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Form	330

# Public Inspection Copy Return of Organization Exempt From Income Tax

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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

**2022** Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection		
A For the 2022 calendar year, or tax year beginning and ending						mepeeden
B Check if applicable: C Name of organization D Employer identification						on number
	chan Nam	e	Atlantic Off-Road Enthusiasts, Inc		54-1691373	
	chan Initia		usiness as and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	retur Final		ox 2662	110011/JSuite	443-336-38	16
	retur termi ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	444,950.
	Ame retur	nded Eair	fax, VA 22031		H(a) Is this a group retur	•
	Appl tion	<sup>ica-</sup> <b>F</b> Name a	nd address of principal officer: Neil Blake		for subordinates?	
	pend		as C above		H(b) Are all subordinates includ	
1 1	Tax-ex	xempt status:	<b>X</b> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a list	. See instructions
	Webs		more-mtb.org		H(c) Group exemption n	
		of organization:	<b>X</b> Corporation Trust Association Other	L Year	of formation: 1992 M S	ate of legal domicile: VA
Pa	art I	Summary				
Ð	1		e the organization's mission or most significant activities: $\underline{To \ b}$			
Activities & Governance		<u>roots m</u>	ountain biking community and organ			
ernê	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net assets	
Ň	3					8
ۍ م	4		ependent voting members of the governing body (Part VI, line 1b)			8
8 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)						1
viti	6		of volunteers (estimate if necessary)			800
Acti	7 a		d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		0.
					Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)		456,884.	373,061.
enu	9	•	ce revenue (Part VIII, line 2g)		8,502.	26,986.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		549.	3,221.
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		465,935.	403,268.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	•	to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		62,800.	79,554.
Expenses	<b>16</b> a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.
x pe	. b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 7, 4	33.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		249,251.	232,741.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		312,051.	312,295.
	19	Revenue less	expenses. Subtract line 18 from line 12		153,884.	90,973.
Net Assets or				Be	ginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)		591,366.	690,365.
tAs	21		(Part X, line 26)		1,564.	9,590.
Re	22		fund balances. Subtract line 21 from line 20		589,802.	680,775.
	art II	<u> </u>				
Und	er nen	alties of periury	I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my known	wledge 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							
Paid	Print/Type preparer's name Jennica Jardine Whitfield <i>Junuca M Jordine Whitfield</i>	Date 3/23/23	self-employed	PTIN P0137926	57		
Preparer	Firm's name Kositzka, Wicks and Company U	F	irm's EIN 54–	1342298			
Use Only	se Only Firm's address 5270 Shawnee Road, Suite 250						
	Alexandria, VA 22312 Phone no. (703) 642-2700						
May the IRS discuss this return with the preparer shown above? See instructions X Yes No							
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

See Schedule O for Organization Mission Statement Continuation

	990 (2022) Mid-Atlantic Off-Road Enthusiasts, Inc 54-1691373 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: MORE's Mission is to build an inclusive grass roots mountain biking community and organization with the express purpose of expanding
	riding opportunities and increasing trail access throughout the
	Mid-Atlantic region.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$297,371 • including grants of \$) (Revenue \$26,986 • _)
ти	Provided funds and volunteers to build and maintain mountain biking
	trails. Conducted educational outreach included operation of mountain
	biking educational website.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$ )
40	(code:) (Expenses \$) (Revenue \$) (Revenue \$)
4.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
44	Other program services (Describe on Schedule O.)
4d	
4-	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     297,371.
4e	Total program service expenses 297, 371. Form 990 (2022)
00000-	
232002	12-13-22 <b>2</b>

Form	990	(2022)
FUIII	990	(2022)

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		<u>X</u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
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?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,	110		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
U		11b		х
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		х
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</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	10	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	- 23	
19		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		- 23
30		20		x
24	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	~~~		x
<b>00</b>	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	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	36		X
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2022) Mid-Atlantic Off-Road Enthusiasts, Inc 54-1691	.373	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
		6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		х
		7b		
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
C		70		х
لم		7c		<u></u>
		70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g				
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	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 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note:</b> 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			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	_	000	
232005	12-13-22	Form	990	(2022)

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Form 990	(2022)
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# Mid-Atlantic Off-Road Enthusiasts, Inc

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

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>			
	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 on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>x</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		_	
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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 on Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13		X
4	Did the organization have a written document retention and destruction policy?	14		X
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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 organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed None			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	.,,		
	X       Own website       Another's website       Upon request       Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
-	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records MORE - 443 - 336 - 3816			
	PO Box 2662, Fairfax, VA 22031			
		Ear~	9 <b>90</b>	(20)
	12-13-22	Enrm	・シンリ	120

Form 990 (2022)	Mid-Atlantic Off-Road Enthusiasts, Inc	54-1691373	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Sc	Check if Schedule O contains a response or note to any line in this Part VII							
Section A. Officers, E	Directors, Trustees, Key Employees, and Highest Compensated Employees							
<ul> <li>List all of the orga</li> </ul>	for all persons required to be listed. Report compensation for the calendar year ending wanization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regard (F) if no compensation was paid.	5	,					

