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236 04/17/2007 10 31 AM TROOSS OS OTI

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)

The organization may have to use a copy of this return to satisfy state reporting requirements

200612 2006 Open to Public Inspection

Dep	artment o	f the Treasur	у	► The orga	t anization may have to	enefit trust or private for use a copy of this return	undation) to satisfy s) state reportır	ng requireme	nts	ō	pen to Public	Inspection
A				or tax year		, and ending							
В	Check if	applicable		C Name of c	organization					D	Employer	identification	number
	Address	change	use IRS label or								<u> 16-0</u>	<u>95729</u>	1
\Box	Name ch	ange	print or	100_	CLUB OF BU	FFALO, INC.			_	Ε	•	ne number	
Ħ		-	type.	Number a	nd street (or P O box if	mail is not delivered to street a	address)		Room/suite		<u>716-</u>	<u>688-8</u>	888
님	Initial reti	urn	See Specific	11 P	INCHOT COU	RT, SUITE 100	0				Accountin	g method· [Cash
닏	Final retu	nu	Instruc-	City or tov	vn, state or country, and					X	Accrual	Othe	r (specify)
\sqcup	Amended	d return	tions.	AMHE	RST	NY 142	228			<u> </u>			
	Application	on pending			•	47(a)(1) nonexempt charita		and are not ap	plicable to secti	on 527	7 organiza	tions I	
	trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for a											Yes	X No
^	Websit	Website: ▶ WWW.100CLUBBUFFALO.ORG H(b) If "Yes," enter number of affile							affiliat	es 🕨	$\overline{}$		
	Organi	zation type	. =	_	r		1	c) Are all affi	liates included?	•		Yes	i 📙 No
	(check	only one)	▶ X 50	01(c) (3) ◀ (insert no)	4947(a)(1) or 5	527		ich a list. See instr		-		
	Check he	ere 🕨	If the org	ganization is no	t a 509(a)(3) supporting	organization and its gross	H(6	•	eparate return f				
	receipts	are normally i	not more tha	an \$25,000 A	return is not required, bu	t if the organization chooses	<u> </u>		on covered by a			Yes	No No
	to file a r	eturn, be sure	e to file a cor	mplete return			<u> </u>		xemption Nur				
		ross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 96,819 to attach Sch B (Form 99)											
												, 10C 99U-H	·)
	art i					Net Assets or Fund	<u>, balanc</u>	ces (See	ine instruc	1 (}}		
	1	Contributions, gifts, grants, and similar amounts received TATE TO THE Contributions to donor advised funds								42	, ~\\\) /	
	а					1 \L_ \L_ L_ 1 \ L_ L_	1b		(225	Pa		200°	² /
	b	•	• • •	(not included	ed on line 1a)	Mar 9 5 2016	16		\	C.	S POP	<i>409</i>	/
	d	•	• • •	•) (not included on line	,	1d	···-	-	√"	(A) (P)		<i>†</i>
	l e			hrough 1d) (c		TPR 20RANGH				16			225
	2					nd contracts (Form Part VII				1/2	1/		0
	- വര 3	_		nd assessmer			_	tateme	nt 1	3	$\sqrt{2}$	738	2/85
1	5 4		•		cash investments			•		4	100	· 50	689
	5		•	st from secur						5	W	Y	80.50
	€ 6a	Gross rent					6a				K		[3. S.
	Щь	Less renta		s			6b			7		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5.9 ₂
	Ľ.	Net rental	income or	(loss) Subtra	act line 6b from line 6	a				60	: .		
_	≸ 7	Other inve	stment inco	ome (describ	e >)				7			
Ž	A 8a	Gross amo	ount from s	sales of asset	ts other	(A) Secunties		(B) (Other	1	REC	EIVED	
949	d 9	than invent	tory				8a		·	1	1.30		•
α'	b	Less cost	or other ba	asıs and sale	s expenses		8b			1			
	010 1010	Gain or (lo	ss) (attach	n schedule)			8c			. .	4 0	0 1 200	19
	₱ a	Net gain or	r (loss) Co	ombine line 8	c, columns (A) and (E	3)				80	1 Y O		
	9	Special ev	ents and a	activities (atta	ch schedule) If any a	mount is from gaming, ch	neck here	▶ ∐		1	<u></u>		a 6.
	а	Gross reve	enue (not ır	ncluding \$ _		of				J	185-1	HILA.	₹%\ •
		contributio	ns reported	d on line 1b)			9a		47,392			312	لند
	Ь		•		fundraising expenses		9b	·	42,300	⊣ ~			- 000
	С		, ,	•	events Subtract line	9b from line 9a	1 1			90	: 		5,092
	10a			•	irns and allowances		10a			┨			
	b		of goods s				_10b			┨			
	С	•	. ,			hedule) Subtract line 10b	from line 1	10a		100			2,228
	11		•	Part VII, line	•	• • • • • • • • • • • • • • • • • • • •				11			1,519
	12				, 4, 5, 6c, 7, 8d, 9c, 1	uc, and 11				12	+		5,079
တ္တ	13	-		om line 44, c						13			2,976
Expenses	14	•	•	•	ne 44, column (C))					14			-, 510
ĝ	15		• •	e 44, column						15			
ω		•		s (attach scho	· ·					17		ρQ	9,055
	17				d 44, column (A)	no 12			<u> </u>	18			1,536
Net Assets	18		` '	•	ibtract line 17 from ling ginning of year (from					19			9,966
As	19				iginning or year (iron) nd balances (attach e					20			,
Š	20		_		d of year_Combine li					21		7.	5,430
Fo	r Privacy	Act and P	Paperwork	Reduction	Act Notice, see the s	separate	*********						90 (2006)
ins DA	truction	is.								^			, 1

