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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)

OMB No 1545-1150

2014

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning , 2014, and ending, 20

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

WASHINGTON AREA TRAIL RIDERS INC

D Employer identification number

45-0931339

Number and street (or P O box, if mail is not delivered to street address) Room/suite

PO BOX 970

E Telephone number

703-963-0836

City or town, state or province, country, and ZIP or foreign postal code

FALLS CHURCH VA 22040

F Group Exemption

Number ►

G Accounting Method Cash Accrual Other (specify) ► _____

I Website ► WWW.WATR.US

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

H Check ► if the organization is not

required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

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

► \$ 48,250.

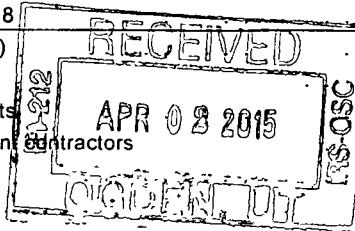
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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	44,905.
	3 Membership dues and assessments	3	3,330.
	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	
	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	
Expenses	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	15.
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	15.
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	48,250.
	10 Grants and similar amounts paid (list in Schedule O)	10	3,387.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
Net Assets	13 Professional fees and other payments to independent contractors	13	845.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	37,679.
	17 Total expenses. Add lines 10 through 16	17	41,911.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,339.
	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	48,437.
	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	54,776.

SCANNED APR 07 2015

Net Assets



For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2014)

BCA

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	48,437	22 46,933
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24 7,843
25 Total assets	48,437	25 54,776
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,437	27 54,776

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? 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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 SHEANDOAH 500 MOTORCYCLE RIDE

OPEN TO THE PUBLIC - APPROX 300 PARTICIPANTS

(Grants \$) If this amount includes foreign grants, check here

28a

29 SPRING TRAIL RIDE

OPEN TO THE PUBLIC - APPROX 100 PARTICIPANTS

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

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 & deferred comp	(e) Estimated amount of other compensation
BILL BRENNAN	5	0		
PRESIDENT				
DAN FARSON	5	0		
VICE PRESIDENT				
WILL LLOYD	5	0		
TREASURER				
JOSE DELGADO	5	0		
SECRETARY				
ANDY GIORDANO	5	0		
TRAIL MASTER	5	0		
TROY WRIGHT				
REFEREE	5	0		
JOE VOLK				
SOCIAL MEDIA	5	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 Schedule O to respond to any question in this Part V <input type="checkbox"/>		
	Yes	No
33	33	X
34	34	X
35a	35a	X
b	35b	
c	35c	
36	36	X
37a	37a	0
b	37b	
38a	38a	X
b	38b	
39	39a	0
a	39b	0
40a	40b	
b	40c	
c	40d	
d	40e	X
41		
42a	Telephone no	703-963-0836
Located at	ZIP + 4	20112
b	42b	X
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)		
c	42c	X
If "Yes," enter the name of the foreign country		
43	43	<input type="checkbox"/>
44a	44a	X
b	44b	X
c	44c	X
d	44d	
45a	45a	X
45b	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

<input type="checkbox"/>	<input checked="" type="checkbox"/>
46	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 Schedule C, Part II

<input type="checkbox"/>	<input checked="" type="checkbox"/>
47	

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

<input type="checkbox"/>	<input checked="" type="checkbox"/>
48	

49a Did the organization make any transfers to an exempt non-charitable related organization?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a	

b If "Yes," was the related organization a section 527 organization?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b	

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
NONE				

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"

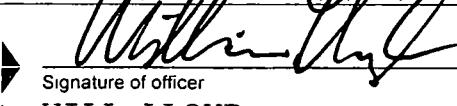
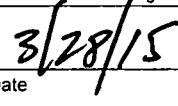
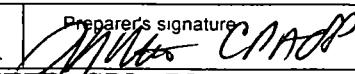
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 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	► 	Date 
	► Signature of officer	
	► 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 
	Firm's name ► KENNETH J WATTER CPA PA	Date 2/16/15
	Firm's address ► 4332 MONTGOMERY AVENUE	Check <input type="checkbox"/> if self-employed
	BETHESDA MD 20814 -	PTIN P00572640
		Firm's EIN ► 52-1659390
		Phone no 301-652-0580

May the IRS discuss this return with the preparer shown above? See instructions

► Yes 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.

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

WASHINGTON AREA TRAIL RIDERS INC

Employer identification number

45-0931339

LINE 10 GRANT EXPENSE 3,387 TOTALLILLY STORE MEDICAL FUND \$500SFVFD FOOD BANK \$1,137COMMUNITY MINISTRIES \$1,250MD OHV ALLIANCE \$500LINE 16 OTHER EXPENSES 37,679 TOTALPROGRAM EXPENSES \$35,212TRAILER EXPENSE \$328INSURANCE \$756OTHER EXPENSES \$1,383PART II LINE 24EQUIPMENT PURCHASES \$7,843

US 990	Gross Profit on Sales of Inventory 990-EZ: Page 1, Line 7; 990-PF: Page 12, Line 10			2014
	Description	Gross sales less returns	Cost of goods sold	
CLUB STORE ITEMS		15. 15.		15. 15.