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Name and thie     Average hours per week     Design hours per hours per	(A)	(B)	(C)					(D)	(E)	(F)	
hours per veek (list any bours for elated organization ine)         bours for the set and a devication of the organization and related organizations         compensation from the organization (W-2/1099-NISC/ 1099-NEC)         compensation other organization and related organizations           (1) Ernie Rodriguez         20.00 (2) Tom Hove         X         X         0.         0.         0.           (2) Tom Hove         3.00 (3) Clay Dealing         X         X         0.         0.         0.           (4) David Beugelanas         3.00 (4) David Beugelanas         X         X         0.         0.         0.           (5) New Medili         10.00 (5) New Medili         X         X         0.         0.         0.           (6) Neil Blake         5.000 (7) Neb Lowe         3.00 (8) Kathy Mhm         X         X         0.         0.         0.           (1) Runce         5.000 (1) Clay Dealing         3.00 (2) New Medili         0.         0.         0.         0.           (1) Abvid Beugelanas         3.000 (2) New Medili         X         X         0.         0.         0.           (1) Abvid Beugelanas         3.000 (1) Resource         X         X         0.         0.         0.           (2) New Medili         10.00         X         X         0.	Name and title	Average	(do					one	Reportable	Reportable	Estimated
week (ist ary bours for related organizations line)     ist ist ist ist ist ist ist ist ist ist		· ·	box	, unle	ss pei	rson i	s botł	n an		·	
(1) Ernis Rodriguez       20.00       x       x       0.       0.       0.         (2) Tom Rove       3.00       x       0.       0.       0.       0.         (3) Clay Deming       3.00       x       0.       0.       0.       0.         (4) David Beugelmans       3.00       x       x       0.       0.       0.         (4) David Beugelmans       3.00       x       x       0.       0.       0.         (5) Dave Majl11       10.00       x       0.       0.       0.       0.         (5) Dave Majl11       10.00       x       0.       0.       0.       0.         (7) Rob Lowe       3.00       x       x       0.       0.       0.         (7) Rob Lowe       3.00       x       0.       0.       0.         (8) Kathy Mihm       3.00       x       0.       0.       0.         (9) Kathy Mihm       3.00       x       0.       0.       0.         (9) Kathy Mihm       3.00       x       0.       0.       0.         (9) Kathy Mihm       3.00       x       0.       0.       0.         (10)       10							1711 US				
(1) Ernis Rodriguez       20.00       x       x       0.       0.       0.         (2) Tom Rove       3.00       x       0.       0.       0.       0.         (3) Clay Deming       3.00       x       0.       0.       0.       0.         (4) David Beugelmans       3.00       x       x       0.       0.       0.         (4) David Beugelmans       3.00       x       x       0.       0.       0.         (5) Dave Majl11       10.00       x       0.       0.       0.       0.         (5) Dave Majl11       10.00       x       0.       0.       0.       0.         (7) Rob Lowe       3.00       x       x       0.       0.       0.         (7) Rob Lowe       3.00       x       0.       0.       0.         (8) Kathy Mihm       3.00       x       0.       0.       0.         (9) Kathy Mihm       3.00       x       0.       0.       0.         (9) Kathy Mihm       3.00       x       0.       0.       0.         (9) Kathy Mihm       3.00       x       0.       0.       0.         (10)       10			lirecto								· ·
(1) Ernis Rodriguez       20.00       x       x       0.       0.       0.         (2) Tom Rove       3.00       x       0.       0.       0.       0.         (3) Clay Deming       3.00       x       0.       0.       0.       0.         (4) David Beugelmans       3.00       x       x       0.       0.       0.         (4) David Beugelmans       3.00       x       x       0.       0.       0.         (5) Dave Majl11       10.00       x       0.       0.       0.       0.         (5) Dave Majl11       10.00       x       0.       0.       0.       0.         (7) Rob Lowe       3.00       x       x       0.       0.       0.         (7) Rob Lowe       3.00       x       0.       0.       0.         (8) Kathy Mihm       3.00       x       0.       0.       0.         (9) Kathy Mihm       3.00       x       0.       0.       0.         (9) Kathy Mihm       3.00       x       0.       0.       0.         (9) Kathy Mihm       3.00       x       0.       0.       0.         (10)       10			e or c	stee			Isated				
(1) Ernis Rodriguez       20.00       x       x       0.       0.       0.         (2) Tom Rove       3.00       x       0.       0.       0.       0.         (3) Clay Deming       3.00       x       0.       0.       0.       0.         (4) David Beugelmans       3.00       x       x       0.       0.       0.         (4) David Beugelmans       3.00       x       x       0.       0.       0.         (5) Dave Majl11       10.00       x       0.       0.       0.       0.         (5) Dave Majl11       10.00       x       0.       0.       0.       0.         (7) Rob Lowe       3.00       x       x       0.       0.       0.         (7) Rob Lowe       3.00       x       0.       0.       0.         (8) Kathy Mihm       3.00       x       0.       0.       0.         (9) Kathy Mihm       3.00       x       0.       0.       0.         (9) Kathy Mihm       3.00       x       0.       0.       0.         (9) Kathy Mihm       3.00       x       0.       0.       0.         (10)       10			truste	al trus		yee	mper			1000 1120/	, <b>,</b>
(1) Ernis Rodriguez       20.00       x       x       0.       0.       0.         (2) Tom Rove       3.00       x       0.       0.       0.       0.         (3) Clay Deming       3.00       x       0.       0.       0.       0.         (4) David Beugelmans       3.00       x       x       0.       0.       0.         (4) David Beugelmans       3.00       x       x       0.       0.       0.         (5) Dave Majl11       10.00       x       0.       0.       0.       0.         (5) Dave Majl11       10.00       x       0.       0.       0.       0.         (7) Rob Lowe       3.00       x       x       0.       0.       0.         (7) Rob Lowe       3.00       x       0.       0.       0.         (8) Kathy Mihm       3.00       x       0.       0.       0.         (9) Kathy Mihm       3.00       x       0.       0.       0.         (9) Kathy Mihm       3.00       x       0.       0.       0.         (9) Kathy Mihm       3.00       x       0.       0.       0.         (10)       10		-	idual	tution	er	emplo	est cc loyee	ıer			organizations
(1) Ernie Rodriguez       20.00       x       x       0.       0.       0.         President       x       x       0.       0.       0.       0.         (2) Tom Hove       3.00       x       0.       0.       0.       0.         (3) Clay Desing       3.00       x       0.       0.       0.       0.         Advocacy Director       x       x       0.       0.       0.       0.         (4) David Beugelmans       3.00       x       x       0.       0.       0.         Vice President       x       x       0.       0.       0.       0.       0.         (5) Dave Majill       10.00       x       x       0.       0.       0.       0.         (6) Neil Blake       5.00       x       x       0.       0.       0.       0.         (7) Rob Lowe       3.00       x       0.       0.       0.       0.       0.         (6) Nath Whm       3.00       x       0.       0.       0.       0.       0.         (6) Nath Whm       3.00       x       0.       0.       0.       0.       0.         (6) Nath Whm		,	Indiv	Instit	Offic	Key (	High empl	Form			