DUPLICATE 100 CLUB OF BUFFA 16-0957291 Page 2 Part II Statement of All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt chantable trusts but optional for others (See the instructions) **Functional Expenses** Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach schedule) If this amount includes foreign grants, check here 22a 22b Other grants and allocations (attach schedule) If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) 25a **b** Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 25c 26 Salaries and wages of employees not included 10,769 10,769 on lines 25a, b, and c 26 27 Pension plan contributions not included on lines 25a, b, and c 27 28 Employee benefits not included on lines 25a - 27 28 824 824 29 Payroll taxes 29 30 Professional fundraising fees 30 975 31 Accounting fees 31 975 32 Legal fees 32 429 429 33 Supplies 33 34 Telephone 34 1,312 1,312 35 Postage and shipping 35 36 Occupancy 36 37 Equipment rental and maintenance 37 3,555 3,555 38 Printing and publications 38 39 Travel 39 Conferences, conventions, and meetings 40 41 Interest 41 Depreciation, depletion, etc (attach schedule) 42 Other expenses not covered above (itemize) 71,191 See Statement 2 50,783 20,408 43a b 43b 43c 43d 43e 43f 43g 44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 89,055 56,079 32,976 13-15) Joint Costs. Check ▶ I if you are following SOP 98-2 Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$

and (iv) the amount allocated to Fundraising \$

Page 3

Part III	Statement of Program	Service Accomplishments	(See the instructions.)
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Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

÷				-,, 5 5		_	Form 990 (2006)
f	(Grants and allocations Total of Program Servi		d equal line 44, column (I		1	┵	56,079
6	Other program services	(aπach schedule) \$	١	If this amount includes foreign grants, check here	▶ [\neg $ $	
	(Grants and allocations	(attach schedule)		ir triis amount includes foreign grants, check here		4	
	(Grante and allocations	¢	,	If this amount includes foreign grants, check here	⊾ [-	
d	(Grants and allocations	\$)	If this amount includes foreign grants, check here	. ▶ [
С	(Grants and allocations	\$)	If this amount includes foreign grants, check here	<u> </u>		
b							
а				AINING, AND OTHER AFETY OFFICERS AND If this amount includes foreign grants, check here	▶ [56,079
of c	clients served, publication anizations and 4947(a)(1)	be their exempt purp s issued, etc Discus:) nonexempt charitab	s achievements that are le trusts must also enter	lear and concise manner State the number not measurable (Section 501(c)(3) and (4) the amount of grants and allocations to others)			Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
٧h	at is the organization's pr		se?				Program Service

