# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2013

Open to Public Inspection

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

<u> </u>	For the 2	2013 cale	endar year, or tax year beginning 01/01 , 2013, and ending	<u> 12</u> /:	31	, 20 13								
В	Check if a	pplicable:	C Name of organization CONNECTICUT ELECTRIC RAILWAY ASSOCIATION INC	ORPORA I	D Employ	er identification n	umber							
	Address c	hange	Doing Business As The Connecticut Trolley Museum			06-6070002								
П	Name cha	ŭ	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	1	E Telephor	ne number								
$\overline{\Box}$	Initial retur	•	P O Box 360 58 North Road			860-627-6540								
Н			City or town, state or province, country, and ZIP or foreign postal code			000-027-0340								
Н	Terminate			L	<b>3</b> Cuasa ua	asinto ¢	207.707							
H	Amended	1	East Windsor, CT 06088-0360		G Gross re	•	296,786							
Ш	Application	n pending	· · · · · · · · · · · · · · · · · · ·			subordinates? 🔲 Yes	_							
			19 Ryan Drive, Ellington, CT 06029-3654			s included?	s ∐ No							
<u></u>	Tax-exem		✓ 501(c)(3)											
<u>J</u> _	Website:			H(c) Group e	1									
_			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation:	1940	M State	of legal domicile:	СТ							
P	art I	Summ	· ·											
	1 E	Briefly de	escribe the organization's mission or most significant activities: Trolley M	luseum-edu	ıcation, ı	restoration,								
Se	ا ا	preservation.												
Activities & Governance	_													
Je.	2	Check th	his box $lacktriangle$ if the organization discontinued its operations or disposed of r	nore than	25% of	its net assets.								
9	3 1	Number	of voting members of the governing body (Part VI, line 1a)		3		10							
જ	4 1	Number	of independent voting members of the governing body (Part VI, line 1b) .		4		10							
ies	5 7	Total nur	mber of individuals employed in calendar year 2013 (Part V, line 2a)		5		8							
Ϊ			mber of volunteers (estimate if necessary)		6		184							
Act			related business revenue from Part VIII, column (C), line 12		7a		0							
-			elated business taxable income from Form 990-T, line 34		7b		0							
	-	101 01110		Prior Yea		Current Y								
	8 (	Contribu	itions and grants (Part VIII, line 1h)											
Revenue	1				52,504		70,485							
Ven	1	_	service revenue (Part VIII, line 2g)		153,738		200,523							
Be			ent income (Part VIII, column (A), lines 3, 4, and 7d)		774		538							
	1		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		41,394		12,603							
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		248,410		284,149							
	1		nd similar amounts paid (Part IX, column (A), lines 1–3)		0		0							
			paid to or for members (Part IX, column (A), line 4)		0		0							
8			other compensation, employee benefits (Part IX, column (A), lines 5–10)		45,705		58,839							
Expenses	1		onal fundraising fees (Part IX, column (A), line 11e)		0		0							
χb	<b>b</b> 7	Total fun	ndraising expenses (Part IX, column (D), line 25)											
Ш	17 (	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		214,196		234,100							
	18 7	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25) .		259,901		292,939							
	19 F	Revenue	e less expenses. Subtract line 18 from line 12		-11,491		-8,790							
- Se			Beg	inning of Curi	rent Year	End of Ye	ear							
Net Assets or Fund Balances	20 7	Total ass	sets (Part X, line 16)	1,	983,833		1,969,088							
Ass	21 7		pilities (Part X, line 26)		294,455		288,500							
ΞĒ	22		ets or fund balances. Subtract line 21 from line 20		689,378		1,680,588							
	art II		ture Block				10001000							
_			ury, I declare that I have examined this return, including accompanying schedules and statemen	nts and to the	e hest of n	ny knowledge and	helief it is							
			elete. Declaration of preparer (other than officer) is based on all information of which preparer ha			ny knowlougo uni	a bollot, it lo							
		<u> </u>												
Sig	n	Sign	nature of officer	Date										
He	-													
		_	ederick Stroiney, Chairman e or print name and title											
		<u>,</u>	/pe preparer's name Preparer's signature Date			PTIN								
Pa	id	1 11111/19	The property smalle The paret s signature Date		Check [	if								
Pr	eparer	·			self-emp	Dioyea								
Us	e Only	Firm's n	name •	Firm'	s EIN ▶									
		Firm's a	address ▶	Phon	e no.									
Ma	y the IRS	S discus	s this return with the preparer shown above? (see instructions)			🗌 Ye	s 🗌 No							