(2) Tom Howe       3.00       x       0.       0.       0.         VA Advocacy Director       x       0.       0.       0.       0.         Activities Director       x       0.       0.       0.       0.         Activities Director       x       0.       0.       0.       0.         (4) David Beugelmans       3.00       x       x       0.       0.       0.         Vice President       x       x       0.       0.       0.       0.       0.         (5) Dave Magill       10.00       x       x       0.       0.       0.       0.         (6) Neil Blake       5.00       x       x       0.       0.       0.       0.         Treasurer       x       x       0.       0.       0.       0.       0.         (8) Rathy Miha       3.00       x       0.       0.       0.       0.       0.	(1) Ernie Rodriguez	20.00									
VA Advocacy Director       X       0.       0.       0.       0.         (3) Clay Dening       3.00       X       0.       0.       0.       0.         Activities Director       X       X       0.       0.       0.       0.         Activities President       X       X       0.       0.       0.       0.         (5) Dave Magill       10.00       M       0.       0.       0.       0.         (6) Neil Blake       5.00       X       X       0.       0.       0.         (7) Rob Lowe       3.00       X       0.       0.       0.       0.         Membership Director       X       X       0.       0.       0.       0.         (8) Kathy Mihm       3.00       X       0.       0.       0.       0.	President		Х		Х				0.	0.	0.
(3) Clay Dening       3.00       X       0.       0.       0.         Activities Director       3.00       X       X       0.       0.       0.         Vice President       X       X       0.       0.       0.       0.         (5) Dave Magill       10.00       X       X       0.       0.       0.       0.         MD Advocacy Director       X       X       0.       0.       0.       0.       0.         (7) Rob Lowe       3.00       X       X       0.       0.       0.       0.         (7) Rob Lowe       3.00       X       0.       0.       0.       0.       0.         (8) Kathy Mihm       3.00       X       0.       0.       0.       0.       0.	(2) Tom Howe	3.00									
Activities Director       X       0.       0.       0.       0.         (4) David Beugelmans       3.00       X       X       0.       0.       0.         Vice President       10.00       X       X       0.       0.       0.       0.         (5) David Megil1       10.00       X       X       0.       0.       0.       0.         (6) Neil Blake       5.00       X       X       0.       0.       0.       0.         (7) Rob Lowe       3.00       X       0.       0.       0.       0.       0.         (8) Kathy Mihm       3.00       X       0.       0.       0.       0.       0.         Communications Director       X       0.       0.       0.       0.       0.	VA Advocacy Director		Х						0.	0.	0.
(4) David Beugelmans       3.00       X       X       0.       0.       0.         Vice President       10.00       X       X       0.       0.       0.         (5) Dave Magill       10.00       X       0.       0.       0.       0.         (6) Neil Blake       5.00       X       X       0.       0.       0.       0.         (7) Rob Lowe       3.00       X       0.       0.       0.       0.       0.         (8) Kathy Mihm       3.00       X       0.       0.       0.       0.       0.         (6) Kathy Mihm       3.00       X       0.       0.       0.       0.       0.         (6) Kathy Mihm       3.00       X       0.       0.       0.       0.       0.         (1) Communications Director       X       0.       0.       0.       0.       0.         (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(3) Clay Deming	3.00									
Vice President       X       X       X       0.       0.       0.         (5) Dave Magill       10.00       X       0.       0.       0.       0.         MD Advocacy Director       X       X       0.       0.       0.       0.         (6) Neil Blake       5.00       X       X       0.       0.       0.       0.         Treasurer       X       X       0.       0.       0.       0.       0.         (7) Rob Lowe       3.00       X       0.       0.       0.       0.       0.         Membership Director       X       0.       0.       0.       0.       0.       0.         (8) Kathy Min       3.00       X       0.       0.       0.       0.       0.	Activities Director		Х						0.	0.	0.
(5) Dave Magill       10.00       X       0.0.0.0.0.0.         MD Advocacy Director       5.00       X       0.0.0.0.0.         (6) Neil Blake       5.00       X       0.0.0.0.0.         (7) Rob Lowe       3.00       X       0.0.0.0.0.         Membership Director       X       0.0.0.0.0.       0.0.0.0.         (8) Kathy Minm       3.00       X       0.0.0.0.0.         Communications Director       X       0.0.0.0.0.       0.0.0.	(4) David Beugelmans	3.00									
MD Advocacy Director       X       0.       0.       0.       0.         (6) Neil Blake       5.00       X       X       0.       0.       0.         Treasurer       X       X       0.       0.       0.       0.         (7) Rob Lowe       3.00       X       0.       0.       0.       0.         Membership Director       X       0.       0.       0.       0.       0.         (8) Kathy Mihm       3.00       X       0.       0.       0.       0.         Communications Director       X       0.       0.       0.       0.	Vice President		Х		Х				0.	0.	0.
(6) Neil Blake       5.00       x       x       x       0.       0.       0.         (7) Rob Lowe       3.00       x       0.       0.       0.       0.         Membership Director       x       0.       0.       0.       0.         (8) Kathy Mihm       3.00       x       0.       0.       0.         Communications Director       x       0.       0.       0.	(5) Dave Magill	10.00									
Treasurer       X       X       X       0.       0.       0.         (7) Rob Lowe       3.00       X       0.       0.       0.       0.         Membership Director       X       0.       0.       0.       0.       0.         (8) Kathy Mihm       3.00       X       0.       0.       0.       0.       0.         Communications Director       X       0.       0.       0.       0.       0.         Image: Communications Director       X       0.       0.       0.       0.       0.         Image: Communications Director       X       0.       0.       0.       0.       0.         Image: Communications Director       X       0.       0.       0.       0.       0.         Image: Communications Director       Im	MD Advocacy Director		Х						0.	0.	0.
(7) Rob Lowe       3.00       X       0.       0.       0.         (8) Kathy Mim       3.00       X       0.       0.       0.         Communications Director       X       0.       0.       0.       0.	(6) Neil Blake	5.00									
Membership Director         X         0.	Treasurer		Х		Х				0.	0.	0.
(8) Kathy Mihm     3.00     X     0.     0.     0.       Communications Director     X     0.     0.     0.	(7) Rob Lowe	3.00									
Communications Director       X       0.       0.       0.       0.         Image: Second	Membership Director		Х						0.	0.	0.
	(8) Kathy Mihm	3.00									
	Communications Director		Х						0.	0.	0.
											<b>F 990</b> (0000)

