note Did the organization engage in lobbying activities or have a section 501(ii) election in effect during the tax yee? If "Yes," complete Schedule C, Part II | Pa | Ft VI | All se 50 an | ction 50 id 51. | 1(c)(3) o | rganızatıor | ns must ans | • | | | • | tables for li | nes | | |
| Did the organization regage in lookying activities or have a section 50 (it) election in effect during the tax year? If Yes, complete Schedule C, Part II X X 48 X 49 X | | | | | | | | | • | | | _ | | Yes | No |
| 498 X 498 | 47 | | | | | | | | 4 | | x | | | | |
| Total number of other employees paid over \$100,000 | 48 | | | | | | | | | | | | | | - |
| Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and title of each employee (b) Average (c) Reportable (c) Reportable (c) Reportable (c) Reportable (d) Health benefits, contributions to employees deferred compensation (e) None (e) Stimated amount of other compensation (forms W-2/1039-MISC) (forms W-2/1039-MISC) (e) Estimated amount of other compensation (e) Reportable (e) Estimated amount of other compensation (e) Reportable (e) Estimated amount of other compensation (e) Reportable (forms W-2/1039-MISC) (forms W-2/1039-MISC) (e) Estimated amount of other compensation (e) Reportable (e) Estimated amount of other compensation (forms W-2/1039-MISC) (forms W-2/1039-MISC) (e) Estimated amount of other compensation (e) Compensation (e) Reportable (e) Estimated amount of other compensation (forms W-2/1039-MISC) (forms W-2/1039-MISC) (forms W-2/1039-MISC) (e) Estimated amount of other compensation (e) Compensation (e) Compensation (e) Compensation (forms W-2/1039-MISC) | 49a | | | | | | | | ganizatıc | on? | | | ├ | | X |
| a mployees) who each received more than \$100,000 of compensation from the organization of there is none, enter "None" (a) Name and title of each employee (b) Reportable (c) Feormative | | | | | - | | • | | | | | | 49 | b | |
| (a) Name and title of each employee (b) Avarage hours per week devoted to position (b) Total specific compensation completed compensation (compensation (Forms W-2/1099-MISC)) (d) Estimated amount of other compensation (e) Estimated amoun | 50 | | | | | | | | | | | | | | |
| A Total number of other employees paid over \$100,000 d Total number of other employees paid over \$100,000 d Total number of other employees paid over \$100,000 d Total number of other independent contractors who each received more than \$100,000 of competes the first that of the organization if there is none, enter "None" (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None (b) Type of service (c) Compensation (c) Did the organization complete Schedule AY Note. All section \$51(0,000 of pensions) and \$100,000 of pensions of the organization of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is supported that have examined paccompanying schedules and statements, and to the best of my knowledge and belief, it is supported by the organization of preparer (other than officer) is based on all information of which preparer has any knowledge Proparer Sugnature Proparer's signature Prop | | employe | | | Selved IIIO | - Hall \$10 | 0,000 01 00111 | | | | | | i | | |
| f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 None Did the organization complete Schedule A? Note, All section \$501(c)(3) organizations and \$4947(a)(1) nonexempt Charitable trusts must attach a completed Schedule A Note penalties of perpury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Proparer: Sign Proparer: Sign Proparer: Signature of office. Proparer: Signature of office. Proparer signature Date Proparer: Date Date Proparer: Date Proparer: Date Proparer: Date Proparer: Date Proparer: Date Proparer: Date Date Date Proparer: Date Date Date Date Proparer: Date Da | | | (a) N | ame and t | tle of each | employee | | hours per week | co | mpensation | contribution benefit | s to employee blans, and | 1 ' ' | | |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Lorder penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepairer (other than officer) is based on all information of which prepairer has any knowledge and belief, it is Signature of officer C. David Pulse Type or penalties of penalty. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepairer (other than officer) is based on all information of which prepairer has any knowledge and belief, it is Signature of officer C. David Pulse Type or penalties Date C. David Pulse Type or penalties Date O6/23/14 Selfi-employed policy Policy of PTIN Polic | No | ne | | | | | | | | | | | | - | |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Lorder penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepairer (other than officer) is based on all information of which prepairer has any knowledge and belief, it is Signature of officer C. David Pulse Type or penalties of penalty. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepairer (other than officer) is based on all information of which prepairer has any knowledge and belief, it is Signature of officer C. David Pulse Type or penalties Date C. David Pulse Type or penalties Date O6/23/14 Selfi-employed policy Policy of PTIN Polic | | | | | | | | | | | | | | | |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Loder penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepairer (other than officer) is based on all information of which prepairer has any knowledge and belief, it is Signature of officer C. David Pulse Type or prenalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepairer (other than officer) is based on all information of which prepaire has any knowledge and belief, it is Signature of officer C. David Pulse Type or prenalties Date C. David Pulse Type or prenalties Date O6/23/14 self-employed Date O6/23/14 self-employed Prim's address > 417 Shelden Avenue Houghton, MI 49931–2137 Phone no 906–482–3830 May the IRS discuss this return with the prepairer shown above? See instructions | | | | | | | | | | - _F ., | | | <u>. </u> | | |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Loder penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepairer (other than officer) is based on all information of which prepairer has any knowledge and belief, it is Signature of officer C. David Pulse Type or prenalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepairer (other than officer) is based on all information of which prepaire has any knowledge and belief, it is Signature of officer C. David Pulse Type or prenalties Date C. David Pulse Type or prenalties Date O6/23/14 self-employed Date O6/23/14 self-employed Prim's address > 417 Shelden Avenue Houghton, MI 49931–2137 Phone no 906–482–3830 May the IRS discuss this return with the prepairer shown above? See instructions | | | | | | | | <u> </u> | | ,,,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | | | | |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Loder penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepairer (other than officer) is based on all information of which prepairer has any knowledge and belief, it is Signature of officer C. David Pulse Type or prenalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepairer (other than officer) is based on all information of which prepaire has any knowledge and belief, it is Signature of officer C. David Pulse Type or prenalties Date C. David Pulse Type or prenalties Date O6/23/14 self-employed Date O6/23/14 self-employed Prim's address > 417 Shelden Avenue Houghton, MI 49931–2137 Phone no 906–482–3830 May the IRS discuss this return with the prepairer shown above? See instructions | | | | | | | | | | | | | | | |
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| (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rure, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Penaltra of efficer C David Pulse Type or prantines and title Preparer's signature Date Print's per preparer's name Preparer's signature Date C Date of Print's EIN Pri | f | Total nu | mber of | other en | ployees p | aid over \$1 | 00,000 | - | | | | _ | | | |
| (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Print/Type preparer's name Preparer's signature Type or print name and title Print/Type preparer's name Preparer's signature Laurie L. Aho Preparer's signature Laurie L. Aho Preparer's signature Houghton, MI 49931–2137 Phone no 906–482–3830 May the IRS discuss this return with the preparer shown above? See instructions | 51 | | | | | | | | | ictors who each | received me | ore than | | | |
| d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign C - 25 - /4 | | \$100,0C | | | | | | | | (b) Tyr | e of service | | (c) Com | nensatio | |
| d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is required to inform the preparer sugnature of the property of the property of the property signature | No | ne | (-, | | | | | | | (=) .) [| | | (0, 00 | | |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here C. David Pulse Type or print name and title Print/Type preparer's name Laurie L. Aho Preparer's signature Firm's name Joseph M. Daavettila, CPA, PLC Firm's elin Phone no 906-482-3830 May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | | | | | | |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here C. David Pulse Type or print name and title Print/Type preparer's name Laurie L. Aho Preparer's signature Firm's name Joseph M. Daavettila, CPA, PLC Firm's elin Phone no 906-482-3830 May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | | | | | | |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here C. David Pulse Type or print name and title Print/Type preparer's name Laurie L. Aho Preparer's signature Firm's name Joseph M. Daavettila, CPA, PLC Firm's elif-employed Houghton, MI 49931-2137 May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | | | | | | |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here C. David Pulse Type or print