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Part		
4	Check if Schedule O contains a response or note to any line in this Part III	Ш
1	Trolley Museum-education, restoration, preservation with concentration on the era from the late 1800s though mid 1900s.	
	Trolley Museum-education, restoration, preservation with concerniation on the era from the late 1800s though this 1700s.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	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 services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	yd b
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 123,291 including grants of \$0 ) (Revenue \$200,523 )	
	Education - Historical Museum Programs, General/Other: Operation and Display of Trolley Cars and related equipment with the	
	expressed purpose to educate all ages about this historical era. Over 100 hours of volunteer time per week during the season is	
	used for this purpose. An additional 1000 volunteer hours or more is spent during the year setting up and revising the displays.	
4b	(Code: ) (Expenses \$ 26,904 including grants of \$ 0 ) (Revenue \$ 20,286 )	
TI,	(Code:) (Expenses \$ 26,904 including grants of \$ 0 ) (Revenue \$ 20,286 )  Restoration - Historical Museum Programs, General/Other: Restoration - To restore Trolleys, Railroad and related Equipment from	
	this historical era. Over 2500 volunteer hours are used annually for this purpose. In addition contracted labor is being used to	
	annual manual the mediantian of Tarllan Can 122/ 0 2100	
4c	(Code:) (Expenses \$132,326 including grants of \$0 ) (Revenue \$7,533 )	
	Preservation - Historical Museum Programs, General/Other: Preservation - Trolley Cars, Railroad and related equipment through	
	the proper storage with the expressed purpose of preserving the equipment from this historical era. Although Volunteer time variety	28
	each year for this purpose, over 700 Volunteer hours were spent on the facilities plus moving the trolleys and other historical	
	equipment into existing barns & the Visitor Center. Additionally, contracted labor was used to seal difficult areas to reach on the	
	Visitor Center and to repair the Kelly Barn roof.	
4d	Other program services (Describe in Schedule O.)	—
+u	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses ► 282,521	
	TOTAL PROGRAM SELVICE EXPENSES 🚩 202,021	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		-
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	~	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .	11e		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		~
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a		~

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		V
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		V
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<i>'</i>
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>	30		
38	Part VI	37		~
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	~	

F	orm 990 (20 i	3)
Part V		Statements Regarding Other IRS Filings and Tax Compliance
		Observation Control to Operate to a supervision of the Control of

the Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable 10 be Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 10 be Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 10 be 10 be the organization comply with backup withholding rules for reportable payments to vendors and properties of participation of the payments of the organization files on the payments of the payments of the organization have annual gross receipts that are normalized payments of the payments of the organization have annual gross receipts that are normalized property did not payments of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organizations between the transaction at any time during the calendary payments of the pay		Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		Щ
b Enter the number of Forms W-26 included in line 1st. Enter -0- If not applicable.   Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions).  Note is the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions).  If Yes, Fish as filed a Form 990-Ti for this year? If Y-M° to fine 3b, provide an explanation in Schedule 0.  If Yes, Fish as filed a Form 990-Ti for this year? If Y-M° to fine 3b, provide an explanation in Schedule 0.  If Yes, Fish as filed a Form 990-Ti for this year? If Y-M° to fine 3b, provide an explanation in Schedule 0.  If Yes, Fish as filed a Form 1sh of foreign country:  See instructions for filing requirements for Form 1D F90-22.1, Report of Foreign Bank and Financial Account in a foreign country:  See instructions for filing requirements for Form 1D F90-22.1, Report of Foreign Bank and Financial Accounts.  Swas the organization and the thin of the year of the year of the year of the programization and the organization file form 8868-T?  By If Yes, Find the organization that It was or is a party to a prohibited tax shelter transaction?  If Yes Yes, Fid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If Yes, Fid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If Yes, Fid the organization receive a payment in excess of 575 made party as a contribution and party for year				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  3 It at least one is reported on line 2a, did the organization lite all required federal employment tax returns?  3 It at least one is reported on line 2a, did the organization lite all required federal employment tax returns?  3 It at least one is reported on line 2a, did the organization lite all required federal employment tax returns?  3 It at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 It was the organization have unrelated business gross income of \$1,000 or more during the year?  3 It yes, has if filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0.  4 At any time during the calendary year, did the organization was an interest in, or a signature or other authority over, a financial account in a foreign country: Implementation of the organization aparty to a prohibited tax sheller transaction, at any time during the tax year?  5 If "Yes," the transaction aparty to a prohibited tax shelter transaction at any time during the tax year?  5 If "Yes," do the organization have armual gross receipts that are normally greater than \$100,000, and did the organization shell end organization file form 8886-T?  5 Do be the organization have armual gross receipts that are normally greater than \$100,000, and did the organization shell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 300, and services provided to the payor?  5 If "Yes," indicate the number of Forms 8282 filed during the year  9 If the organization shell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8898 as required?  10 If	1a	· · · · · · · · · · · · · · · · · · ·			
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  Statements, filed for the calendar year ending with or within the year covered by this return  I statements, filed for the calendar year ending with or within the year covered by this return  I the sum of lines to and 2a is greater than 250, you may be required to e-file (see instructions)  I if Yes, Fish as filed a Form 990-T for this year? If *No* to line 3b, provide an explanation in Schedule O  At a Nature 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; ▶  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  B Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8868-T?  B Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every selicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  Organizations that may receive deductible contributions under section 170(c).  Id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  Organization received a contribution of qualified intellectual property, did the organization floor the year.  I have prevent the organization of the year payment in excess of \$75 made partly as a contribution and partly for year.  I have organization seewed to contribution of a soft weiches, did he organization the contribution of as a roth eveletics, did he organization contrib		· · · · · · · · · · · · · · · · · · ·			
2a 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 1 to the state of the s	С				
Statements, filed for the calendar year ending with or within the year covered by this return	•		1c	~	
b 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 1a and 2a is greater than 250, you may be required to e-file (see instructions)  1 bid the organization have unrelated business gross income of \$1,000 or more during the year?  2 b If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation in Schedule O.  3 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountil?)  4 b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountil?  5 be instructions for filing requirements for from TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 c See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 b Organizations that may receive deductible contributions under section 170(c).  8 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 c Jif the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  8 Jif If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Jif the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flem 182 as equivalent to the orga	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Lif "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account in a foreign country: ► 5 See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Lif "Yes" of the Saor 5b, did the organization that it was or is a party to a prohibited tax shelter transaction of the "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 as charitable contributions? 6 Lif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  9 Lif "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  10 Lif the organization selective any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 Life organization received a contribution of underly, to pay premiums on a personal benefit contract? 12 Life organization received a contribution of underly to principate the group and the organization received a contribution of underly to principate the group and the organization received and contribution of underly to pri					
3a	b		2b	~	
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account)?.  b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes" to line So or Sb. did the organization the Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Did the organization netry the donor of the value of the goods or services provided?  7 Did the organization of the payor?  9 Did the organization of the save and the save and the save required to file Form 8282?  10 If "Yes," indicate the number of Forms 8282 filed during the year  10 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C?  12 Trees," indicate the number of Forms 8282 filed during the year?  13 Sponsoring organizations maintaining doror advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year?  13 Sponsoring organizations maintaining doror advise	4a		.		
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If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?   Sponsoring organizations maintaining donor advised funds.   Did the organization make any taxable distributions under section 4966?   9a     Did the organization make a distribution to a donor, donor advisor, or related person?   9b     Did the organization make a distribution included on Part VIII, line 12   10a     Did the organization form 990, Part VIII, line 12, for public use of club facilities   10b     Section 501(c)(2) organizations. Enter:   a Gross income from members or shareholders   11a     B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   11b     12a     Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?     b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b     Section 501(c)(29) qualified nonprofit health insurance issuers.   13a     Section 501(c)(29) qualified nonprofit health insurance issuers.   13a     Section 501(c)(29) qualified nonprofit health insurance issuers.   13b     C Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   13c     Did the organization receive any payments for indoor tanning services during the tax year?   14a   V	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  C Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a   V	g		7g		
organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders.  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  C Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a  V			7h		
organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12	8				
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?					
a Did the organization make any taxable distributions under section 4966?	_		8		
b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12					
Initiation fees and capital contributions included on Part VIII, line 12		· ·			
a Initiation fees and capital contributions included on Part VIII, line 12			ab		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders . 11a  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . 11b  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? . 13a  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders	_	•			
a Gross income from members or shareholders					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year .					
against amounts due or received from them.)	_				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	-	12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?					
a Is the organization licensed to issue qualified health plans in more than one state?	13				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а	, , , , , , , , , , , , , , , , , , , ,	13a		
the organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		the organization is licensed to issue qualified health plans			
	С				
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b	14a				~
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . 1b 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 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 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 ~ Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο 10a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . . 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . 15a 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 16a ~ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ► Connecticut Electric Railway Association Inc, (860)623-6540

orm 990 (2013)	Page <b>7</b>
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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . .

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(C)

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

table Estimated amount of ed other compensation from he organization and related organizations
0 0
0 0
0 0
0 0
0 0
0 0
0 0
0 0
0 0
0 0
0 0
0 0

<b>(A)</b> Name and title		(B) Average hours per	box,	k, amood pordon to both an					<b>(E)</b> Reportable compensation		Estir amo			
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatior (W-2/1099-MI		compe fror organ and r	ther ensation the sization related izations	1
1b c d	Sub-total	VII, Sectio						<b>&gt; &gt; &gt;</b>	0		0			0
2	Total number of individuals (including bur reportable compensation from the organ	t not limited	l to th					e) w	ho received mo	ore than \$10	0,000	of		
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete									-	sated	3	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re	oortal	ble	com	per	nsatio	n a	and other comp	ensation fro		,		•
5	Did any person listed on line 1a receive of													V
Section	for services rendered to the organization on B. Independent Contractors	? If Yes, C	ompi	ete	SCI	ieat	ile J T	or s	sucn person	<u> </u>	•	5		/
1	Complete this table for your five highest compensation from the organization. Repyear.													āХ
	(A) Name and business add	dress							(B) Description of s	ervices	(	(C) Compensa	ation	
2	Total number of independent contractor received more than \$100,000 of compensations.							th	nose listed abo	ove) who				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

# Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to	any line in this	Part VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	22,140				
	С	Fundraising events 1c	0				
	d	Related organizations 1d	0				
s, C imil	е	Government grants (contributions) 1e	0				
ion r S	f	All other contributions, gifts, grants,					
ibut		and similar amounts not included above 1f	48,345				
ntri d O	g	Noncash contributions included in lines 1a-1f: \$	0				
Co an	h	Total. Add lines 1a-1f	🕨	70,485			
Program Service Revenue			Business Code				
ever	2a	Youth Rails to Dark Side Rides & Exibit	712110	62,785	62,785	0	0
e Re	b	Winterfest Seasonal Rides & Exibits	712110	55,893	55,893	0	0
Zi	С	Collection View, Ride, Education	712110	37,428	37,428	0	0
Se	d	Children Pumpkin Patch Ride & Exibit	712110	17,685	17,685	0	0
ram	e	Charters & Parties for Education & Ente	712110	13,300	13,300	0	0
rog	f	All other program service revenue.		13,432	13,432	0	0
	<u>g</u> 3	<b>Total.</b> Add lines 2a–2f		200,523			
	3	and other similar amounts)		F20	F20		0
	4	Income from investment of tax-exempt bo		538	538	0	0
	5	Royalties	· •	0	0	0	0
		(i) Real	(ii) Personal	Ü	J		
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)	0				
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	b	assets other than inventory Less: cost or other basis					
	С	and sales expenses .  Gain or (loss) 0	0				
	d	Net gain or (loss)	▶				
enne	8a	Gross income from fundraising events (not including \$ 0					
Other Revenu		of contributions reported on line 1c). See Part IV, line 18 a					
the	b	Less: direct expenses b					
O		Net income or (loss) from fundraising e	events . ►				
		Gross income from gaming activities.  See Part IV, line 19					
	b	Less: direct expenses b					
		Net income or (loss) from gaming active	/ities ▶				
	10a	Gross sales of inventory, less					
		returns and allowances a	25,240				
	b	Less: cost of goods sold b	12,637				
	С	Net income or (loss) from sales of inve	ntory 🕨	12,603	12,603	0	0
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	C						
	d	All other revenue					
	e	Total Add lines 11a–11d		0			
	12	<b>Total revenue.</b> See instructions	🟲	284,149	213,664	0	0

#### 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). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service **(D)** Fundraising Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV. line 21 0 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . 0 0 3 Grants and other assistance to governments, organizations, and individuals outside the United States, See Part IV, lines 15 and 16 . . . 0 0 Benefits paid to or for members . . . . 0 0 5 Compensation of current officers, directors, trustees, and key employees . . . . . 1,008 O 1,008 0 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 O O 0 Other salaries and wages 7 0 51,681 51,681 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 O 0 0 Other employee benefits . . . . . . 9 1.508 1,508 0 0 10 Payroll taxes . . . . . . . . . . . . 0 4,642 4,642 0 11 Fees for services (non-employees): Management . . . . . . . . . . . . 0 0 0 0 Legal . . . . . . . . . . . . . . 0 0 0 0 Accounting . . . . . . . . . . . . 0 0 0 0 Lobbying . . . . . . . . . . . 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees . . . . . 0 0 0 f 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 0 O 0 0 12 Advertising and promotion . . . . . . 13.705 13.705 0 0 13 Office expenses . . . . . . . . 14,053 11,509 2,544 0 14 Information technology . . . . . . 0 0 0 O 15 0 0 0 0 Occupancy . . . . . . . . . . . . 61,792 16 68,658 6,866 0 17 0 0 O 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 0 19 Conferences, conventions, and meetings . 0 0 0 0 20 15,709 15.709 0 0 21 Payments to affiliates . . . . . 0 0 0 22 Depreciation, depletion, and amortization . 54.825 54,825 0 0 23 10,288 0 10,288 0 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Visitor Experiance & Event Related 29,958 29,958 0 а 0 Restoration & Repairs -Trolleys & rollin b 26,904 26,904 0 0 C d All other expenses е **Total functional expenses.** Add lines 1 through 24e 25 292,939 282,521 10,418 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  $\blacktriangleright$   $\square$  if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	11,543	1	13,060
	2	Savings and temporary cash investments	172,758		196,338
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
ıts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
ğ	8	Inventories for sale or use	9,861	8	9,836
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 2,377,128			
	b	Less: accumulated depreciation 10b 1,063,291	1,353,654		1,313,837
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	436,017		436,017
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,983,833		1,969,088
	17	Accounts payable and accrued expenses	4,181		2,676
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L	0		0
_	23	Secured mortgages and notes payable to unrelated third parties	290,274		285,824
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	٥-	
	00			25	
_	26	Total liabilities. Add lines 17 through 25	294,455	26	288,500
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	1,566,773	27	1,554,667
3al	28	Temporarily restricted net assets	122,605		125,921
d E	29	Permanently restricted net assets	0		0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
ř		complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
let	33	Total net assets or fund balances	1,689,378	33	1,680,588
_	34	Total liabilities and net assets/fund balances	1,983,833		1,969,088