232007 12-13-22

Form 990 (2022)

#### 08240323 786335 8248.001

2022.03010 MID-ATLANTIC OFF-ROAD ENT 8248.001

								iasts, Inc	54-169	1373 Page 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Emp (B) Average hours per week	(do box,		(C Posi neck r	C) ition more son is	l than c s both	one 1 an	ompensated Employee (D) Reportable compensation from	s (continued) (E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	compensation
1b Subtotal								0.		0.
1b Subtotal     c Total from continuation sheets to Part VI <u>d Total (add lines 1b and 1c)</u> Total number of individuals (including but n	I, Section A	·····			·····			0.0.	0	0.
<ul><li>compensation from the organization</li><li>3 Did the organization list any former officer,</li></ul>						-				0 Yes No
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s</li> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150</li> </ul>	im of reportabl ),000? <i>If</i> "Yes,	e co " <i>coi</i>	mpe mple	nsa ete S	tion Sche	and edule	oth J fo	er compensation from t	-	3 X 4 X
<ul> <li>5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>corr</i></li> <li>Section B. Independent Contractors</li> </ul>	plete Schedule	e J fo	or su	ch p	bers	on .		-		. 5 X
Complete this table for your five highest co the organization. Report compensation for (A) Name and business	the calendar ye	ear e		g w					ear.	(C) Compensation
		INC		<u> </u>						
2 Total number of independent contractors (in \$100,000 of compensation from the organized stress of th		ot lin	nited	l to t	thos C	e lis )	ted	above) who received me	ore than	000

Form **990** (2022)

232008 12-13-22

Check if Schedule O contains a response or note to any line in this Part VIII         (A)       (B)       (C)       (D)         Reterated campaigns       (a)       Interest, and         (A)       Retarted or exempt function revenue       (C)       (D)         Retarted campaigns       (a)       Interest, and         Interest, and       (B)       (C)       (C)       (D)         Total revenue       Check if Schedule O contains a response or note to any line in this Part VIII         (A)       (C)       (C)       (D)         Total revenue       Check if Schedule Contains a response or note to any line in this Part VIII         (C)       Unrelated campaigns       (a)       (a)
---

9

ecti	ion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons			,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
1	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		67.466		
7	Other salaries and wages	79,554.	67,166.	4,955.	7,43
B	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
Э	Other employee benefits				
D	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion	5,212.	5,212.		
3	Office expenses	5,048.	5,048.		
4	Information technology	5,663.	5,663.		
5	Royalties				
6	Occupancy	382.	382.		
7	Travel				
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	25,272.	25,272.		
)	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	5,924.	5,924.		
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.)	160,471.	160,471.		
a b	Program expenses	20,253.	20,253.		
c	Bank fees	1,707.		1,707.	
d	Store expenses	1,480.	1,480.	±,,,,,,,,	
	All other expenses	1,329.	500.	829.	
е 5	Total functional expenses. Add lines 1 through 24e	312,295.	297,371.	7,491.	7,43
, ;	<b>Joint costs</b> . Complete this line only if the organization	,2,5,.		.,	,,,10
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

#### 08240323 786335 8248.001

10 2022.03010 MID-ATLANTIC OFF-ROAD ENT 8248.001

08240323 786335 8248.001

Form 990 (		Mid-Atlantic	Off-Road	Enthu
Part X	Balance Sheet			

isiasts, Inc 54-1691373 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	111,273.
	2	Savings and temporary cash investments		2	552,985.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	26,107.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges	500.	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	690,365.
	17	Accounts payable and accrued expenses		17	9,590.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		05	
		of Schedule D	1,564.	25	9,590.
	26	Total liabilities. Add lines 17 through 25         Organizations that follow FASB ASC 958, check here       X	1,504•	26	9,390•
S		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
nce	27	• • • • •	334,698.	27	360,058.
ala	28			28	320,717.
Б	20	Net assets with donor restrictions         Organizations that do not follow FASB ASC 958, check here	233,104.	20	520,717.
Fun		and complete lines 29 through 33.			
ح ح	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	680,775.
z	33	Total liabilities and net assets/fund balances		33	690,365.
				55	

