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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.

OMB No 1545-1150

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning

, 2011, 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)
P. O. Box 61674

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.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ **45011**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 7600
	4 Investment income	4 276
	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)	
	8 Other revenue (describe in Schedule O)	7c
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	8 37135
Expenses	10 Grants and similar amounts paid (list in Schedule O)	9 45011
	11 Benefits paid to or for members	10 858
	12 Salaries, other compensation, and employee benefits	11 858
	13 Professional fees and other payments to independent contractors	12
	14 Occupancy, rent, utilities, and maintenance	13 196
	15 Printing, publications, postage, and shipping	14 1074
	16 Other expenses (describe in Schedule O)	15 1149
	17 Total expenses. Add lines 10 through 16 ►	16 41063
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 44340
	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)	18 671
	20 Other changes in net assets or fund balances (explain in Schedule O)	19 60949
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	20 2
		21 61622

59

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	60949	61622
23 Land and buildings	—	—
24 Other assets (describe in Schedule O)	—	—
25 Total assets	60949	61622
26 Total liabilities (describe in Schedule O)	—	—
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60949	61622

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

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

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

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

28	Motorcycle safety & education courses were held to instruct on skills & safety manuvers. These club events are offered to club members & guests. (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	9468
29	Winter Rally was held in January. The rally offers motorcycle riders the opportunity to gather, practice riding skills, attend courses & help raise money for charities (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	24606
30	Riding Into History was held in May. This event showsases vintage motorcycles. The funds raised are donated to the Wounded Warriors Project. No expenses, all volunteers (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	60
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) 32		34074

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

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

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	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	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a <i>N/A</i>	37b	
b Did the organization file Form 1120-POL for this year?	38a	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	✓
39 Section 501(c)(7) organizations. Enter:	39b	✓
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
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	40b	✓
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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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.	40e	✓
41 List the states with which a copy of this return is filed. ► _____		
42a The organization's books are in care of ► <i>David Palm</i> Telephone no. ► <i>904-230-1174</i> Located at ► <i>501 Cheeky Place E St John, FL</i> ZIP + 4 ► <i>32259</i>	42b	✓
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.	42c	✓
c At any time during the calendar year, did the organization maintain an office outside 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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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

47	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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49a Did the organization make any transfers to an exempt non-charitable related organization?

b 49b	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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b If "Yes," was the related organization a section 527 organization?

50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	
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(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 DAVID PALM	Date 2/8/2012
	Type or print name and title DAVID PALM, Treasurer	

Paid Preparer Use Only	Print/Type preparer's name Sheryl S. Potter	Preparer's signature SS S. Potter	Date 2/8/2012	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01568517
	Firm's name Potter Inc.			Firm's EIN 59-3487049	
	Firm's address 4143 Richmond Park Dr E, SAX, FL 32224			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, 2011
TAX ID # 55-0810208

DETAIL LINE #8 OTHER REVENUE

Safety School Enrollment	\$ 2,265
Winter Rally Income	33,997
Meeting Income	<u>873</u>
TOTAL	\$ 37,135

DETAIL LINE# 16 OTHER EXPENSES

Charitable Contributions	\$ 5,000
Club Events	9,468
Insurance	1,520
Miscellaneous	469
Winter Rally	<u>24,606</u>
TOTAL	\$ 41,063