Form 990 (2006)

Balance Sheets (See the instructions. Part IV Where required, attached schedules and amounts within the description (A) (B) Note: End of year Beginning of year column should be for end-of-year amounts only 7,990 21,215 45 Cash-non-interest-bearing 38,724 13,974 46 46 Savings and temporary cash investments 47a Accounts receivable 47b 47c Less allowance for doubtful accounts b 48a 48a Piedges receivable Less allowance for doubtful accounts 48b 48c h 49 49 Grants receivable Receivables from current and former officers, directors, trustees, and 50a key employees (attach schedule) 50a Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule) 50b 51a Other notes and loans receivable (attach schedule) 51a 51b **51**c Less allowance for doubtful accounts 52 52 Inventories for sale or use 53 53 Prepaid expenses and deferred charges Investments—publicly-traded securities 54a 50,027 53,466 See Statement 4 FMV 54a b Investments—other securities (attach schedule) 54b FMV Investments-land, buildings, and 55a equipment basis 55a b Less accumulated depreciation (attach 55b 55c schedule) 56 56 Investments-other (attach schedule) Land, buildings, and equipment basis 57a 57a Less accumulated depreciation (attach 57b 57c schedule) 58 Other assets, including program-related investments (describe ▶) 58 109,966 75,430 59 Total assets (must equal line 74) Add lines 45 through 58 59 60 60 Accounts payable and accrued expenses 61 61 Grants payable 62 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees (attach 63 schedule) Tax-exempt bond liabilities (attach schedule) 64a 64a 64b Mortgages and other notes payable (attach schedule) 65 Other liabilities (describe) 65 0 Total liabilities. Add lines 60 through 65 66 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 109,966 75,430 67 Unrestricted 67 Net Assets or Fund Balances 68 68 Temporanly restricted 69 69 Permanently restricted complete lines 70 through 74 70 Capital stock, trust principal, or current funds 70 71 Paid-in or capital surplus, or land, building, and equipment fund 71 72 72 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances (add lines 67 through 69 or lines 73 70 through 72 (Column (A) must equal line 19 and column (B) must 109,966 equal line 21) 75,430 109. 966 Total liabilities and net assets/fund balances. Add lines 66 and 73

Add lines d1 and d2

Total expenses (Part I, line 17) Add lines c and d

For	n 990 (2006) 100 CLUB OF BUFFALO, INC.	16-0957291		Page
, P.	art IV-A Reconciliation of Revenue per Audited Financial S	Statements With Revenue	per Return (S	
	instructions.)			
а	Total revenue, gains, and other support per audited financial statements		a	54,51
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	_ b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify)	1 1		
		b4		
	Add lines b1 through b4		b	
С	Subtract line b from line a		С	54,51
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)			
		d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		▶ e	54,51
P	art IV-B Reconciliation of Expenses per Audited Financial	Statements With Expense	s per Return	<u> </u>
a	Total expenses and losses per audited financial statements		a	89,05
b	Amounts included on line a but not Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify)			
		b4		
	Add lines b1 through b4			
С	Subtract line b from line a		c	89,05
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2				
		d2		

Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, Part V-A

(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 & deterred compensation plans	(E) Expense account and other allowances
ROSS B KENZIE	BUFFALO	PRESIDENT			
50 FOUNTAIN PLAZA	NY 14202	0	0	0	0
THOMAS O'NEILL JR	BUFFALO	TREASURER			
50 FOUNTAIN PLAZA	NY 14202	О	0	0	0
HON. BARBARA HOWE	BUFFALO	V PRESIDENT			
50 FOUNTAIN PLAZA	NY 14202	0	0	0	0
RALPH J. VANNER, JR.	BUFFALO	V PRESIDENT			
50 FOUNTAIN PLAZA	NY 14202	0	0	<u> </u>	0
ROBERT A. WUTZ, JR.	BUFFALO	V PRESIDENT			
50 FOUNTAIN PLAZA	NY 14202	О	o	0	o
JOHN J. O'NEILL	BUFFALO	SECRETARY			
50 FOUNTAIN PLAZA	NY 14202	o	0	0	0
ROBERT M. ZAK	BUFFALO	ASSIST SEC.			
50 FOUNTAIN PLAZA	NY 14202	O	0	o	0
REGINALD B. NEWMAN, II	BUFFALO	ASSIST TREAS			
50 FOUNTAIN PLAZA	NY 14202		0	o	О
SEE ATTACHED	BUFFALO	DIRECTORS			
50 FOUNTAIN PLAZA	NY 14202		o	0	o