Form 990 (2022)

Form	1990 (2022) Mid-Atlantic Off-Road Enthusiasts, Inc	54-	1691373	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	403		
2	Total expenses (must equal Part IX, column (A), line 25)	2	312		
3	Revenue less expenses. Subtract line 2 from line 1	3		),91	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	589	),8(	)2.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	680	),7	75.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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 oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2</b> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2022)

SCHEDULE A (Form 990)       Public Charity Status and Public Support         Department of the Treasury Internal Revenue Service       Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.         Go to www.irs.gov/Form990 for instructions and the latest information.								OMB No. 1545-0047		
Nar	ne of t	the organizati		Atlantia O	ff Deed Dath					r identification number
Pa	art I	Reason			ff-Road Enthu (All organizations must c					4-1691373
					For lines 1 through 12, c				0.	
1 2 3 4		A church, col A school des A hospital or	nvention of chi cribed in <b>sect</b> a cooperative search organiz	urches, or associatic ion 170(b)(1)(A)(ii). ( hospital service orga	on of churches described Attach Schedule E (Forn anization described in <b>s</b> o njunction with a hospital	l in <b>sectio</b> n 990).) <b>ection 170</b>	n 170(b)(1 (b)(1)(A)(ii	i).	)(iii). Enter	the hospital's name,
5		An organizati	on operated fo	or the benefit of a co Complete Part II.)	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
6	$\square$				nental unit described in	section 17	'0(b)(1)(A)	(v).		
7	X			•	ntial part of its support fr			.,	ne general j	public described in
		section 170(	b <b>)(1)(A)(vi).</b> (C	omplete Part II.)						
8		-			(1)(A)(vi). (Complete Par					
9		-	-		in section 170(b)(1)(A)( ulture (see instructions).		-		-	-
10			on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no r	more than	33 1/3% of it	s support f	rom gross investment
					(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
				mplete Part III.)				04-14		
11 12		•	•	-	ively to test for public sa ively for the benefit of, to	•			rny out the	purposes of one or
12		•	•	-	id in section 509(a)(1) o				•	
				-	f supporting organization					
é		7	-	• •	upervised, or controlled				-	aivina
					gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se						
k	<b>b</b>	<b>Type II.</b> A s	supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or r	nanagement o	f the supporting orga	anization vested in the sa	ame persor	ns that co	ntrol or mana	ge the supp	oorted
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
c	;	Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
		its support	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ctions A,	D, and E.		
C		••	-	• · ·	porting organization oper				•	.,
				0	ation generally must sat	-		•	an attentiv	veness
		- ·		•	nplete Part IV, Sections					
e	•		-		written determination fro nally integrated supporti			турет, туре	п, туре п	
1	Ente	er the number								
ç				about the supporte						
		i) Name of supp	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tot	<b>a</b> l									

## Schedule A (Form 990) 2022 Mid-Atlantic Off-Road Enthusiasts, Inc 54-1691373 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

260	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	136,410.	275,735.	265,980.	399,415.	311,975.	1389515.		
2	Tax revenues levied for the organ-								
	ization'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	126 410			200 415		1200515		
	Total. Add lines 1 through 3	136,410.	275,735.	265,980.	399,415.	311,975.	1389515.		
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)						08 05/		
e	•••••••••••••••••••••••••••••••••••••••						<u>98,954.</u> 1290561.		
	Public support. Subtract line 5 from line 4.						1290301.		
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	136,410.	275,735.	265,980.	399,415.	311,975.	1389515.		
	Gross income from interest,		,		,				
Ŭ	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	2,843.	3,912.	1,112.	549.	3,221.	11,637.		
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 VI.)								
11	Total support. Add lines 7 through 10						1401152.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	337,199.		
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)			
	organization, check this box and stop	ohere							
Sec	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	92.11 %		
	Public support percentage from 2021					15	96.29 %		
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies		-						
b	33 1/3% support test - 2021. If the o								
	and <b>stop here.</b> The organization qual								
17a	10% -facts-and-circumstances test	0							
	and if the organization meets the fact			-	-	VI how the organiz	ation		
	meets the facts-and-circumstances te	-		• • • •	-				
b	10% -facts-and-circumstances test	-					10% or		
	more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the								
40	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
18	Private foundation. If the organization	n dia not check a	oox on line 13, 16a	a, 100, 17a, or 17b	, CHECK THIS DOX A				
						Schedule A	(Form 990) 2022		

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				Enthusiasts,	Inc	54-1691373	Page 3
Part III S	Support Schedule fo	r Organizations Des	cribed in Sec	tion 509(a)(2)			

(Complete only if you checked the box on line 10 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
<b>4</b> Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disgualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the	•					ization,
check this box and stop here	<u> </u>	<u></u>				
Section C. Computation of Publi					T T	
<b>15</b> Public support percentage for 2022 (I			column (f))		15	%
16 Public support percentage from 2021					16	%
Section D. Computation of Inves					T T	
<ul><li>17 Investment income percentage for 20</li><li>18 Investment income percentage from 3</li></ul>					17 18	<u>%</u> %
<b>19a 33 1/3% support tests - 2022.</b> If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2021. If the	-	•				3%, and
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						
232023 12-09-22		, · =	. ,			ule A (Form 990) 2022
		15				. ,

<sup>2022.03010</sup> MID-ATLANTIC OFF-ROAD ENT 8248.001

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# Part IV | Supporting Organizations

