ef	ile G	RAPHIC print	- DO NOT PROCESS	As Filed Data -			DLN:	: 93492135006457			
				Short F	orm			OMB No 1545-1150			
	a	コロードフ	Return of O			m Income 1	Гах				
Form 990-E2								2016			
2			Under section 501(c), 527	or 4947(a)(1) of the Inte	ernal Revenue Co	de (except private fo	undations)	2010			
			▶ Do not enter se	ocial security numbers o	n this form as it	t may be made publ	ic.	Open to Bublic			
Dep	artment	of the Treasury	► Information abo	ut Form 990-EZ and it	s instructions i	is at <u>www.irs.gov</u> ,	<u>/form990</u> .	Open to Public Inspection			
		enue Service						Inspection			
			ar year, or tax year begin	ning 01-01-2016	, and endi	ng 12-31-2016	n				
		f applicable s change	C Name of organization OKLAHOMA RAILROAD ASSOC	IATION INC			D Employe	Employer identification number			
	<b>N</b> ame c	hange	Number and street (or P. O. b	ox if mail is not delivered to	street address) Ro	nom/suite		73-1393761 Telephone number			
	initial re		PO BOX 722134	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 722134				·			
_		turn/terminated . ed return	City or town, state or provinc	e, country, and ZIP or foreign	n postal code		(	(405) 850-6657			
_		ion pending	NORMAN, OK 73070 FO					Group Exemption Number ▶			
G A	.ccoun	ting Method 🗆	Cash ☑ Accrual Other (s	pecify) ►				organization is <b>not</b>			
							to attach \$ 90. 990-EZ	Schedule B I, or 990-PF)			
		e: ► <u>N/A</u>				. [ `	,	,			
J Ta	x-exe	mpt status(check	only one) - ☐ 501(c)(3) ☑ 501(	c)( 6) <b>◄</b> (insert no ) ☐ 4947	7(a)(1) or 🔲 527						
K F	orm of	organization 🗆	Corporation 🗆 Trust 🗆 As	sociation 🛮 Other							
			to line 9 to determine gros								
			e Form 990 instead of Form								
P	art I	Revenue, Check if the	<b>Expenses, and Change</b> organization used Schedule	es in Net Assets or F O to respond to any que	<b>Fund Balance</b> stion in this Part	<b>:S</b> (see the instruction	ons for Part	: I) 			
	1		gifts, grants, and similar ame				1				
	2		e revenue including governm				2				
	3	-	es and assessments				3	150,283			
	4		ome				4	706			
	5a	Gross amount f	rom sale of assets other tha	n inventory	5a						
	b		ther basis and sales expense	,	5b		0				
	С	Gain or (loss) fr	rom sale of assets other that	n inventory (Subtract line	= 5b from line 5a	a)					
	6	Gaming and fur	ndraising events								
잌	а	Gross income fr	rom gamıng (attach Schedul	e G ıf greater than \$15,0	00) <b>  6a  </b>						
Revenue	b	Gross income fr	rom fundraising events (not	ıncludına ¢	of contri	butions from	_				
S S			ents reported on line 1) (atta		or contri	bations from					
		sum of such gro	oss income and contributions	exceeds \$15,000) .	. 6ь		0				
	С	Less direct exp	penses from gaming and fun	draising events	. 6с		0				
	d	Net income or (	(loss) from gaming and fund	raising events (add lines	6a and 6b and s	subtract line 6c)	6d				
	7a	Gross sales of I	nventory, less returns and a	llowances	.   7a						
	b	Less cost of go	oods sold		. 7b		0				
	c	Gross profit or	(loss) from sales of inventor	y (Subtract line 7b from	line 7a)		7c				
	8	Other revenue	(describe in Schedule O)				8				
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d	, 7c, and 8			9	150,989			
	10	Grants and sim	ılar amounts paıd (lıst ın Sch	redule O)			10				
Expenses	11	Benefits paid to	or for members				11				
	12	Salaries, other	compensation, and employe	e benefits			12	130,403			
	13	Professional fee	es and other payments to inc	lependent contractors .			13	500			
	14	Occupancy, ren	t, utilities, and maintenance				14				
	15	Printing, publica	ations, postage, and shipping				15				
	16	Other expenses	(describe in Schedule O)				16	24,417			
	17	Total expense	s. Add lines 10 through 16				▶ 17	155,320			
ا ۾	18	Excess or (defic	cit) for the year (Subtract lin	e 17 from line 9)			18	-4,331			
105	19	Net assets or fu	and balances at beginning of	year (from line 27, colur	mn (A)) (must a	gree with					
NetAssets		end-of-year figi	ure reported on prior year's	return) .			19	66,140			
ž	20	_	in net assets or fund balance	, ,	•		20				
	21		and balances at end of year		h 20 .		21	61,809			
For	Pape	rwork Reduction	on Act Notice, see the sep	arate instructions.		Cat No 10642I		Form <b>990-EZ</b> (2016)			