89,055

the definition of "related organization"

236 04/17/2007 10 31 AM ·100 CLUB OF BUFFALO 16-0957291 Page 6 Current Officers, Directors, Trustees, and Key Employees (continued) Yes No 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board ▶ 35 meetings b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) X 75b

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest

If "Yes," attach a statement that includes the information described in the instructions

Does the organization have a written conflict of interest policy?

compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-À or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for

	 (A) Name and a	ddress			(B) Loa	ans and Advan	nces	(C) Compensation (if not paid, enter -0-)	(D) Contribution benefit plans compensati	is to employee & deferred on plans	(E) Expense account and other allowances
N/A	_			-	_							
	 							Ì				
					<u> </u>							
					W - 1		-	i				
							. ,		<u> </u>	,		
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				<u> </u>	_							

Pa	art VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a			
	detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes			,
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			_
	this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach			
	a statement	79		_X_
80a	Is the organization related (other than by association with a statewide or nationwide organization) through			
	common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt			,
	organization?	80a		X
b	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt	į		
81a	Enter direct and indirect political expenditures (See line 81 instructions) 81a			
b	Did the organization file Form 1120-POL for this year?	81b	l	X_
			000	

	14/17/2007 10 31 AM DUPLICATE DUPLICATE 16-09572	, Q1			Dogo
	art VI Other Information (continued)	<u> </u>		Yes	Page No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge		Τ	1.63	1
	or at substantially less than fair rental value?		82a		x
ь	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II			i	
	·	32b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications	?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a	<u></u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				ŀ
	gifts were not tax deductible?	N/A	84b	<u> </u>	ļ
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		1
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	n	ŀ		
	received a waiver for proxy tax owed for the pnor year.	1			
C	Dues, assessments, and similar amounts from members	35c			
d	Section 162(e) lobbying and political expenditures	15d		ľ	
0	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	35e	ļ	ŀ	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	35f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		<u> </u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f		Į.		
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	37/3		-	
	following tax year?	N/A	85h	-	├
86	ουν(-)(ν) - νθο	6a	1		
ь		6b -	┨	l	
87		77a	┨		
Ь	Gross income from other sources (Do not net amounts due or paid to other	.=1.			
	Control of the contro	7b	┨		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or				
	partnership, or an entity disregarded as separate from the organization under Regulations sections		 88a	ŀ	x
_	301 7701-2 and 301 7701-3? If "Yes," complete Part IX At any time during the year, did the organization, directly or indirectly, own a controlled entity within the		ooa		 ^
D	meaning of section 512(b)(13)? If "Yes," complete Part XI	•	88b		x
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	•	000		
оза	section 4911 O , section 4912 O , section 4955	0	l		l
.	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction	J			
Þ	duning the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach				
	a statement explaining each transaction		89b		X
С	Enter Amount of tax imposed on the organization managers or disqualified		-		
•	persons during the year under sections 4912, 4955, and 4958	▶ 0			ŀ
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	▶ 0			:
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction?		89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contra	ct?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the				
_	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	;	ł		
	at any time during the year?		89g		X
90a	List the states with which a copy of this return is filed NY				
b	Number of employees employed in the pay period that includes March 12, 2006 (See				
	instructions)	90b			
91a	The books are in care of THOMAS O'NEILL JR	Telephone no ▶ 716-	842	-10	42
	50 FOUNTAIN PLAZA, STE 1220				
	Located at BUFFALO, NY	ZIP+4 ► 14202			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authori	ty			1
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
	account)?		91b		X
	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		<u> </u>		1