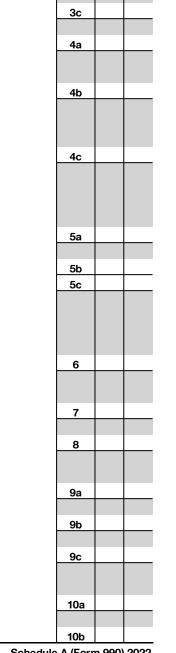
Schedule A (Form 990) 2022

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2022



Yes No

1

2

3a

3b

16

#### Mid-Atlantic Off-Road Enthusiasts, Inc 54-1691373 Page 5 Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			

	supervised, or controlled the supporting organization.	2
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	

or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control
or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s)

Section <b>F</b>	) All Type I	II Supporting Organizations	
	J. All Type II	n oupporting organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

17

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a 2b 3a 3b

Schedule A (Form 990) 2022

Yes No

Yes No

1

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_	dule A (Form 990) 2022 Mid-Atlantic Off-Road H			54-1691373 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ted Type III supporting c	organization (see

Schedule A (Form 990) 2022

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instructions).

|--|

		Off-Road Enthus		5	4-1691373 Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Γ	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

	Schedule A	(Form 990) 2022	Mid-A	tlantic	c Off-Roa	ad Enthu	usiasts,	Inc	54-1691373 Pag	ae <b>8</b>
2021 10 0 2	Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	r <b>mation.</b> 1, 2, 3b, 3c, , lines 2 and	Provide the ex 4b, 4c, 5a, 6, 3; Part IV, Se	planations requ 9a, 9b, 9c, 11a, ction E, lines 1c	uired by Part II , 11b, and 11c , 2a, 2b, 3a, a	, line 10; Part II ; Part IV, Section nd 3b; Part V, I	, line 17a or on B, lines 1 ine 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,	
100 1 1 2 2 2 Schedule A (Ferm 980) 2022										
2002 12-04-22 Schadule A (Form 980) 2022										
2002 1:0:42										
2008 1/20-22 Schedule A /Form 990 2022										
2008 12-02-22 Schedule A Fiorm 900 2022										
12022 1202-22 Scheduls & Form 900 2022										
2020 1/00-22 Schedula & Form 990/ 2022										
2028 129-22 Schedule & /Form 900 2022										
2022 12-9-22 Schedule A (Form 90) 2022										
Schedule A (Form 990) 2022										
3228 1206-22 Schedule A (Form 990) 2022										
2002 1209-22 Schedule & Form 9901 2022										
2022 12-08-22 Schedule A (Form 990) 2022										
20025 12-09-22 Schedule A (Form 990) 2022										
2022 129-22 Schedule A (Form 990) 2022										
20028 12-0-22 Schedule A (Form 90) 2022										
22028 12-9-22 Schedule & (Form 990) 2022										
32028 12-09-22 Schedule A (Form 990) 2022										
32028 12-09-22 Schedule A (Form 990) 2022										
32028 12-09-22 Schedule A (Form 990) 2022										
32028 12-09-22 Schedule A (Form 990) 2022										
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32028 12-09-22 Schedule A (Form 990) 2022										
32028 12-09-22 Schedule & (Form 990) 2022										
32028 12-09-22 Schedule A (Form 990) 2022										
	232028 12-09-2	2							Schedule A (Form 990) :	2022

SCHEDULE D	

(Form	990)
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# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.



OMB No. 1545-0047

De Inte Na

	nent of the Treasury Revenue Service		o for instructions and the latest information	on.	Inspection
Name	e of the organization				oyer identification number
	J.		oad Enthusiasts, Inc		54-1691373
Par	t I Organiza		d Funds or Other Similar Funds o	r Account	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Fund	Is and other accounts
1	Total number at er	nd of year			
		f contributions to (during year)			
		f grants from (during year)			
	00 0	t end of year			
			writing that the assets held in donor advised	l funds	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be us		
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose co	nferring	
	impermissible priva	ate benefit?			Yes No
Par	t II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	urt IV, line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
	Preservation	of land for public use (for example, recrea	tion or education)                 Preservation of a	historically in	mportant land area
	Protection o	f natural habitat	Preservation of a	certified hist	oric structure
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservati	on easement on the last
	day of the tax year	·.			Held at the End of the Tax Yea
а	Total number of co	onservation easements		2a	
b	Total acreage restr	ricted by conservation easements		2b	
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conserv	vation easements included in (c) acquired a	after July 25,2006, and not on a		
	historic structure li	isted in the National Register		2d	
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization d	luring the tax
	year				
4	Number of states v	where property subject to conservation eas	sement is located		
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
		orcement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easen	nents during the year
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservatio	n easements	s during the year
8			e satisfy the requirements of section 170(h)	(4)(B)(i)	
_	and section 170(h)				
9	,	0	on easements in its revenue and expense st		
			note to the organization's financial statemen	ts that descr	ibes the
Par	organization's acco	ounting for conservation easements.	Art, Historical Treasures, or Oth	er Similar	Assats
1 41	_	-			A33013.
		the organization answered "Yes" on Form		l halanaa ah	+
1a	-		8, not to report in its revenue statement and		
			blic exhibition, education, or research in furth	-	ublic
Ŀ			ncial statements that describes these items.		worke of
Ø	-		8, to report in its revenue statement and ba		
			exhibition, education, or research in further	ance of publ	iic service,
		ng amounts relating to these items:		•	
•	.,				
			asures, or other similar assets for financial g	ain, provide	
	-	unts required to be reported under FASB A	-	•	
а	Revenue included	on Form 990, Part VIII, line 1		\$	•