orm 990-E∠	(2016)					Page 2
Part II	Balance Sheets (see the instructions		westion in this Dart	TT		П
	Check if the organization used Schedule	O to respond to any q		II	<del></del>	
<b>22</b> Cash, sav	rings, and investments			65,98	1 22	60,461
	buildings			·	23	
<b>24</b> Other ass	sets (describe in Schedule O)			159	24	1,348
	sets			66,140	+	61,809
	bilities (describe in Schedule O)				26	64.000
27 Net asse Part IIII	ets or fund balances (line 27 of column Statement of Program Service A			66,140	) <b>27</b>	Expenses
Pail III	Check if the organization used Schedule	•		•		Required for section 501(c)
	rganization's primary exempt purpose?					i) and 501(c)(4) ganizations, optional for
Describe the measured by	TION OF RAILROAD INDUSTRY  organization's program service accomplis expenses In a clear and concise manne d other relevant information for each pro	r, describe the service				hers)
28	·	9. 4				
See Addition	al Data Table					
				. $\Box$		
Grants \$ ) <b>29</b>	If this amoun	t ıncludes foreıgn gran	ts, check here .	▶ ⊔	28a	
29					29.	
Grants \$ )	If this amount	t ıncludes foreign gran	ts check here	▶ □		
30	Ir this amount	- Includes foreign gran	is, check fiere	, .	30	2
50					30,	
Grants \$ )	If this amoun	t ıncludes foreign gran	ts check here .	▶ □		
	gram services (describe in Schedule O)		-	, _		
Grants \$ )		· · · · · · · · t t ıncludes foreıgn gran		• 🗀	31	
· · ·	ogram service expenses (add lines 28a				32	
Part IV	List of Officers, Directors, Trustees,	and Key Employees	(list each one even if r	ot compensated — see th	e instr	uctions for Part IV)
	Check if the organization used Schedule	O to respond to any q	uestion in this Part	IV	•	🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not pai enter -0-)	9- benefit plans,	mploy and	ee of other compensation
KEVIN MCIN	rosh	3 00	,	0		
/ice-Chairma	an					
BRANDON M	ORRIS	3 00		0		
Chairman						
	IER PETERSON	50 00	130,4	-03		
Executive Dir	rec					
-Accustro Di						

Page	3
	_

FC	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V			
	monatorio i si i care i primera i i care di gamenatori accare consciunte di care any que concerni ano i ano i i	<u> </u>	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	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 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		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
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		No
c	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a			
Ь	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
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 39b 0			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ 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		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e 41	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	40e		No
	The organization's books are in care of ▶ OKLAHOMA RAILROAD ASSOCINC  Telephone no ▶ (	405) 8	50-665	7
720		7307		_
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
	minimical account in a foreign country (such as a bank account, securities account, or other financial account).	42b		No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			<u> </u>
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
	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		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d		NI -
4F-	explanation in Schedule O	440 45a		No
				No
45D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