Part VI Other Information (continued) Ves No	236 04/17/2007 10	31 AM	DUPL	ICATE		•	,		
c. All any time during the calendary year, did the organization mentation an office outside of the United States? 1 17 'es, "enter the name of the Gregin country." 2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in leu of Form 1041- Check here and other the amount of the covering indicated of accided during the tax year. Part VII Analysis of Income-Producing Activities (See the Instructions.) 1 other Enter gross amounts unless otherwise dicidated where a smooth of the control of the Contro				•	<u> </u>	<u>57291</u>			Page 8
If "Yes," enter the name of the foreign country 2 Section 4947(a/f) nonexempt charitable funts filing Form 990 in lev of Form 1041- Check here and either the amount of tax-exempt interest received or accorded during the tax year Part VII Analysis of Income-Producing Activities (See the instructions.) Variety									
2 Section 4947(a)(1) nonexempt charitable trusts fling Form 1961 - Check here and enter the amount of tax-exempt interest received or accured during the tax year Part VII Analysis of Income-Producing Activities (See the instructions.) ote: Enter gross amounts unless otherwise (dicated and the producing Activities) (See the instructions). Ote: Enter gross amounts unless otherwise (dicated and programs are all the producing Activities). Total (add and the producing Activities) (See the instructions). Other characteristics (See the instructions). Interest on savings and temporary cash investments and temporary cash investments. Interest on savings and temporary cash investments. Analysis of the discare/Medicaid payments (See The instructions). The renal income or (foss) from government agencies (See The instructions). The renal income or (foss) from real estate (See The instructions). Analysis of the discare/Medicaid payments (See The instructions). The renal income or (foss) from real estate (See The instructions). The renal income or (foss) from real estate (See The instructions). Solver reventient income (See (foss) from sales of assets other than inventory (See from special events). Other reventient income (See (foss) from sales of assets other than inventory (See from special events). Other reventient income (See (foss) from sales of assets other than inventory (See from special events). Other reventient income (See (foss) from sales of assets other than inventory (See from special events). Solve the special events (See The instructions). The relationship of Cost (Foss) from sales of inventory (See from special events). Solve the special events (See The instructions). The relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions). The relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions). (E) N/A (See The Instructions).	•	•	-	an office outs	de of the United Stat	es?		91c	<u> </u>
and enter the amount of fax-exempt interest received or accrued during the tax year Part VII Analysis of Income-Producing Activities (See the instructions.)	•		•						. –
Part VII Analysis of Income-Producing Activities (See the instructions.) office Energross amounts unless otherwise (dictated and the program service revenue and temporary cash investments and temporary and temporary cash investments and temporary cash investments and temporary cash investments and temporary and tem			•				. 1		▶ _
Obe: Enter gross amounts unless otherwise dictated dictated and discaled and discaled and an application of the program service revenue							▶ 92		
dicated Business code All Business code Amount Part Pa	Part VII	Analysis of Income-Pro	ducing Activities	s (See the i	nstructions.)			,	
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N/A % % % % % % % % % % % % % % % % % % %	Name, addre	(A) ess, and EIN of corporation,	(B) Percentage of		(C)			(E) End-of-yea	r
% %		ip or aidiogaladd critity	ownerous interest	%			·	400013	
%		 -			<u> </u>				
						$\neg + \neg$			
ı /Gi				%					

Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Form **990** (2006)

Yes Yes X No

No

Part X

Form 990 (20)			16-0957291				⊃age 9	
Part XI				⇒ only if the o	rganizatio	n		
	is a controlling organization as de	etined in section 512(b)(13).				T N -	
106 Did th	e reporting organization make any transfers to	a controlled entity as defined in	section 512(h)(13) of			Yes	No	
	ode? If "Yes," complete the schedule below for e		3000011 312(0)(13) 01				x	
	(A)	(B)	(C)			L		
	Name, address, of each	Employer ID	Description of	;		(D)		
	controlled entity	Number	transfer		Amount	of tra	anster	
a								
+					 -			
ь								
<u> </u>								
			-					
С								
	Tetala	-						
	Totals				Щ,			
40- 0.44					-	Yes	No	
	e reporting organization receive any transfers fr)(13) of the Code? If "Yes," complete the schedu	-					x	
7 312(0	(A)	(B)	(C)					
	Name, address, of each	Employer ID	Description of			D)		
	controlled entity	Number	transfer		Amount	of tra	ınster	
а								
+								
ь								
			·		<u> </u>			
C								
			 		 			
