

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 black lung benefit trust or private foundation)

OMB No. 1545-1150

**2004**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.  
► The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2004 calendar year, or tax year beginning** January 1, 2004, and ending December 31, 20 04

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>Buffalo Soldiers Motorcycle Club, Brevard Florida Inc.</b>		<b>D Employer identification number</b> <b>59 3712277</b>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>1656 Tuers Rd.</b>		<b>E Telephone number</b> <b>( 321 ) 254-7963</b>
		City or town, state or country, and ZIP + 4 <b>Melbourne, FL 32935</b>		<b>F Group Exemption Number</b> . . . ►

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**I Website:** ► http://www.bsmccentralfl.com

**J Organization type** (check only one)— 501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ . . . ► \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received			<b>1</b>
2	Program service revenue including government fees and contracts			<b>2</b>
3	Membership dues and assessments			<b>3</b>
4	Investment income			<b>4</b>
5a	Gross amount from sale of assets other than inventory	<b>5a</b>		<b>5c</b>
b	Less: cost or other basis and sales expenses	<b>5b</b>		
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			<b>6c</b>
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>		
b	Less: direct expenses other than fundraising expenses	<b>6b</b>		
7a	Gross sales of inventory, less returns and allowances	<b>7a</b>		<b>7c</b>
b	Less: cost of goods sold	<b>7b</b>		
8	Other revenue (describe ► _____)			<b>8</b>
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			<b>9</b>
10	Grants and similar amounts paid (attach schedule)			<b>10</b>
11	Benefits paid to or for members			<b>11</b>
12	Salaries, other compensation, and employee benefits			<b>12</b>
13	Professional fees and other payments to independent contractors			<b>13</b>
14	Occupancy, rent, utilities, and maintenance			<b>14</b>
15	Printing, publications, postage, and shipping			<b>15</b>
16	Other expenses (describe ► _____)			<b>16</b>
17	<b>Total expenses</b> (add lines 10 through 16)			<b>17</b>
18	Excess or deficit for the year (line 9 less line 17)			<b>18</b>
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)			<b>19</b>
20	Other changes in net assets or fund balances (attach explanation)			<b>20</b>
21	Net assets or fund balances at end of year (combine lines 18 through 20)			<b>21</b>

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

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

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<b>Part III Statement of Program Service Accomplishments</b> (See page 41 of the instructions.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? _____ 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, or other relevant information for each program title.	
28 _____ _____ (Grants \$ _____)	<b>28a</b>
29 _____ _____ (Grants \$ _____)	<b>29a</b>
30 _____ _____ (Grants \$ _____)	<b>30a</b>
31 Other program services (attach schedule) _____ (Grants \$ _____)	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a) _____	<b>32</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Harris, Eric 1616 Arnold Dr., Melbourne, FL 32935	President	0		
Campbell, Harold 2831 Saint Robert Drive, Melbourne, FL 32935	Vice President	0		
Washington, Prentice 1134 Woodsmere Pkwy., Rockledge, FL 32955	Treasurer	0		

<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14.)	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
b Did the organization file Form 1120-POL for this year? . . . . .		
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 unpaid at the start of the period covered by this return? . . . . .		
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <b>38b</b> _____		
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 <b>39a</b> _____		
b Gross receipts, included on line 9, for public use of club facilities <b>39b</b> _____		
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. . . . .		
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ _____		
d Enter: Amount of tax on line 40c, above, reimbursed by the organization . . . . . ▶ _____		
41 List the states with which a copy of this return is filed. ▶ _____		
42 The books are in care of ▶ _____ Telephone no. ▶ (____) _____ Located at ▶ _____ ZIP + 4 ▶ _____		
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 . . . ▶ <b>43</b>   _____		

**Please Sign Here**

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.

Signature of officer: Prentice Washington, Treasurer Date: 3/10/05

Type or print name and title: Prentice Washington, Treasurer

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____	EIN ▶ _____	Phone no. ▶ (____) _____	