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Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2013**

Open to Public Inspection

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. By law, the IRS generally cannot redact the information on the form.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

## A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization BLUE KNIGHTS WV II	<b>D</b> Employer identification number 55-0707466
	Doing Business As	<b>E</b> Telephone number (304) 623-4244
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 174	<b>G</b> Gross receipts \$ 1,042,021
	City or town, state or province, country, and ZIP or foreign postal code ANMOORE, WV 26323	
<b>F</b> Name and address of principal officer RAY E MARTIN PO BOX 174 ANMOORE, WV 26323		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶ 9222
<b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(10) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ N/A		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1987 <b>M</b> State of legal domicile WV

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities DEVELOP A FRATERNAL SPIRIT BETWEEN LAW ENFORCEMENT AND THE PUBLIC THROUGH MOTORCYCLING SPORT		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	6
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	6
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	58
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
Revenue	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	42,937
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	45,698
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
	<b>9</b> Program service revenue (Part VIII, line 2g)	4,800	18,805
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	193	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	380,746	267,066
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	385,739	285,871
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,129	11,340
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
Expenses	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,399	3,281
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	359,391	270,646
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	376,919	285,267
Net Assets or Fund Balances	<b>19</b> Revenue less expenses Subtract line 18 from line 12	8,820	604
	<b>20</b> Total assets (Part X, line 16)	92,968	105,744
	<b>21</b> Total liabilities (Part X, line 26)	1,940	14,112
Net Assets or Fund Balances	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	91,028	91,632

## Part II Signature Block

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	2014-05-12			
	RAY E MARTIN PRESIDENT	Date			
Paid Preparer Use Only	Print/Type preparer's name THEODORE A LOPEZ	Preparer's signature	Date 2014-05-06	Check <input type="checkbox"/> if self-employed	PTIN P00247850
	Firm's name ▶ ARNETT FOSTER TOOTHMAN PLLC	Firm's EIN ▶ 55-0486667			
	Firm's address ▶ PO BOX 908	Phone no (304) 624-5471			
	BRIDGEPORT, WV 26330				

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May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No