	Totals							
						Yes	No	
	e organization have a binding written contract in	•	ering the interest,					
rents,	royalties, and annuities described in question 10						<u> </u>	
	Under penalties of penury, I declare that I have exame and belief, it is true, correct, and complete. Declarate	nined this return, including accompar on of preparer (other than officer) is l	lying schedules and statements, based on all information of which	and to the best of n preparer has any k	ny knowledge knowledge			
Please	IN Immu tu	$\langle N \rangle \rangle \rangle$		1				
Sign	Signature of officer	· (/ Date				
Here	THOMAS H. O'NEILL	- TREASURER		9/29/09	>			
	Type or print name and title		<u> </u>					
Paid	Preparer's		cel	eck if	Preparer's SS (See Gen In	str X)		
Preparer's	signature RAYMOND M NOW		4/17/07 em	iployed ▶	P0024	<u>547</u>	<u>0</u>	
Use Only		and Company, LLE		EIN	<u> </u>			
•	if self-employed), address, and ZIP + 4 Buffalo,	on Road, Suite 2 NY 14227-1017	200	Phone	N 716 601 6267			
	Bullato,	MI 14421-1011		no ▶			(2006)	

Department of the Treasury Internal Revenue Service

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ OMB No 1545-0047

2006

Name of the orga		в ог	BUFFALO, INC.		Employer ide	entification number 291
Part I	Compensation of the Five Highest Paid Emplo (See page 2 of the instructions. List each one. I	-			nd Truste	es
	(a) Name and address of each employee paid more than \$50,000		(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib t empl ben pl & deferred co	ans account & other
NONE						
-						
				- 		
					<u> </u>	
Total number of	of other employees paid over \$50,000	•			,	
	Compensation of the Five Highest Paid Indep	enden				HA 1 113
	(See page 2 of the instructions. List each one (value) (a) Name and address of each independent contractor paid more than). If there are (b) Type of s	- 1	er "None.") (c) Compensation
NONE						
Total number of	f others receiving over \$50,000 for				•	
Part II-B	Compensation of the Five Highest Paid Indep	enden	t Contractors for Ot	ner Services	 	
	(List each contractor who performed services of firms. If there are none, enter "None." See page		-	ces, whether	individual	s or
	(a) Name and address of each independent contractor paid more that	an \$50,00	0	(b) Type of s	ervice	(c) Compensation
NONE						
	, <u></u>					
						
Total number of	f other contractors receiving over					
\$50,000 for oth	•	•				
For Paperworl	k Reduction Act Notice, see the Instructions for Form 990 a	nd Form	990-EZ.	Schedul	e A (Form 99	0 or 990-EZ) 2006

Ρ	art III Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
а	Sale, exchange, or leasing of property?	<u> </u>	х
b	Lending of money or other extension of credit?	<u> </u>	x
С	Furnishing of goods, services, or facilities?		x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		х
е	Transfer of any part of its income or assets?		x
3а	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) See Statement 5 3a	x	
b	Did the organization have a section 403(b) annuity plan for its employees?	<u> </u>	х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		x
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g Did the organization make any taxable distributions under section 4966? 4a 4b		x
b			
C	Did the organization make a distribution to a donor, donor advisor, or related person? 4c	<u>.I</u>	
d	Enter the total number of donor advised funds owned at the end of the tax year	-	
0	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0	l
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