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Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		28	34,149
2	Total expenses (must equal Part IX, column (A), line 25)	2		29	2,939
3	Revenue less expenses. Subtract line 2 from line 1	3			-8,790
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,68	39,378
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,68	30,588
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\perp \sqcup$
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		<u>.                                    </u>		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain	in		
_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			1	~
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	piiea	or		
	Separate basis Consolidated basis Both consolidated and separate basis		Oh		<b>"</b>
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit		. 2b		
	separate basis, consolidated basis, or both:	au on	a		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versia	ht		
C	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.	(piuii i	""		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
Ju	the Single Audit Act and OMB Circular A-133?		3a	,	<b>/</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	erao ti		+	+
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			,	
				QQ(	(0010)

Form **990** (2013)

### 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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization							Employer id	dentificatio	n number		
CONNECTICUT ELECTR									70002		
		<b>rity Status</b> (All orga			-			instruction	ons.		
The organization is not <b>1</b> A church, con	•	ation because it is: (Fo hes, or association of		-		-	,	i).			
2 A school desc	ribed in <b>section</b>	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3 A hospital or a	cooperative ho	spital service organiza	ation desc	cribed in s	section '	170(b)(1)	(A)(iii).				
4 A medical rese	earch organization	on operated in conjun	ction with	a hospit	al descri	bed in <b>se</b>	ection 17	0(b)(1)(A)	(iii). Ente	er the	
hospital's nam	ne, city, and stat	e:									
	on operated for <b>)(1)(A)(iv).</b> (Com	the benefit of a colle- plete Part II.)	ge or uni	versity ov	wned or	operated	l by a go	vernmen	tal unit o	describ	oed in
7 An organization	n that normally	nment or government receives a substantia I(A)(vi). (Complete Par	al part of				, , , , ,	nit or fror	n the ge	neral	public
		n <b>section 170(b)(1)(A</b>		nnlete Pa	rt II )						
9 An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt functent income and unreufter June 30, 1975. See	an 33¹/₃% ions−sul lated bus	of its subject to desiness tax	upport fro certain e xable ind	xceptions come (les	s, and (2) ss sectio	) no more	e than 3	31/3%	of its
10 An organization	n organized and	d operated exclusively	to test fo	r public s	safety. Se	ee <b>sectio</b>	n 509(a)	(4).			
purposes of o	one or more pub	nd operated exclusive blicly supported organ describes the type of	nizations	described	d in sect	ion 509(a	a)(1) or so	ection 50	9(a)(2). S		
a 🗌 Type I	<b>b</b> Type	II c ☐ Type II	I-Functio	nally integ	grated	d 🗌	Type III-l	Non-funct	tionally i	ntegra	ted
	indation manage	that the organization ers and other than one									
		a vyvittan datavnajnatio	on from t	the IDC t	hat it ia	a Tuna	I Tuno	II or Tur	م الل	nnorti	
_		a written determinatio	וווטווו ווכ	ille ino i	וומנ ונ וא	а туре	i, Type	ii, or Typ	Je III Su	pportii	ilg
,	17, 2006, has t	he organization acce	pted any	gift or co	ontributio	n from a	any of the				· Ц
= :		ndirectly controls, eitl	har alona	or toget	har with	nareone	describe	d in (ii) a	nd	Yes	No
		ody of the supported									110
			_								
• • •	•	on described in (i) abo							11g(i	1	
	•	a person described in	., .,						11g(ii	1)	
		ion about the support		. ,			1				
(ii) Name of supported organization organization organization  (iii) EIN  (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))  (iv) Is the organization in col. (i) listed in your governing document? (col. (i) of you support?			nization in of your	n in organization in col.		(vii) Amou	unt of mo	onetary			
			Yes	No	Yes	No	Yes	No			
(A)											
(B)											
(C)											
(D)											
(E)											
( <b>-</b> )											

Part II

	(Complete only if you checked the Part III. If the organization fails to				-	•	alify under
Secti	on A. Public Support	quality arrac	51 1110 10010 110	tod Bolow, p	ioacc comple	no r art iii.j	
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)					()
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		0.0010		4 10 20 40		
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	<b>(f)</b> 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 12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc. <b>First five years.</b> If the Form 990 is for the	e organizatior	n's first, secon	d, third, fourth			
	organization, check this box and stop her	e					▶ □
	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2013 (line 6 Public support percentage from 2012 Sch 331/3% support test—2013. If the organiz	edule A, Part	II, line 14 .			14 15 /3% or more, cl	% neck this
	box and <b>stop here.</b> The organization qual	-		-			. ▶ □
b	331/3% support test—2012. If the organicheck this box and stop here. The organic					15 is 33 <sup>1</sup> / <sub>3</sub> %	or more, . ► □
17a	<b>10%-facts-and-circumstances test—20</b> 10% or more, and if the organization meet Part IV how the organization meets the "fa organization	ets the "facts-	and-circumsta	nces" test, che	eck this box an	id <b>stop here.</b> E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization	ion meets the eets the "facts	facts-and-ci	rcumstances" tances" test. T	test, check th	is box and <b>st</b>	op here.
18	Private foundation. If the organization did	d not check a	box on line 13,	16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