Form	990-E	Z (2016)								Page 4
							_		Yes	No
46		ne organization engage, directly or indirec dates for public office? If "Yes," complete						46		N-
Pari	t VI	Section 501(c)(3) organization						46		No
· ai		All section 501(c)(3) organizations	must answer quest	ions 47-49b an	d 52, and	complete the t	ables	for lin	es 50	and 51
		Check if the organization used Schedule	O to respond to any o	question in this Pa	rt VI			· · ·	 Yes	□ No
					55 · ·		Γ			
47		ne organization engage in lobbying activiti s," complete Schedule C, Part II		01(h) election in e			.	47		
48	Is the	e organization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete	e Schedule I	Ε .	. [	48		
49a	Did th	ne organization make any transfers to an	exempt non-charitable	related organizat	tion?		.	49a		
Ь	If "Ye	es," was the related organization a section	527 organization? .				.	49b		
50	Comp	olete this table for the organization's five h	nighest compensated e	employees (other t	than officers	s, directors, trust	∟ tees an	d key	employ	ees)
	who e	each received more than \$100,000 of com	pensation from the or	ganization If ther	re is none, e	nter "None "				
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/10	on conti	<b>d)</b> Health benefit ributions to empl penefit plans, and	loyee o			amount ensation
			devoted to position	MISC)		erred compensa				
NONE										
			<u> </u>							
			100.000							
f		al number of other employees paid over \$						- ¢100	2 000 -	
21		plete this table for the organization's five hensation from the organization. If there is		ndependent contra	actors who	each received mi	ore tha	n şıuı	3,000 6	Г
		(a) Name and business address of e	ach independent contr	actor	(b) T	ype of service	(c) (	Compe	ensation	
NONE										
										—
										_
d	lota	al number of other independent contractor	's each receiving over	\$100,000		•				
52	Did	I the organization complete Schedule A? Name of the schedule A	IOTE. All Section 501(	c)(3) organization	ns must atta	ach a		п.,		
knowl	edge a	lties of perjury, I declare that I have exan and belief, it is true, correct, and complete								
has ai	ny kno	owledge								
		****** 2017-05-15								
Sign Here	_  \		Date							
iicic	•	LORI A KROMER PETERSON Executive Director Type or print name and title	or							
		Print/Type preparer's name JAY FLINTON	Preparer's signature		Date		PTIN P010875	07		
Paic						self-employed				
	oarei Onl	.,	Firm's name ► Jay Flinton CPA Inc Firm's EIN ►					_		
		Firm's address ▶ 9400 N Broadway Externol Oklahoma City, OK 7				Phone no (405)	<del>4</del> /8-959	3		
		Okianoma City, OK 7	J117							
M	h. TDC	discuss this ration with the access	um above2 Ce - ····t	tions				Yes		
·iay t	ile IKS	6 discuss this return with the preparer sho	wii abover See Instruc	LUUIIS				1 es	□ No	7 /2016

## **Additional Data**

**Software ID:** 16000303

**Software Version:** 2016v3.0 **EIN:** 73-1393761

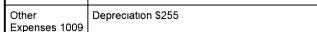
Name: OKLAHOMA RAILROAD ASSOCIATION INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

efile GRAPHIC print - DO NOT PROCESS							
SCHEDULE	O Supplemental Information to Form 990	or 990-F7	OMB No 1545-0047				
(Form 990 or 9 EZ) Department of the Trea	O()- Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional info   Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its   www.irs.gov/form990.	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at					
Internal Revenue form Name of the organ OKLAHOMA RAILROA	tification number						
990 Schedule	O, Supplemental Information	·					
Return Reference	Explanation						
Other Expenses 1002	Office Expenses \$3818						

990 Schedule O, Supplemental Information Return Explanation Reference Other Travel \$1461 Expenses 1005

990 Schedule O, Supplemental Information Return Explanation Reference Depreciation \$255



990 Schedule O, Supplemental Information Return Explanation Reference

Reference

Other ENTERTAINMENT & SPONSORSHIP \$10979
Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other SUBSCRIPTIONS & DUES \$7253
Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference Other MISCELLANEOUS \$651

Expenses 3

Return Explanation

990 Schedule O, Supplemental Information

Assets 1004

Reference
Other Miscellaneous - Beginning \$159 Miscellaneous - Ending \$1348