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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

## 2016

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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**A** For the 2016 calendar year, or tax year beginning **JAN 1, 2017** and ending **JUN 30, 2017**

**B** Check if applicable:

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

**C** Name of organization: **LIGHT RAIL NOW, INC.**

Number and street (or P.O. box, if mail is not delivered to street address): **5101 CLEVELAND STREET, SUITE 202**

Room/suite: \_\_\_\_\_

City or town, state or province, country, and ZIP or foreign postal code: **VIRGINIA BEACH, VA 23462**

**D** Employer identification number: **27-1612714**

**E** Telephone number: **(757) 499-7003**

**F** Group Exemption Number: \_\_\_\_\_

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ **WWW.LIGHTRAILNOWVB.ORG**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( **4** ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 5,000.**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

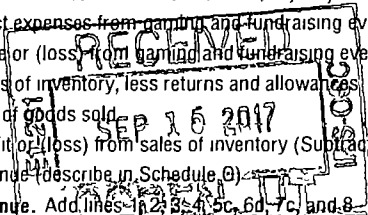
		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received														1	5,000.												
	2	Program service revenue including government fees and contracts														2													
	3	Membership dues and assessments														3													
	4	Investment income														4													
	5a	Gross amount from sale of assets other than inventory														5a													
	5b	Less: cost or other basis and sales expenses														5b													
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)														5c													
	6	Gaming and fundraising events																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)														6a													
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)														6b													
	6c	Less: direct expenses from gaming and fundraising events														6c													
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)														6d													
	7a	Gross sales of inventory, less returns and allowances														7a													
	7b	Less: cost of goods sold														7b													
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)														7c													
	8	Other revenue (describe in Schedule O)														8													
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														9	5,000.												
Expenses	10	Grants and similar amounts paid (list in Schedule O)														10													
	11	Benefits paid to or for members														11													
	12	Salaries, other compensation, and employee benefits														12													
	13	Professional fees and other payments to independent contractors														13	9,338.												
	14	Occupancy, rent, utilities, and maintenance														14													
	15	Printing, publications, postage, and shipping														15													
	16	Other expenses (describe in Schedule O) <b>SEE SCHEDULE O</b>														16	9,326.												
17	<b>Total expenses.</b> Add lines 10 through 16														17	18,664.													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														18	<13,664.>												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														19	13,664.												
	20	Other changes in net assets or fund balances (explain in Schedule O)														20	0.												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														21													

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2016)

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SCANNED SEP 26 2017



**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	13,664.	22	0.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	13,664.	25	0.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,664.	27	0.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	<b>PROVIDING EDUCATION AND OUTREACH ABOUT LIGHT RAIL AS A TRANSPORTATION ALTERNATIVE.</b>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	9,338.
29			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	9,338.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question 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 paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MICHAEL ASCHKENAS TREASURER	2.00	0.	0.	0.
MAY KAY HOROSZEWSKI SECRETARY	2.00	0.	0.	0.
TIMOTHY F. MCCARTHY PRESIDENT	4.00	0.	0.	0.
<del>CAROLYN MCPHERSON</del> <i>Martha Mc Clees</i> EXECUTIVE DIRECTOR	40.00	0.	0.	0.
CHANDLER SCARBOROUGH VICE PRESIDENT	4.00	0.	0.	0.
FRED ADAMS DIRECTOR	1.00	0.	0.	0.
BOB BRUNNER DIRECTOR	1.00	0.	0.	0.
REBECCA BUMP DIRECTOR	1.00	0.	0.	0.
CATHERINE CALLAHAN DIRECTOR	1.00	0.	0.	0.
JAMES CAPPS DIRECTOR	1.00	0.	0.	0.
NANCY CRAFT DIRECTOR	1.00	0.	0.	0.
NANCY CREECH DIRECTOR	1.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b 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
40c 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 sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 2 columns: Yes, No. Row 46: Yes ( ), No (X)

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 2 columns: Yes, No. Rows 47-49b: Yes ( ), No ( )

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: N/A

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows empty.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: Martha McClees, Date: 9-11-17, Type or print name and title: MARTHA MCCLEES, EXECUTIVE DIRECTOR/SECRETARY

Paid Preparer Use Only: Print/Type preparer's name: KURT W. TAVES, Preparer's signature: Kurt W. Taves, Date: 2017.08.31 15:16:06, Check self-employed: [ ], PTIN: P00632226, Firm's name: CHERRY BEKAERT LLP, Firm's EIN: 56-0574444, Firm's address: 222 CENTRAL PARK AVE., STE. 1400 VIRGINIA BEACH, VA 23462, Phone no.: 757-456-2400

May the IRS discuss this return with the preparer shown above? See instructions. Yes (X) No ( )





**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

LIGHT RAIL NOW, INC.

Employer identification number

27-1612714

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

**DESCRIPTION OF OTHER EXPENSES:**

**AMOUNT:**

ADVERTISING

9,326.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ENCOURAGE SUPPORT FOR  
LIGHT RAIL AS PART OF VIRGINIA BEACH'S TRANSPORTATION SOLUTIONS.

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

LIGHT RAIL NOW, INC.

Employer identification number

27-1612714

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ANN CRENSHAW				
DIRECTOR	1.00	0.	0.	0.
MARY CAROLE DAVIS				
DIRECTOR	1.00	0.	0.	0.
STEPHEN J. DAVIS				
DIRECTOR	1.00	0.	0.	0.
ALEX DIVARIS				
DIRECTOR	1.00	0.	0.	0.
CHRISTINE EARLY				
DIRECTOR	1.00	0.	0.	0.
KAREN FORGET				
DIRECTOR	1.00	0.	0.	0.
JAMIE FREEZE				
DIRECTOR	1.00	0.	0.	0.
FRANK GAILLARD				
DIRECTOR	1.00	0.	0.	0.
JULIE GIFFORD				
DIRECTOR	1.00	0.	0.	0.
MARGE HOUSE				
DIRECTOR	1.00	0.	0.	0.
TERRY JENKINS				
DIRECTOR	1.00	0.	0.	0.
JAMES KELLAM				
DIRECTOR	1.00	0.	0.	0.
KEVIN MARSHALL				
DIRECTOR	1.00	0.	0.	0.
MARTHA MCCLEES				
DIRECTOR	1.00	0.	0.	0.
ALEX MOY				
DIRECTOR	1.00	0.	0.	0.
LISA MURPHY				
DIRECTOR	1.00	0.	0.	0.
JIM PARKE				
DIRECTOR	1.00	0.	0.	0.
JOHN PETERSON				
DIRECTOR	1.00	0.	0.	0.
WADE POWELL				
DIRECTOR	1.00	0.	0.	0.
HENRY RYTO				
DIRECTOR	1.00	0.	0.	0.
WILLIAM SOTIRION				
DIRECTOR	1.00	0.	0.	0.
TERESA STANLEY				
DIRECTOR	1.00	0.	0.	0.
MATT STRICKLER				
DIRECTOR	1.00	0.	0.	0.
SHEWLING MOY WONG				
DIRECTOR	1.00	0.	0.	0.
LAURA WOOD HABR				
DIRECTOR	1.00	0.	0.	0.
STEVEN ZELIGMAN				
DIRECTOR	1.00	0.	0.	0.