name and title Print/Type preparer's name Laurie L. Aho Preparer's signature Firm's name Joseph M. Daavettila, CPA, PLC Firm's elin Phone no 906-482-3830 May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | | | | | | |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here C. David Pulse Type or print name and title Print/Type preparer's name Laurie L. Aho Preparer's signature Firm's name Joseph M. Daavettila, CPA, PLC Firm's elin Phone no 906-482-3830 May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | | | | | | |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here C. David Pulse Type or print name and title Print/Type preparer's name Laurie L. Aho Preparer's signature Firm's name Joseph M. Daavettila, CPA, PLC Firm's elin Phone no 906-482-3830 May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | | | | | | |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here C. David Pulse Type or print name and title Print/Type preparer's name Laurie L. Aho Preparer's signature Firm's name Joseph M. Daavettila, CPA, PLC Firm's elin Phone no 906-482-3830 May the IRS discuss this return with the preparer shown above? See instructions | | | | | <u>.</u> | | | | | | | | | | |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here C. David Pulse Type or print name and title Print/Type preparer's name Laurie L. Aho Preparer's signature Firm's name Joseph M. Daavettila, CPA, PLC Firm's elin Phone no 906-482-3830 May the IRS discuss this return with the preparer shown above? See instructions | | Total n | mber of | otherine | lonondont | contractors | | na over \$100 000 | | | · · · · · | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign C. David Pulse C. David Pulse | 52 | Did the | organiza | ation com | plete Sch | edule A? No | ote. All section | n 501(c)(3) organiz | ations ar | nd 4947(a)(1) | | | . . | · | N- |
| Sign Here C. David Pulse Print/Type preparer's name Preparer's signature Date | Unde | | | | | | | | chedules | and statements, | and to the be | st of my knowl | | | |
| Sign Signature of officer Date C. David Pulse Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN Laurie L. Aho 06/23/14 self-employed P01432649 Preparer Use Only Firm's name Joseph M. Daavettila, CPA, PLC Firm's EIN Use Only Houghton, MI 49931-2137 Phone no 906-482-3830 May the IRS discuss this return with the preparer shown above? See instructions Vest No | | | | | | | | | | | ny knowledge | | | | |
| Print/Type preparer's name Print/Type preparer's name Preparer Preparer's signature Laurie L. Aho Preparer Firm's name Joseph M. Daavettila, CPA, PLC Firm's elin Firm's address 417 Shelden Avenue Houghton, MI 49931-2137 May the IRS discuss this return with the preparer shown above? See instructions Preparer Preparer's signature O6/23/14 Check if Check if Check if Self-employed P01432649 Print's self-employed P01432649 Print's elin Phone no 906-482-3830 | Sigr | , | Sign | ature of office | er Ser | <u> </u> | | | | | | -19 | | | |
| Type or print name and title Print/Type preparer's name Print/Type preparer's name Laurie L. Aho Preparer Firm's name Joseph M. Daavettila, CPA, PLC Firm's address A17 Shelden Avenue Houghton, MI 49931-2137 May the IRS discuss this return with the preparer shown above? See instructions Polate Check if self-employed PO1432649 Print's EIN Phone no 906-482-3830 | | | | | | ulse | | | | - | | | | | |
| Paid Laurie L. Aho Firm's name Joseph M. Daavettila, CPA, PLC Firm's address Houghton, MI 49931-2137 May the IRS discuss this return with the preparer shown above? See instructions Check if self-employed P01432649 | | | Туре | or print nar | ne and title | | | | | | | | | | |
| Preparer Firm's name Joseph M. Daavettila, CPA, PLC Firm's endress 417 Shelden Avenue Houghton, MI 49931-2137 May the IRS discuss this return with the preparer shown above? See instructions Firm's endress Phone no 906-482-3830 | | | rınt/Type p | oreparer's n | ame | | Pr | eparer's signature | -t- | ACX | Date | Check | , 🗌 _{if} P | TIN | |
| Use Only Firm's address ► 417 Shelden Avenue Houghton, MI 49931-2137 May the IRS discuss this return with the preparer shown above? See instructions Phone no 906-482-3830 Yes No | Paic | 1 <u> </u> | aurie | L. Aho | | | 2 | Jeff () Pope | <u>ullly</u> | UN | 06/: | 23/14 self-e | mployed P | 014326 | 49 |
| Houghton, MI $49931-2137$ Phone no $906-482-3830$ May the IRS discuss this return with the preparer shown above? See instructions \blacktriangleright Yes \lceil No | • | <u> </u> | ırm's nam | 9 🕨 | | | | | PLC | , , , | | Firm's EIN | | | |
| May the IRS discuss this return with the preparer shown above? See instructions ▶ 💢 Yes 🗍 No | Use | Only | ırm's addr | ess 🕨 | | | | | | | | _ | | | |
| | Mari | the IBC | discuss | thic rotion | | | | | | | | Phone no 9 | | | $\overline{}$ |
| LAM MMILE / /70491 | iviay | CAI SID | uiocubb | una retur | ii with the | preparer sn | OWIT ADOVE? | Gee moutuonis | | | | | | | |