Assets included in Form 990, Part X b

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

\$

26 2022.03010 MID-ATLANTIC OFF-ROAD ENT 8248.001

_		antic Off-R						54-16			<sub>age</sub> 2
Par	t III Organizations Maintaining Co	ollections of Art	, Hist	torical Tre	easures, o	r Other	<sup>-</sup> Simila	r Asset	s <sub>(contii</sub>	nued)	
3	Using the organization's acquisition, accession	on, and other records	, chec	k any of the	following that	t make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how th	hey further th	ne organizatio	on's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang								line 9, or		
	reported an amount on Form 990, Par	t X, line 21.		U				, ,	,		
1a	Is the organization an agent, trustee, custodia	an or other intermedia	arv for	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a							·····			
			sg						Amoun	t	
c	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fo							·	Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • •				1
Par											
		(a) Current year		Prior year	(c) Two yea			years back	(e) Fou	r vears	back
19	Beginning of year balance						. ,	5		,	
	Contributions										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance		/l' 4		)) la al al a a a						
2	Provide the estimated percentage of the curre	,	<b>`</b>	g, column (a	)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С		%									
-	The percentages on lines 2a, 2b, and 2c shou	•									
за	Are there endowment funds not in the posses	ssion of the organizat	tion that	at are held al	nd administer	red for the	е			Yes	No
	organization by:									Tes	NO
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organizat								3b		
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme		vment	funds.							
Fai	Complete if the organization answered		Dort I	V line 11e C	Soo Form 000	Dort V	lina 10				
	· · ·							.	( ) =		
	Description of property	(a) Cost or ot		• •	t or other		ccumulat		<b>(d)</b> Boo	k valu	е
		basis (investm	ent)	Dasis	(other)	aep	oreciation	1			
	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	(, colur	<u>mn (B), line 1</u>	0c.)						0.
								Schedule	e D (Forn	n <b>990</b> )	2022

			11b. See Form 990, Part X, line 12.	
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
	al derivatives			
	held equity interests			
) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
otal. (Col. (	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets			
Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Part IX	Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Complete if the organization answered "Yes"	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line <b>Other Liabilities.</b> Complete if the organization answered "Yes" (	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. <u>(Colu</u> Part X	Complete if the organization answered "Yes" (a) (a) (a) (a) (a) (a) (a) (a) <i>must equal Form 990, Part X, col. (B) line</i> (b) <i>must equal Form 990, Part X, col. (B) line</i> (c) <i>Dther Liabilities.</i> Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X	Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line <b>Other Liabilities.</b> Complete if the organization answered "Yes" (	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Fed (2)	Complete if the organization answered "Yes" (a) (a) (a) (a) (a) (a) (a) (a) <i>must equal Form 990, Part X, col. (B) line</i> (b) <i>must equal Form 990, Part X, col. (B) line</i> (c) <i>Dther Liabilities.</i> Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Fee (2) (3)	Complete if the organization answered "Yes" (a) (a) (a) (a) (a) (a) (a) (a) <i>must equal Form 990, Part X, col. (B) line</i> (b) <i>must equal Form 990, Part X, col. (B) line</i> (c) <i>Dther Liabilities.</i> Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Fee (2) (3) (4)	Complete if the organization answered "Yes" (a) (a) (a) (a) (a) (a) (a) (a) <i>must equal Form 990, Part X, col. (B) line</i> (b) <i>must equal Form 990, Part X, col. (B) line</i> (c) <i>Dther Liabilities.</i> Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (9) otal. (Colu Part X (1) Fec (2) (3) (4) (5)	Complete if the organization answered "Yes" (a) (a) (a) (a) (a) (a) (a) (a) <i>must equal Form 990, Part X, col. (B) line</i> (b) <i>must equal Form 990, Part X, col. (B) line</i> (c) <i>Dther Liabilities.</i> Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (9) otal. (Colu Part X (1) Fee (2) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) (a) (a) (a) (a) (a) (a) (a) <i>must equal Form 990, Part X, col. (B) line</i> (b) <i>must equal Form 990, Part X, col. (B) line</i> (c) <i>Dther Liabilities.</i> Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Coll Part X (9) otal. (Coll Part X (1) Fee (2) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" (a) (a) (a) (a) (a) (a) (a) (a) <i>must equal Form 990, Part X, col. (B) line</i> (b) <i>must equal Form 990, Part X, col. (B) line</i> (c) <i>Dther Liabilities.</i> Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colt Part X - (1) Fee (2) (2) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) (a) (a) (a) (a) (a) (a) (a) <i>must equal Form 990, Part X, col. (B) line</i> (b) <i>must equal Form 990, Part X, col. (B) line</i> (c) <i>Dther Liabilities.</i> Complete if the organization answered "Yes" (a) Description of liability	Description		

Mid-Atlantic Off-Road Enthusiasts, Inc

54-1691373 Page 3

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Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 Mid-Atlantic Off-Road Enth	usiasts, I	Inc 54-1691373 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rever	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<b>1</b> .	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses	_ 2c	
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII 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.

Part X, Line 2:

MORE is exempt from income taxes under Section 501(c)(3) of the Internal
Revenue Code. Income from certain activities not directly related to the
Organization's exempt purpose is subject to taxation as unrelated business
income. MORE had no unrelated business income for the year ended December
31, 2022.