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

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

Secti	on A. Public Support			, , ,	<b>1</b>	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	50,444	36,097	76,094	52,504	63,117	278,256
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	150,785	161,169	160,141	167,248	213,126	852,469
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	87	6,277	6,291	28,678	1,288	42,621
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	201,316	203,543	242,526	248,430	277,531	1,173,346
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0	0	0	0
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	0	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
<del></del>	line 6.)						1,173,346
	on B. Total Support				( 0 00 10		
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total
9	Amounts from line 6	201,316	203,543	242,526	248,430	277,531	1,173,346
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.					0	0
	•		0			0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975		0	0	0	0	0
С	Add lines 10a and 10b	0	0	0	0	0	0 0
11	Net income from unrelated business	0	U	0	U	U	
••	activities not included in line 10b, whether						
	or not the business is regularly carried on		0	0	0	0	0
12	Other income. Do not include gain or		Ū	J	J	-	
	loss from the sale of capital assets						
	(Explain in Part IV.)	o	0	o	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	201,316	203,543	242,526	248,430	277,531	1,173,346
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her	re					▶ □
Secti	on C. Computation of Public Suppor	t Percentage	Э				
15	Public support percentage for 2013 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	100 %
16	Public support percentage from 2012 Sch	nedule A, Part I	II, line 15 .			16	100 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2013 (	line 10c, colum	n (f) divided by	y line 13, colun	nn (f))	17	0 %
18	Investment income percentage from 2012					18	0 %
19a	331/3% support tests-2013. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2012. If the organize						
	line 18 is not more than 331/3%, check this b	_	_				_
20	Private foundation. If the organization die	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗌

chedule A (I	edule A (Form 990 or 990-EZ) 2013				
Part IV					

#### 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number Name of the organization CONNECTICUT ELECTRIC RAILWAY ASSOCIATION INCORPORATED 06-6070002 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . 2 Aggregate contributions to (during year). 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

	Using the organizations Maintaining Collection items (check all that apply):  Public exhibition  Scholarly research  Preservation for future generations Provide a description of the organizati XIII.	accession, and oth	ner records, cheo				
a b c	Using the organization's acquisition, a collection items (check all that apply):  Public exhibition Scholarly research Preservation for future generations Provide a description of the organizati	accession, and oth	ner records, cheo				
b	Scholarly research Preservation for future generations Provide a description of the organizati						
С	Scholarly research Preservation for future generations Provide a description of the organizati			or exchange	e progra	ams	
	☐ Preservation for future generations Provide a description of the organizati		e   Othe				
	Provide a description of the organizati		_				
		ion's collections a	nd explain how	hey further t	he orga	anization's exem	pt purpose in Part
5	During the year, did the organization sassets to be sold to raise funds rather						□ Yes □ No
Part	IV Escrow and Custodial Arra	ngements.					
	Complete if the organization 990, Part X, line 21.	answered "Yes"	to Form 990, F	Part IV, line	9, or re	eported an amo	ount on Form
1a	Is the organization an agent, trustee,	custodian or othe	ar intermedian, f	or contribution	one or	other assets not	•
ıa	included on Form 990, Part X?						□ Yes □ No
b	If "Yes," explain the arrangement in Pa						
b	ii res, explain the arrangement iiri a	irt Ain and comple	te the following t	abie.		An	nount
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amoun						☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa				orovide	d in Part XIII .	$\square$
Part	V Endowment Funds.						
	Complete if the organization	answered "Yes"	to Form 990, F	Part IV, line			
		(a) Current year	(b) Prior year	(c) Two years	back (	(d) Three years back	(e) Four years back
1a	Beginning of year balance	4,142	3,749		2,539	0	0
b	Contributions	1,460	350		1,170	2,530	0
С	Net investment earnings, gains, and						
	losses	47	43		40	9	0
	Grants or scholarships	0			0	0	0
е	Other expenditures for facilities and						
_	programs	0	C	+	0	0	
f	Administrative expenses	0	C		0	0	
g	End of year balance	5,649	4,142		3,749	2,539	0
2	Provide the estimated percentage of the	=		g, column (a))	) neid as	S:	
a b	Board designated or quasi-endowmen Permanent endowment ▶	t ►100 0 %	_ 70				
C	Temporarily restricted endowment	0 %					
C	The percentages in lines 2a, 2b, and 2c		1%				
3a	Are there endowment funds not in the organization by:			at are held a	and adm	ninistered for the	
	(i) unrelated organizations						Yes No
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(ii), are the related organizations						3b
4	Describe in Part XIII the intended uses						OD
Part							
	Complete if the organization		to Form 990. F	Part IV. line	11a. S	ee Form 990. F	art X. line 10.
	Description of property	(a) Cost or oth	er basis (b) Cost	or other basis other)	(c) A	ccumulated	(d) Book value
1a			10,000	0			10,000
b	Buildings	2	,029,619	0		751,863	1,277,756
c	Leasehold improvements		10,221	0		10,221	0

