

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)

2019

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► Do not enter social security numbers on this form, as it may be made public.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information. 1912

A For the 2019 calendar year, or tax year beginning		January	2019, and ending	December	, 20 19
B Check if applicable	C Name of organization	BMW Motorcycle Owners of NE Florida, INC		D Employer identification number	55-0810208
<input type="checkbox"/> Address change	Number and street (or P O box if mail is not delivered to street address)	PO Box 61674	Room/suite	E Telephone number	904-477-8479
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code	Jacksonville, FL 32236-1674		F Group Exemption Number	04
<input type="checkbox"/> Initial return					
<input type="checkbox"/> Final return/terminated					
<input type="checkbox"/> Amended return					
<input type="checkbox"/> Application pending					
G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	71
I Website	► BMWNEF.ORG				
J Tax-exempt status (check only one)	<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Form of organization	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ				► \$	54454
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) 71					
Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/>					
Revenue	1 Contributions, gifts, grants, and similar amounts received	5a		1	
	2 Program service revenue including government fees and contracts	5b		2	
	3 Membership dues and assessments			3	3720
	4 Investment income			4	358
	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	6a		5c	RECEIVED
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		JUL 9 0 2020	OGDEN, UT
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		50376		
	9		54454		
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10			
	11 Benefits paid to or for members	11		533	
	12 Salaries, other compensation, and employee benefits	12			
	13 Professional fees and other payments to independent contractors	13			
	14 Occupancy, rent, utilities, and maintenance	14		2285	
	15 Printing, publications, postage, and shipping	15			
	16 Other expenses (describe in Schedule O)	16		50935	
	17 Total expenses. Add lines 10 through 16	17		53753	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18		701	
	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		35319	
	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		36020	

For Paperwork Reduction Act Notice, see the separate instructions

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**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	35319	22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
<b>25 Total assets</b>	<b>35319</b>	<b>25</b>
<b>26 Total liabilities (describe in Schedule O)</b>		<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	<b>35319</b>	<b>27</b>
		36020

**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 Fundraiser**

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 and education courses were held to instruct on skills and safety maneuvers. These club events are offered to club members and guests		
28	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	2160
29	The Winter Rally was held in January. The Rally offers motorcycle riders the opportunity to gather, practice riding skills, attend seminars, and raise money for charities		
29	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	42651
30			
30	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	46213
31	Other program services (describe in Schedule O)		
31	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32

**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 N/A	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:	39a	N/A
a Initiation fees and capital contributions included on line 9	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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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		
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Myron Beachy Located at ► 13491 Sawpit Road, Jacksonville, FL	Telephone no ► 615-517-1869 ZIP + 4 ► 32226	
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	✓
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42c	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? 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	✓
b 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	✓

