



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A** For the 2013 calendar year, or tax year beginning

, 2013, and ending

, 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

BMW Motorcycles Owners of NE Florida Inc

D Employer identification number

55-0810208

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

P.O. Box 61674

Room/suite

E Telephone number

904-230-1174

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

JACKSONVILLE, FL 32236-1674

F Group Exemption

Number ▶ N/A

G Accounting Method:☒ Cash ☐ Accrual Other (specify) ▶**H** Check ☒ if the organization is not

required to attach Schedule B

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

I Website: ▶

BMWNEFLA.ORG

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 48,352

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 ☐

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
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	6981											
	4	Investment income														4	167											
	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)														5c												
	6	Gaming and fundraising events																										
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)														6a												
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions 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) (see attached sheet)														8	41,204												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														9	48,352												
Expenses	10	Grants and similar amounts paid (list in Schedule O)														10												
	11	Benefits paid to or for members														11	524											
	12	Salaries, other compensation, and employee benefits														12												
	13	Professional fees and other payments to independent contractors														13	181											
	14	Occupancy, rent, utilities, and maintenance														14	1361											
	15	Printing, publications, postage, and shipping														15	103											
	16	Other expenses (describe in Schedule O) (see attached sheet)														16	48,774											
	17	Total expenses. Add lines 10 through 16														17	50,943											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														18	2,591											
	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	58,498											
	20	Other changes in net assets or fund balances (explain in Schedule O)														20	-0-											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														21	55,907											

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2013)

SCANNED MAR 19 2014

3

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	58,498	22 55,907
23 Land and buildings	—	23 —
24 Other assets (describe in Schedule O)	—	24 —
25 Total assets	58,498	25 55,907
26 Total liabilities (describe in Schedule O)	—	26 —
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	58,498	27 55,907

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 fund

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

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 <u>motorcycle safety & education courses were held to instruct on skills & safety maneuvers. These club events are offered to club members & guests</u> (Grants \$ <u>— 0 —</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	5,649
29 <u>Winter Rally was held in January. The rally offers motorcycle riders the opportunity to gather, practice riding skills, attend seminars & help raise money for charities</u> (Grants \$ <u>— 0 —</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	31,853
30 <u>Riding Into History was held in May. This event shows vintage motorcycles. The funds raised are donated to the wounded warrior project. No expenses. All volunteers</u> (Grants \$ <u>— 0 —</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	— 0 —
31 Other program services (describe in Schedule O) (Grants \$ <u>— 0 —</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	— 0 —
32 Total program service expenses (add lines 28a through 31a)	32	37,502

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Chris Kenyon 10442 Hunters Creek Ct Jacksonville, FL 32256	President 10 hrs	— 0 —	— 0 —	— 0 —
William Botkin 96115 Scarlet Oaks Ct Yulee, FL 32097	Vice Pres. 5 hrs	— 0 —	— 0 —	— 0 —
Wayne Givens 9938 Orchard Hills Rd. Jacksonville, FL 32256	Treasurer 2 hrs	— 0 —	— 0 —	— 0 —
Nick Decker 1754 Fiddlees Ridge Dr Orange Park, FL 32063	Secretary 2 hrs	— 0 —	— 0 —	— 0 —

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

	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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		
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		
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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b <u>N/A</u>	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a <u>N/A</u>	
b Gross receipts, included on line 9, for public use of club facilities	39b <u>N/A</u>	
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>Wayne Givens</u> Telephone no. ▶		
Located at ▶ <u>9938 Orchard Hills Rd Jacksonville, FL</u> ZIP + 4 ▶ <u>32256</u>		
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: ▶	42b	<input checked="" type="checkbox"/>
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 the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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	<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

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
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

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

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

	Yes	No
49a		<input checked="" type="checkbox"/>

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

	Yes	No
49b		<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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."

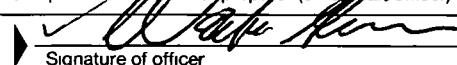
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
no independent contractors		

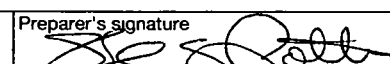
d Total number of other independent contractors each receiving over \$100,000 ▶

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 	Date <u>2/21/2014</u>
	Type or print name and title <u>Wayne Givens, Treasurer</u>	

Paid Preparer Use Only	Print/Type preparer's name <u>Sheryl S Potter</u>	Preparer's signature 	Date <u>2/21/2014</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>901568517</u>
	Firm's name ▶ <u>Potter Inc.</u>	Firm's EIN ▶ <u>59-3487047</u>			
	Firm's address ▶ <u>4143 Richmond Park Dr E, Jax, FL 32224</u>	Phone no <u>904-992-7102</u>			

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

BMW MOTORCYCLE OWNERS OF NORTHEAST FLORIDA, INC.
FORM 990EZ, 2013
TAX ID # 55-0810208

DETAIL LINE #8 OTHER REVENUE

Winter Rally Income	\$39,139
Merchandise Income	1,327
Meeting Income	738
TOTAL	\$ 41,204

DETAIL LINE# 16 OTHER EXPENSES

Charitable Contributions	\$ 7,500
Club Events	4,326
Insurance	1,323
Miscellaneous	1,038
Winter Rally	31,853
Club Merchandise	2,734
TOTAL	\$ 48,774