100 CLUB OF BUFFALO INC.

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Page 3

Pa	art I	V Reason for Non-Private Found	lation Status (See	pages 4 through 7	of the instr	ructions.)					
cert 5	ify th	nat the organization is not a private foundation be A church, convention of churches, or association			oox)						
6		A school Section 170(b)(1)(A)(ii) (Also complete Part V)									
7		A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)									
8		A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)									
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city,									
		and state ▶									
10		An organization operated for the benefit of a col (Also complete the Support Schedule in Part I'		or operated by a govern	nmental unit S	ection 170(b)(1))(A)(ıv)				
11a		An organization that normally receives a substa 170(b)(1)(A)(vi) (Also complete the Support So		om a governmental unit	or from the ge	neral public Sed	ction				
11b		A community trust Section 170(b)(1)(A)(vi) (Als	so complete the Support	Schedule in Part IV-A)						
12	X	An organization that normally receives (1) more from activities related to its chantable, etc., function gross investment income and unrelated but organization after June 30, 1975. See section 50	tions-subject to certain e isiness taxable income (le	xceptions, and (2) no mess section 511 tax) from	nore than 33 1 m businesses a	/3% of its suppo					
13		An organization that is not controlled by any discrequirements of section 509(a)(3) Check the bo	ox that describes the type Type III-Functionally Inte	e of supporting organizatergrated Typ	ne III-Other						
		Provide the following inform									
		(a)	(b)	(c)		d)	(e)				
		Name(s) of supported organization(s)	Employer	Type of		ipported	Amount of				
			identification	organization	organizatio		support				
			number (EIN)	(described in lines 5 through 12	- · · · · · · · · · · · · · · · · · · ·	pporting ation's					
				above or IRC	_	documents?					
				section)		i					
					Yes	No					
							-				
							_				
											
			L		<u> </u>		<u> </u>				
Total			-			<u> </u>					
14	П	An organization organized and operated to test if	for public safety Section	509(a)(4) (See page 7	of the instruction	ons)					

INC.

-	art IV-A Support Schedule (Co	• • •		•	-	
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received (Do	(4) 2000	(2) 200 1	(6) 2000	(4/2502	(0) 10101
	not include unusual grants. See line 28.)	6,800	2,310	4,640	3,000	16,750
16	Membership fees received	35,220		39,828	33,850	148,158
17	Gross receipts from admissions, merchandise		······································	. ,	•	
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc , purpose	48,096	20,474	11,701	13,616	93,887
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less					
	section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,505	321	412	431	4,669
19	Net income from unrelated business activities not included in line 18					0
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	its behalf					0
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the					0
	public without charge					0
22	Other income Attach a schedule Do not include gain or (loss) from					_
23	sale of Capital assets	93,621	62,365	56,581	50,897	263,464
<u>23</u> 24	Total of lines 15 through 22 Line 23 minus line 17	45,525		44,880	37,281	169,577
25	Enter 1% of line 23	936	624	566	509	100/01/
25 26	Organizations described on lines 10 or				▶ 26a	0
	Prepare a list for your records to show the					
_	governmental unit or publicly supported or					į
	amount shown in line 26a Do not file thi	=	-		▶ 26b	
С	Total support for section 509(a)(1) test E				▶ 26c	
	Add Amounts from column (e) for lines	18				i
	, , , , , , , , , , , , , , , , , , ,	22			▶ 26d	
е	Public support (line 26c minus line 26d to		-		▶ 26e	
f	Public support percentage (line 26e (no	•	ine 26c (denominator)))	▶ 26f	%
27	Organizations described on line 12:			17 that were received f	rom a "disqualified	
	person," prepare a list for your records to	show the name of, and	total amounts received	in each year from, eac	h "disqualified person "	•
	Do not file this list with your return. En	ter the sum of such amo	ounts for each year			
	(2005) 0 (2	004)	O (2003)	1	O (2002)	0
b	For any amount included in line 17 that wa	as received from each p	erson (other than "disq	ualified persons"), prep	are a list for your recor	ds to
	show the name of, and amount received f	or each year, that was r	more than the larger of	(1) the amount on line	25 for the year or (2) \$	5,000
	(Include in the list organizations described	_				
	the difference between the amount receiv	ed and the larger amou	nt described in (1) or (2	!), enter the sum of thes	se differences (the exce	ess
	amounts) for each year		_		_	•
	` '	004)	0 (2003)		O (2002)	0
С	Add Amounts from column (e) for lines	· · · · · · · · · · · · · · · · · · ·	6,750 16	148,158	S 1 1	050 705
	1793,8	· -	21		▶ 27c	258,795
d	Add Line 27a total	and line 27b	total		▶ 27d	250 705
8	Public support (line 27c total minus line 2	•		N lare 1	263 464	258,795
f	Total support for section 509(a)(2) test E		• •	▶ <u>27f</u>	263,464	00 2270~
9	Public support percentage (line 27e (n	•	•		▶ <u>27g</u>	98.2278%
<u>_ h</u>		-			▶ 27h	1.7722%
28	Unusual Grants: For an organization des		•	•		
	prepare a list for your records to show, for	•		_		
	description of the nature of the grant Do	not the this list with yo	our return. Do not inclu	ide these grants in line		n 990 or 990-EZ) 2006
					Schould A (1 Offi	