SCHEDULE A (Form 990 or 990-EZ) **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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

| | | | Soo Line His | storical & Tech | nnical | Soc | | | 39- | 141 | 8948 | | | |
|-------------|--------|---|------------------------------|---|--------------------|--|--|---|--|------------|-------------|---|--------------------------|--------------|
| P | art l | Reas | on for Public Charity | Status (All organizatio | ns must co | mplete | this pa | rt.) Se | e inst | ruction | ıs. | | | |
| The | orga | | | se it is (For lines 1 through 1 | | • | | | _ | | | | | |
| 1 | \Box | | | sociation of churches describ | | | • | | | | | | | |
| 2 | П | | | (A)(ii). (Attach Schedule E) | | | | | | | | | | |
| 3 | П | | | ice organization described in | section 170 | (b)(1)(A)(| iii). | | | | | | | |
| 4 | П | | | ed in conjunction with a hospi | | | - |)(1)(A)(ii | ii). Ente | r the ho | spital's | name. | | |
| | | city, and state | | ,, | | | ,_ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ., | | - Ср | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | |
| 5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | | | |
| _ | | section 170(b)(1)(A)(iv). (Complete Part II) | | | | | | | | | | | | |
| 6 | \Box | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | | | |
| 7 | H | | | substantial part of its suppoi | | | | rom the | genera | Loublic | | | | |
| • | L | _ | section 170(b)(1)(A)(vi). (C | • | t nom a gov | J. III II CIII CA | anne or i | ioni tiic | genera | , pablic | | | | |
| 8 | | | | 170(b)(1)(A)(vi). (Complete I | Part II \ | | | | | | | | | |
| 9 | X | - | | (1) more than 33 1/3% of its s | • | contributi | one mai | mharchii | n feec | and aro | cc | | | |
| J | | | | mpt functions—subject to cer | | | | | | - | 33 | | | |
| | | | | ind unrelated business taxable | | | | | | | | | | |
| | | | | 30, 1975 See section 509(a | | | | , 11011111 | 45111625 | ,63 | | | | |
| 10 | | • | • | exclusively to test for public | | | , | | | | | | | |
| 11 | H | • | • | exclusively for the benefit of | • | | | | out the | | | | | |
| •• | Ш | - | · · · · · · | ted organizations described i | • | | | • | | | | | | |
| | | | | the type of supporting organi | | | | | • | Section | | | | |
| | | a Type | | c Type III-Funct | | | d [| | | n-funct | onally i | ntoarat | od | |
| e | \Box | | ·· | ganization is not controlled d | | | - 1 | | | | | niegrai | .eu | |
| - | ш | | | er than one or more publicly | - | | | | | - | | | | |
| | | or section 50 | | er than one of more publicly | aupported of | yamzamo | is desci | ibeu III s | ecuon . | JU3(a)(| '' | | | |
| f | | | , , , , | ermination from the IRS that | it is a Tyne I | Type II | or Type | III sunna | ortina | | | | | |
| • | | | check this box | community from the into that | it is a Type i | , Type II, | oi Type | iii suppe | nung | | | | | |
| ~ | | _ | | ation accepted any gift or cor | tribution from | any of th | 10 | | | | | | | لــا |
| g | | following per | - | ation accepted any gift of cor | itibution non | i any or u | 10 | | | | | | | |
| | | ٠. | | ontrols, either alone or togetl | ar with nere | one descr | abed in (| u) and | | | | ſ | Yes | No |
| | | • • • • | w, the governing body of the | - | ici witti persi | ons desci | ibea iii (| ii/ aiiu | | | | 11g(i) | 103 | |
| | | | member of a person descri | | | | | | | | | 11g(ii) | | |
| | | • | • | described in (i) or (ii) above? | ı | | | | | | | 11g(iii) | | |
| h | | • | • • | the supported organization(s | | | | | | | | (<u>' '8(''')</u> | | L |
| <u>h</u> |) Nam | ne of supported | (ii) EIN | (iii) Type of organization | | organization | (A) Did a | ou notify | /vi\ | s the | /uliv | Amount of | f monet | 20/ |
| • | | ganization | (1) 211 | (described on lines 1–9 | | sted in your | the organ | ization in | organizat | ion in col | (***) / | suppo | | aı y |
| | | | | above or IRC section | governing | document? | | of your oort? | (i) organı U | zed in the | | | | |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | | |
| (A) | | | | | - 100 - | † . | - <u></u> - | <u> </u> | | | | | | |
| (^) | | | | | | ļ | ļ | | ļ | | | | | |
| (B) | | | | | | 1 | | | | | | | | |
| (0) | | | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | | | |
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| (D) | | | | | | | | | | | | | | |
| (D) | | | | } | | i . | | 1 | | | | | | |
| (E) | | | | | | 1 | - | | † | | | | | |
| ι-/ | | | | | | | | | | | | | | |
| | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | | |
| <u>Tota</u> | al | | | | | 1 | | | | | | | | |
| | | envork Reduc | ction Act Notice, see the li | nstructions for | | | ł | l | Sched | Jie A (F | Orm GO | 0 or 90 | 0.F7 |) 2013 |
| ror | rap | GIMOIY LEGIC | cuon act House, see the H | กอน นบนบทอ เปโ | | | | | JUHUU | AIC M (F | OIIII 33 | U UI 33 | , , , , , , , | , 2013 |