232054 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OM	3 No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the		2022
Department of the Treasury		Attach to Form 990 c							pen to Public
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instruc	ctions	and t	ne latest information	n.	Employer		fication number
Name of the organization		antic Off-Road Ent	husi	iast	cs, Inc		54-169		
		Complete if the organization answe				ine 1	7. Form 990	-EZ file	ers are not
<ol> <li>Indicate whether th         <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> </ul> </li> <li>2 a Did the organization key employees list</li> </ol>	e organization rais tions email solicitations tations licitations on have a written o ed in Form 990, Pa ) highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-		<b>Yes</b> o be	□ No
(i) Name and addres or entity (fund	s of individual	(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount pai or retained b fundraiser ted in col. <b>(i</b>	by) to	<b>vi)</b> Amount paid (or retained by) organization
			Yes	No			•		
Total									
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	n regis	tration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

232081 10-27-22

Mid-Atlantic Off-Road Enthusiasts, Inc 54-1691373 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr			÷ .	
			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			MoCo Epic (event type)	(event type)	(total number)	col. <b>(c)</b> )
e				(event type)	(total humber)	
Revenue	1	Gross receipts	102,768.			102,768.
	2	Less: Contributions	61,086.			61,086.
_	3	Gross income (line 1 minus line 2)	41,682.			41,682.
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages				
	_					
	8	Entertainment				41 692
	9	Other direct expenses		•		41,682. 41,682.
	10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				41,002.
Par	<u>11</u> rt I			990 Part IV line 19 or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				billgo/progressive billgo		
Яġ						
+	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
히	4					
r 11	4	Rent/facility costs				
	-					
	-	Rent/facility costs	Ves %	Ves %	<b>Vos</b> %	
	5		Yes%	└── Yes% └── No	☐ Yes % No	
	<u>5</u>	Other direct expenses	No		No	
	5 6 7	Other direct expenses	h 5 in column (d)	□ No	No	
	<u>5</u>	Other direct expenses	h 5 in column (d)	□ No	No	
	5 6 7 8	Other direct expenses	No     No	<u> </u>	<u>No</u>	
9	5 6 7 8 Ent	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No	No	
9   a	5 6 7 8 Ent	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No	
9   a	5 6 7 8 Ent	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No	
9   a	5 6 7 8 Ent	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No	
9   a  b	5 6 7 8 Ent Is t If "I	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	□ No	Yes No
9   a   b	5 6 7 8 Ent Is t If "I We	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	□ No	Yes No
9   a   b	5 6 7 8 Ent Is t If "I We	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	□ No	Yes No
9   a  b	5 6 7 8 Ent Is t If "I We	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	□ No	Yes No

Sch	edule G (Form 990) 2022	Mid-Atlantic	Off-Road	Enthusiasts,	Inc 54-3	1691373	Page 3
11	Does the organization conduct g	aming activities with nonme	mbers?			Yes	No
12	Is the organization a grantor, ben	eficiary or trustee of a trust	, or a member of a	a partnership or other ent	ity formed		
	to administer charitable gaming?					Yes	No No
13	Indicate the percentage of gamin						
а	The organization's facility					13a	%
	An outside facility					13b	%
14	Enter the name and address of th	ne person who prepares the	organization's ga	ming/special events bool	ks and records:		
	Name						
	Address						
45	Den like and indian have a					Yes	No
158	Does the organization have a cor	itract with a third party from	i whom the organ	ization receives gaming re	evenue?		
b	If "Yes," enter the amount of gan	ning revenue received by the	e organization	\$	and the amount		
	of gaming revenue retained by th			·			
с	If "Yes," enter name and address						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee		ent contractor			
17	Mandaton, distributions:						
17	Mandatory distributions: I Is the organization required unde	or state law to make charitak	la distributions fr	om the gaming proceeds	to		
d	retain the state gaming license?					Yes	🗌 No
h	Enter the amount of distributions	required under state law to					
~	organization's own exempt activi	•	\$	other exempt organizatio			
Pa		rmation. Provide the expl		by Part I, line 2b, columr	ns (iii) and (v): and Pa	art III. lines 9. 9	9b. 10b.
		s applicable. Also provide a				, ,	
	· · · ·						
					0.1		000) 0000
2320	83 10-27-22		32		Sched	dule G (Form	<del>99</del> 0) 2022

Schedule G	6 (Form 990)	Mid-Atlantic ormation (continued)	Off-Road	Enthusiasts,	Inc	54-1691373	Page 4
Part IV	Supplemental Inf	ormation (continued)					
						Schedule G (F	orm 990)

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SCHEDULE O (Form 990)

Name of the organization

Inc



Form 990, Part I, Line 1, Description of Organization Mission:

purpose of expanding riding opportunities and increasing trail access

Mid-Atlantic Off-Road Enthusiasts,

throughout the Mid-Atlantic region.

Form 990, Part III, Line 1, Description of Organization Mission:

This is to be achieved by building and maintaining multi use

sustainable trails through promoting volunteerism, partnerships and

educational outreach across user groups, thereby enabling fun and

rewarding riding experiences for all ages and ability levels.

MORE's Vision is to become the premier mountain bicycling club in the

<u>Mid-Atlantic region.</u>

Form 990, Part VI, Section A, line 6:

MORE has members. Per the by-laws, any individual or entity may become a

regular individual or family member by submitting a signed application and

required dues to the address and in the manner set forth in the club rules.

Form 990, Part VI, Section A, line 7a:

The board shall be elected by the members or the board, or a combination

thereof, as the board shall determine.

Form 990, Part VI, Section B, line 11b:

The Treasurer and President review the 990 and then present it to the board

before it is filed.

Schedule O (Form 990) 2022

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ume of the organization Mid-Atlantic Off-Road Enthusiasts, Inc	Employer identification number 54-1691373
Mid Actumete off Road Inchastases, file	
orm 990, Part VI, Section B, Line 12c:	
he conflict of interest policy is reviewed annually by	the board.
orm 990, Part VI, Section C, Line 19:	
he organizing documents are available on the Organizati	on's website and
pon request.	
orm 990, Part XII, Line 2c	
he process of selecting an independent accountant has n	not changed, the
oard approves annually.	