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Short Form
Return of Organization Exempt From Income Tax

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

2013

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service► Do not enter Social Security numbers on this form as it may be made public. By law, the IRS
generally cannot redact the information on the form.► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning		, 2013, and ending	
B Check if applicable		C Name of organization	
<input type="checkbox"/> Address change		WASHINGTON AREA TRAIL RIDERS INC	
<input type="checkbox"/> Name change		D Employer identification number	
<input type="checkbox"/> Initial return		45-0931339	
<input type="checkbox"/> Terminated		E Telephone number	
<input type="checkbox"/> Amended return		703-963-0836	
<input type="checkbox"/> Application pending		F Group Exemption Number ►	
G Accounting Method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check <input checked="" type="checkbox"/> if the organization is no required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ► WWW.WATR.US		J Tax-exempt status (check only one) - <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(7) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 54,536.

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	50,250.
	3 Membership dues and assessments	3	3,130.
	4 Investment income	4	
	5 a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b 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 exceed \$15,000)	6b	
	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7 a Gross sales of inventory, less returns and allowances	7a	1,156.
	b Less cost of goods sold	7b	3,781.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	(2,625.)
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	50,755.
	10 Grants and similar amounts paid (list in Schedule O)	10	6,145.
Net Assets	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	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	39,148.
	17 Total expenses. Add lines 10 through 16	17	46,073.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,682.
	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	43,755.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	48,437.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

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.

		Schedule O to respond to any question in this Part II	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	43,755	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	43,755	25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,755	27
			48,437

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. . .

Expenses

What is the organization's primary exempt purpose? PROMOTE SPORT OF MOTORCYCLE RIDING

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.

28	SHEANDOAH 500 MOTORCYCLE RIDE OPEN TO THE PUBLIC - 320 PARTICIPANTS		
	(Grants \$) If this amount includes foreign grants, check here . ► <input type="checkbox"/>	28a	36,248.
29	FALL TRAIL RIDE OPEN TO THE PUBLIC - 144 PARTICIPANTS		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	247.
30	SPRING TRAIL RIDE OPEN TO THE PUBLIC - 152 PARTICIPANTS		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	1,003.
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	37,498.

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.

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 Schedule O to respond to any question in this Part V

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 Yes No
33 X

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) Yes No
34 X

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)? Yes No
35a X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Yes No
35b

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 Yes No
35c

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 Yes No
36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0 Yes No
37b

b Did the organization file Form 1120-POL for this year? Yes No
38a X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes No
38b

b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
39a 0

b Gross receipts, included on line 9, for public use of club facilities Yes No
39b 0

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► Yes No
40b

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Yes No
40c

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► Yes No
40d

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► Yes No
40e X

41 List the states with which a copy of this return is filed ► **VA** Yes No

42a The organization's books are in care of ► **WILL LLOYD** Telephone no. ► **703-963-0836**
 Located at ► **12151 IVAK VA MANASSAS** ZIP + 4 ► **20112-** Yes No
42b X

b 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
 If "Yes," enter the name of the foreign country ► Yes No
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Yes No
42c X

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes No
 If "Yes," enter the name of the foreign country ► Yes No
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 ► **43** Yes No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
44b X

c Did the organization receive any payments for indoor tanning services during the year? Yes No
44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Yes No
44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No
45a X

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) Yes No
45b X

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

Yes	No
46	

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 Schedule C, Part II

47	
48	
49a	
49b	

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"

(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

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

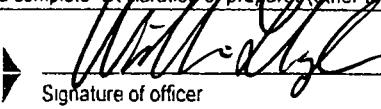
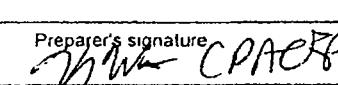
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► 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	► 	11-12-14		
	Signature of officer	Date		
	► WILL LLOYD	TREASURER		
	► Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name KENNETH J WATTER CPA	Preparer's signature 	Date 11/10/14	Check <input type="checkbox"/> if self-employed PTIN P00572640
	Firm's name ► KENNETH J WATTER CPA PA		Firm's EIN ► 52-1659390	
	Firm's address ► 4332 MONTGOMERY AVENUE BETHESDA MD 20814-		Phone no 301-652-0580	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

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.**

Name of the organization

WASHINGTON AREA TRAIL RIDERS INC

Employer identification number
45-0931339

KING GEORGE OPTIMIST CLUB \$3,095

NILA BLAND FOOD BANK \$1,250

RIVERSIDE UMC FOOD BANK \$1.250

MD OHV ALLIANCE \$550

PROGRAM EXPENSES - 37,498

PAY PAL FEES 32. INSURANCE 700. POSTAGE 246 OTHER 622

US 990	Gross Profit on Sales of Inventory 990-EZ: Page 1, Line 7; 990-PF: Page 12, Line 10			2013
Description	Gross sales less returns	Cost of goods sold	Gross profit	
CLUB STORE ITEMS	1,156. 1,156.	3,781. 3,781.	(2,625 (2,625.	

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

- File a separate application for each return.
- Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions WASHINGTON AREA TRAIL RIDERS, INC.	Employer identification number (EIN) or 45-0931339
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 970	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FALLS CHURCH, VA 22040	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **THE CORPORATION**

Telephone No. ► Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 13 or

► tax year beginning , 20 , and ending , 20

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.