Form 990 or 990-EZ.

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.)

| | tion A. Public Support | | | | | | |
|-------|---|------------------------|----------------------|--|---|--|---------------|
| Caler | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | ., | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | : | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | | | | • | |
| Caler | ndar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc | (see instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is for the | organization's first | t, second, third, fo | urth, or fifth tax ye | ar as a section 501 | I(c)(3) | |
| | organization, check this box and stop here | | | | | | > [|
| Sec | tion C. Computation of Public Su | pport Percent | tage | | | | |
| 14 | Public support percentage for 2013 (line 6, | column (f) divided | d by line 11, colum | ın (f)) | | 14 | % |
| 15 | Public support percentage from 2012 Sche | | | | | 15 | % |
| 16a | 33 1/3% support test—2013. If the organi | zation did not che | ck the box on line | 13, and line 14 is | 33 1/3% or more, o | check this | |
| _ | box and stop here. The organization quali | | • | | | | ▶ _ |
| р | 33 1/3% support test—2012. If the organi | | | | 15 is 33 1/3% or m | ore, | . – |
| | check this box and stop here. The organiz | | | - | | | ▶ [_ |
| 17a | 10%-facts-and-circumstances test—201 10% or more, and if the organization meet Part IV how the organization meets the "fa | s the "facts-and-cii | rcumstances" test | , check this box ar | nd stop here. Expl | ain in | |
| b | organization 10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization | 2. If the organization | on did not check a | box on line 13, 10 " test, check this b | 5a, 16b, or 17a, an oox and stop here . | d line | • |
| 18 | Explain in Part IV how the organization me supported organization Private foundation. If the organization did | | | | | - | > [|
| | instructions | Silook a box (| inio 10, 10a, 10 | | COR UNS DOX AND SE | <u>. </u> | > [|