150,559

176,729

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

5,366

20,715

1,313,837

145,193

156,014

. . ▶

0

0

	(a) Description of security or categor	ry	(b) Book value		od of valuation:
	(including name of security)			Cost or end-	of-year market value
•	derivatives				
	neld equity interests				
Other					
(A) 					
(B) (C)					
(D)					
(E)					
(F)					
. <u>.`.´</u> (G)					
<u>`</u> (H)					
tal. (Column (	(b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments-Program Relate		•		
	Complete if the organization and		m 990, Part IV, line	11c. See Form 9	90, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Meth	od of valuation:
				Cost or end-	of-year market value
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
1-1 (O-1	(b)				
	(b) must equal Form 990, Part X, col. (B) line 13.)				
otal. (Column ( Part IX	Other Assets.		om 000 Part IV line	11d Coo Form (	200 Dort V line 15
	Other Assets. Complete if the organization and	swered "Yes" to For	m 990, Part IV, line	11d. See Form 9	
Part IX	Other Assets. Complete if the organization ans		m 990, Part IV, line	11d. See Form 9	(b) Book value
Part IX  1) Art Wor	Other Assets. Complete if the organization ans	swered "Yes" to For	m 990, Part IV, line	11d. See Form 9	(b) Book value
Part IX  1) Art Wor 2) Contrib	Other Assets. Complete if the organization ans ks Collection uted Information Systems	swered "Yes" to For	m 990, Part IV, line	11d. See Form 9	(b) Book value 7,8 10,0
Part IX  (1) Art Wor  (2) Contrib  (3) Perman	Other Assets. Complete if the organization ans	swered "Yes" to For	m 990, Part IV, line	11d. See Form 9	(b) Book value 7,8 10,0
1) Art Wor 2) Contrib 3) Perman 4)	Other Assets. Complete if the organization ans ks Collection uted Information Systems	swered "Yes" to For	m 990, Part IV, line	11d. See Form 9	(b) Book value 7,8 10,0
1) Art Wor 2) Contrib 3) Perman 4) 5)	Other Assets. Complete if the organization ans ks Collection uted Information Systems	swered "Yes" to For	m 990, Part IV, line	11d. See Form 9	(b) Book value 7,8 10,0
1) Art Wor 2) Contrib 3) Perman 4) 5)	Other Assets. Complete if the organization ans ks Collection uted Information Systems	swered "Yes" to For	m 990, Part IV, line	11d. See Form 9	(b) Book value 7,8 10,0
Part IX  1) Art Wor 2) Contrib 3) Perman 4) 5) 6) 7)	Other Assets. Complete if the organization ans ks Collection uted Information Systems	swered "Yes" to For	m 990, Part IV, line	11d. See Form 9	(b) Book value 7,8 10,0
1) Art Wor 2) Contrib 3) Perman 4) 5) 6) 7)	Other Assets. Complete if the organization ans ks Collection uted Information Systems	swered "Yes" to For	m 990, Part IV, line	11d. See Form 9	(b) Book value 7,8 10,0
1) Art Wor 2) Contrib 3) Perman 4) 5) 6) 7) 8)	Other Assets. Complete if the organization ans ks Collection uted Information Systems	swered "Yes" to For	m 990, Part IV, line	11d. See Form 9	(b) Book value 7,8 10,0 418,1
Part IX  1) Art Wor 2) Contrib 3) Perman 4) 5) 6) 77 8) 9) otal. (Colu	Other Assets. Complete if the organization ans ks Collection uted Information Systems ent Collection	swered "Yes" to For			(b) Book value 7,8 10,0 418,1
Part IX  1) Art Wor 2) Contrib 3) Perman 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization ans ks Collection uted Information Systems ent Collection  mn (b) must equal Form 990, Part X, or	swered "Yes" to For (a) Description  col. (B) line 15.)		•	(b) Book value 7,8 10,0 418,1
1) Art Wor 2) Contrib 3) Perman 4) 5) 6) 7) 8)	Other Assets. Complete if the organization ans ks Collection uted Information Systems ent Collection  mn (b) must equal Form 990, Part X, or Other Liabilities.	swered "Yes" to For (a) Description  col. (B) line 15.)		•	(b) Book value 7,8 10,0 418,1
1) Art Wor 2) Contrib 3) Perman 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization ans ks Collection uted Information Systems ent Collection  mn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	swered "Yes" to For (a) Description  col. (B) line 15.)		•	(b) Book value 7,8 10,0 418,1
1) Art Wor 2) Contrib 3) Perman 4) 5) 6) 7) 8) 9) otal. (Colu Part X	Other Assets. Complete if the organization ans ks Collection uted Information Systems ent Collection  mn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.	swered "Yes" to For (a) Description  col. (B) line 15.)		•	(b) Book value 7,8 10,0 418,1
1) Art Wor 2) Contrib 3) Perman 4) 5) 6) 7) 8) 9) otal. (Colu Part X	Other Assets. Complete if the organization ans ks Collection uted Information Systems ent Collection  mn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	swered "Yes" to For (a) Description  col. (B) line 15.)		•	(b) Book value 7,8 10,0 418,1
1) Art Wor 2) Contrib 3) Perman 4) 5) 6) 7) 8) 9) otal. (Colu Part X	Other Assets. Complete if the organization ans ks Collection uted Information Systems ent Collection  mn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	swered "Yes" to For (a) Description  col. (B) line 15.)		•	(b) Book value 7,8 10,0 418,1
1) Art Wor 2) Contrib 3) Perman 4) 5) 6) 7) 8) 9) otal. (Colu Part X	Other Assets. Complete if the organization ans ks Collection uted Information Systems ent Collection  mn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	swered "Yes" to For (a) Description  col. (B) line 15.)		•	(b) Book value 7,8 10,0 418,1
Part IX  1) Art Wor 2) Contrib 3) Perman 4) 5) 6) 7) 8) 9) otal. (Colu Part X  1) Federal in 2) 3) 4)	Other Assets. Complete if the organization ans ks Collection uted Information Systems ent Collection  mn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	swered "Yes" to For (a) Description  col. (B) line 15.)		•	(b) Book value 7,8 10,0 418,1
1) Art Wor 2) Contrib 3) Perman 4) 5) 6) 7) 8) 9) otal. (Colu Part X 1) Federal in 2) 3) 4) 5) 6)	Other Assets. Complete if the organization ans ks Collection uted Information Systems ent Collection  mn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	swered "Yes" to For (a) Description  col. (B) line 15.)		•	(b) Book value 7,8 10,0 418,1
1) Art Wor 2) Contrib 3) Perman 4) 5) 6) 7) 8) 9) otal. (Colu Part X 1) Federal in 2) 3) 4) 5) 6) 77	Other Assets. Complete if the organization ans ks Collection uted Information Systems ent Collection  mn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	swered "Yes" to For (a) Description  col. (B) line 15.)		•	(b) Book value 7,8 10,0 418,1
1) Art Wor 2) Contrib 3) Perman 4) 5) 6) 7) 8) 9) otal. (Colu Part X 1) Federal in 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization ans ks Collection uted Information Systems ent Collection  mn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	swered "Yes" to For (a) Description  col. (B) line 15.)		•	(b) Book value 7,8 10,0 418,1
1) Art Wor 2) Contrib 3) Perman 4) 5) 6) 7) 8) 9) otal. (Colu Part X 1) Federal in 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization ans ks Collection uted Information Systems ent Collection  mn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	col. (B) line 15.)  swered "Yes" to For  (b) Book value		•	(b) Book value 7,8 10,0 418,1

