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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

## A For the 2010 calendar year, or tax year beginning

, 2010, and ending

, 20

## B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

## C Name of organization

BMW Motorcycle Owners of NE Florida Inc.

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

Room/suite

P. O. Box 61674

City or town, state or country, and ZIP + 4

Jacksonville, FL 32236-1674

## D Employer identification number

55-0810208

## E Telephone number

904-230-1174

## F Group Exemption

Number ► N/A

G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► [www.bmwnef.org](http://www.bmwnef.org)J Tax-exempt status (check only one) —  501(c)(3)  501(c)(4) (insert no.)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

## L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 45,230

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  
Check if the organization used Schedule O to respond to any question in this Part I. 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 6265
	4 Investment income . . . . .	4 371
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less: cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	
	6 Gaming and fundraising events . . . . .	5c
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
	b Gross income from fundraising events (not including \$ . . . . . of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b
c Less: direct expenses from gaming and fundraising events . . . . .	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	
7a Gross sales of inventory, less returns and allowances . . . . .	7a	
b Less: cost of goods sold . . . . .	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
8 Other revenue (describe in Schedule O) . . . . .	8 38594	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9 45230	
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10
	11 Benefits paid to or for members . . . . .	11 644
	12 Salaries, other compensation, and employee benefits . . . . .	12
	13 Professional fees and other payments to independent contractors . . . . .	13 100
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 928
	15 Printing, publications, postage, and shipping . . . . .	15 701
	16 Other expenses (describe in Schedule O) . . . . .	16 37041
	17 Total expenses. Add lines 10 through 16 . . . . .	17 39414
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 5816
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 55133
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 -
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21 60949

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

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

	(A) Beginning of year	(B) End of year
<b>22 Cash, savings, and investments</b>	<b>55133</b>	<b>60949</b>
<b>23 Land and buildings</b>	<b>—</b>	<b>—</b>
<b>24 Other assets (describe in Schedule O)</b>	<b>—</b>	<b>—</b>
<b>25 Total assets</b>	<b>55133</b>	<b>60949</b>
<b>26 Total liabilities (describe in Schedule O)</b>	<b>—</b>	<b>—</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>55133</b>	<b>60949</b>

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

**Check if the organization used Schedule O to respond to any question in this Part III**  (Required for section

What is the organization's primary exempt purpose? motorcycle education & charity fundraisers

What is the organization's primary exempt purpose? **EDUCATION**  
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	motorcycle safety & education courses were held to instruct on skills & safety maneuvers. These club events are offered to club members & guests (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	7758
29	winter Rally was held in JANUARY. This rally offers motorcycle riders the opportunity to gather, practice ride skills, attend courses & help raise money for charities (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	21812
30	Riding Into History was held in May. This event showcase vintage motorcycles. The funds raised are donated to the Wounded Warriors Project charity. All volunteers (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	00
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	00
32	Total program service expenses (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>	32	29570

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

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

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)  
 Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a  N/A

b Did the organization file Form 1120-POL for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a  N/A

b Gross receipts, included on line 9, for public use of club facilities 39b  N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_ 40b

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40c

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ► \_\_\_\_\_ 40d

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ► \_\_\_\_\_ 40e

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40f

41 List the states with which a copy of this return is filed. ►

42a The organization's books are in care of ► David Palm Telephone no. ► 904-230-1174  
 Located at ► 501 Chapple Place E, Ste Johns, FL ZIP + 4 ► 32259

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

	Yes	No
33	<input checked="" type="checkbox"/>	
34	<input checked="" type="checkbox"/>	
35a	<input checked="" type="checkbox"/>	
35b		
36	<input checked="" type="checkbox"/>	
37b	<input checked="" type="checkbox"/>	
38a	<input checked="" type="checkbox"/>	
39a	<input checked="" type="checkbox"/> N/A	
39b	<input checked="" type="checkbox"/> N/A	
40b		<input checked="" type="checkbox"/>
40c		
40d		
40e		<input checked="" type="checkbox"/>

	Yes	No
42b	<input checked="" type="checkbox"/>	
42c		<input checked="" type="checkbox"/>

	Yes	No
44a	<input checked="" type="checkbox"/>	
44b	<input checked="" type="checkbox"/>	
44c	<input checked="" type="checkbox"/>	
44d		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	<input checked="" type="checkbox"/>
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	<input checked="" type="checkbox"/>
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

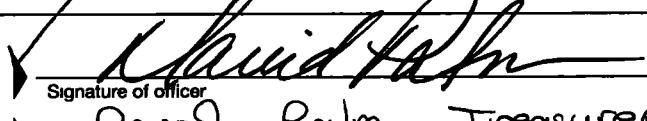
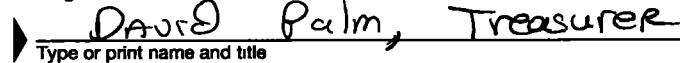
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NO payroll				

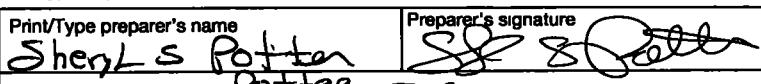
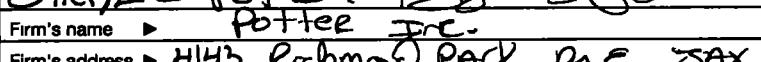
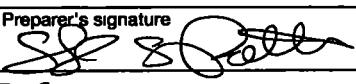
f Total number of other employees paid over \$100,000 ►   
 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NO independent contractors		

d Total number of other independent contractors each receiving over \$100,000 ►   
 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ►  Yes  No

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

Sign Here	 Signature of officer ►  Type or print name and title	Date 2/19/2011
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Paid Preparer Use Only	Print/Type preparer's name ►  Firm's name ►  Firm's address ► 4143 Richmond PARK DR, JACK, FL 32227	Preparer's signature ►  Date 2/19/11	Check <input type="checkbox"/> if self-employed	PTIN ► 59-3487049
				Phone no. 904-992-7102

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

BMW MOTORCYCLE OWNERS OF NORTHEAST FLORIDA, INC.  
FORM 990EZ, 2010  
TAX ID # 55-0810208

**DETAIL LINE #8 OTHER REVENUE**

Safety School Enrollment	\$ 2,743
Winter Rally Income	35,176
Meeting Income	<u>675</u>
<b>TOTAL</b>	<b>\$ 38,594</b>

**DETAIL LINE# 16 OTHER EXPENSES**

Charitable Contributions	\$ 5,700
Club Events	7,758
Insurance	1,681
Miscellaneous	90
Winter Rally	<u>21,812</u>
<b>TOTAL</b>	<b>\$ 37,041</b>