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | quality under the | c tests listed by | ciow, picase co | implete i art ii | <i>l</i> | |
|--------|--|---------------------|----------------------|-----------------------|---------------------|-------------|-------------|
| Caler | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 17,180 | 15,504 | 12,563 | 12,543 | 15,891 | 73,681 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 79,231 | 87,756 | 74,056 | 85,107 | 89,856 | 416,006 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 96,411 | 103,260 | 86,619 | 97,650 | 105,747 | 489,687 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 | | | | | | |
| _ | or 1% of the amount on line 13 for the year Add lines 7a and 7b | 74,231 | 82,756 | | | | 156,987 |
| С 8 | Public support (Subtract line 7c from | 74,231 | 82,756 | | | | 156,987 |
| · | line 6) | | | 1 | | | 332,700 |
| Sec | tion B. Total Support | | | I. | <u></u> | L | 332,100 |
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 | Amounts from line 6 | 96,411 | 103,260 | 86,619 | 97,650 | 105,747 | 489,687 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 28 | 32 | 46 | 70 | | 176 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 28 | 32 | 46 | 70 | | 176 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on | | · | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | _ | |
| | and 12) | 96,439 | 103,292 | 86,665 | 97,720 | 105,747 | 489,863 |
| 14 | First five years. If the Form 990 is for the | | second, third, fou | rth, or fifth tax yea | r as a section 501 | (c)(3) | , [|
| Sac | organization, check this box and stop her stion C. Computation of Public St | | 200 | | | | ▶ |
| 15 | Public support percentage for 2013 (line 8 | | | 2 (f)) | " - | 15 | 67.92% |
| 16 | Public support percentage from 2012 Scho | . ,, | • | 1 (1)) | | 16 | 53.04% |
| | tion D. Computation of Investme | | | | | | 33.04 %_ |
| 17 | Investment income percentage for 2013 (I | | | column (f)) | | 17 | % |
| 18 | Investment income percentage from 2012 | Schedule A, Part II | I, line 17 | .,, | | 18 | 2 % |
| 19a | 33 1/3% support tests—2013. If the orga | | | | | | |
| b | 17 is not more than 33 1/3%, check this be 33 1/3% support tests—2012. If the orga | | | · | | | ▶ X |
| | line 18 is not more than 33 1/3%, check th | | - | | | - | ▶ [|
| 20 | Private foundation. If the organization did | d not check a box o | n line 14, 19a, or 1 | 19b, check this box | and see instruction | ons | > |

Schedule A (Form 990 or 990-EZ) 2013 Soo Line Historical & Technical Soc 39-1418948 Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and

Part III, line 12. Also complete this part for any additional information. (See instructions)

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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

Soo Line Historical & Technical Soc

39-1418948

| Form 990-EZ, Part I, Line 16 - Other Expenses | | | | | | | | |
|---|----|--------|--|--|--|--|--|--|
| Description Amount | | | | | | | | |
| Merchandise | | | | | | | | |
| Cost of Goods Sold | \$ | 7,062 | | | | | | |
| Soo Magazine | | | | | | | | |
| Cost of Goods Sold | \$ | 1,625 | | | | | | |
| Expenses | | | | | | | | |
| Supplies | \$ | 1,059 | | | | | | |
| Computer Services | \$ | 1,644 | | | | | | |
| Annual Meeting | \$ | 16,564 | | | | | | |
| Board of Directors | \$ | 792 | | | | | | |
| Promotion | \$ | 871 | | | | | | |
| Registration | \$ | 210 | | | | | | |
| Reconcil. Discrepancies | \$ | 4,753 | | | | | | |
| Non-investment Depreciation | \$ | 5,292 | | | | | | |
| Total | \$ | 39,872 | | | | | | |

Form 990-EZ, Part II, Line 24 - Other Assets

| Description | Beg. | of Year | End of Year |
|--------------------------------------|----------|---------|-------------|
| Other Loans Receivable | \$ | 5,000 | \$ 5,000 |
| Equipment & other depreciable assets | \$ | 202,717 | \$ 202,717 |
| Less Accumulated Depreciation | \$ | 34,133 | \$ 39,425 |
| Utility deposit | \$ | 0 | \$ 72 |
| | Total \$ | 173,584 | \$ 168,364 |

Name of the organization

Soo Line Historical & Technical Soc 39-1418948

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description

Beg. of Year End of Year

Unsecured Notes and Loans Payable

\$ 15,000 \$

15,000

Form 990-EZ, Part III, Line 31 - All Other Accomplishment
Donations to Colfax & Superior RR Museums and Archives

4562

(Including Information on Listed Property)

Depreciation and Amortization

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Name(s) shown on return Identifying number Soo Line Historical & Technical Soc 39-1418948 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 1 500,000 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) 6 (c) Flected cost Listed property Enter the amount from line 29 7 Я Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2013 17 5,292 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use placed in (e) Convention (f) Method (a) Depreciation deduction period service only-see instructions) 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property q 25-year property S/L 25 yrs Residential rental 27 5 yrs S/L MM property MM S/L 27 5 yrs Nonresidential real MM 39 yrs S/L property MM S/L Section C-Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40-year 40 yrs MM S/L Summary (See instructions.) Part IV Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 5,292 and on the appropriate lines of your return Partnerships and S corporations—see instructions

portion of the basis attributable to section 263A costs

For assets shown above and placed in service during the current year, enter the

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