Schedule D (Form 990) 2013 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . Amounts included on line 1 but not on Form 990. Part VIII, line 12: 2 2a Donated services and use of facilities h Recoveries of prior year grants . . . . Other (Describe in Part XIII.) . . . . . Add lines 2a through 2d . . . . . . . . . 2e Subtract line **2e** from line **1** . . . . . . . 3 3 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 2b Prior year adjustments Other losses . . . . . . . . . . . . 2c Other (Describe in Part XIII.) . . . . . . . . . Add lines 2a through 2d . . . 2e 3 Subtract line **2e** from line **1** . . . . . . . . . 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 5 Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D, Part V, Line 4 - Restoration of Trolleys

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization	Employer identification number
CONNECTICUT ELECTRIC RAILWAY ASSOCIATION INCORPORATED	06-6070002
Form 990, Part VI, Section A, Line 6 - CERA has no stockholders and has Voting Members that meet a	l least annually each year.
Form 990, Part VI, Section A, Line 7a - CERA Members vote annually for approximately 1/3 of the Boar	
of the resignation or death of a member of the Board during his/her term, the Board may appoint a rep	lacement to fill the remaining term.
Form 990, Part VI, Section A, Line 7b - Members approve the actions of the Board of Directors and Off	icers at the Annual Meeting.
Form 990, Part VI, Section A, Line 8b - All Committees are advisory in nature and require BOD action.	
Form 990, Part VI, Section B, Line 11b - The Board of Directors reviews the information furnished by the	
Accountant at the January Board of Directors Meeting. Any changes to the accounting records are rev	
as they are made. A draft IRS 990 is prepared and sent to each Board member. At the next Board meet	
and approved. At the Annual Meeting the members approve the action of the Board of Directors included and approved the Annual Meeting the members approve the action of the Board of Directors included and approved the Annual Meeting the members approve the action of the Board of Directors included and approved the Annual Meeting the members approve the action of the Board of Directors included and approved the Annual Meeting the members approve the action of the Board of Directors included and approved the Annual Meeting the members approved the Annual Meeting the Meeting the Meeting the Annual Meeting the Meeting the Meeting the Annual Meeting the Meeting th	ding the final IRS 990.
F 200 D VI. C	
Form 990, Part VI, Section C, Line 19 - All documents are available upon written request to the Corpor	
placed on the CERA website (www.ct-trolley.org) and are also available at the CERA Visitor Center. The	le final IRS 990 is also available on
the Guide Star website.	