, P	art V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	N/A	Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			_
24	programs, and scholarships?	30	-	+-
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			1
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		+-
32	Does the organization maintain the following	1		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	<u> </u>	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c	<u> </u>	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		-
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		ļ
c	Employment of faculty or administrative staff?	33c	,	
d	Scholarships or other financial assistance?	33d	·	
е	Educational policies?	33е		_
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracumcular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		l

		Lobbying Expenditures During 4-Year Averaging Period							
	ar year (or ear beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total			
45 Lobbying	g nontaxable amount								
46 Lobbying	g ceiling amount (150% of								
47 Total lob	obying expenditures								
48 Grassro	ots nontaxable amount								
49 Grassro line 48(e	ots ceiling amount (150% of								
50 Grassro	ots lobbying expenditures								

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

|--|

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Volunteers

- Paid staff or management (Include compensation in expenses reported on lines c through h.)
- C Media advertisements
- d Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)

If "Yes	" to any of th	ie above,	also attach	<u>a statement</u>	t giving a c	letailed o	descrip	otion of	the lo	bbying	activitie	S

	 -
	
\vdash	
<u> </u>	
L	

Amount

Yes No

Schedule A (Form 990 or 990-EZ) 2006

TNC	•	

Sch	edule A (Form	990 or 990-EZ) 2006	100 CI	LUB OF BUFFALO, I	INC.	<u> 16-0957291</u>		Р	age
Ρ				ansfers To and Transacti se page 13 of the instructi		nships With Noncharitable)		
 51				tly engage in any of the following v		ation described in section			
٠.				organizations) or in section 527,					
а	, .	•		onchantable exempt organization	• .	,a2.	J	Yes	No
	(i) Cash					Γ	51a(i)		X
	(ii) Other	assets					a(ii)		X
b	Other transa	ictions							
	(i) Sales	or exchanges of assets	s with a none	charitable exempt organization			b(i)		X
	(ii) Purch	ases of assets from a r	noncharitable	e exempt organization			b(ii)		X
	(iii) Renta	l of facilities, equipmen	t, or other as	sets			b(iii)		X
	(iv) Reimb	oursement arrangemen	ts			_	b(iv)		X
	• •	or loan guarantees				<u> </u>	b(v)		X
	` .		•	or fundraising solicitations		<u> </u>	b(vi)		X
C	_		•	ner assets, or paid employees		L	С	4	X
d		•		elete the following schedule Colur					
	-		-	porting organization. If the organiz					
	(a)	(b)	, SHOW IN COL	umn (d) the value of the goods, o	iner assets, or service	(d)			
	Line no	Amount involved	Name o	f nonchantable exempt organization	Description	of transfers, transactions, and sharing ar	тапдет	ents	
					<u> </u>				
N	/A				-				
	-							-	
								_	
			ļ						
			ļ						
			ļ						
			<u> </u>						
52a b	described in	•	ode (other th	with, or related to, one or more tanan section 501(c)(3)) or in section		is ▶	Ye	s X] No
	N	(a) Name of organization		(b) Type of organization		(c) Description of relationship			_
	N/A								
					-				
					<u></u>				
		 			·-				
				-	 				

Description	(A)	GOLF OUTING	
	(B)	AWARDS BANQUET	
	(C)		
	Others		
			
		-	

236 100 CLUB OF BUFFAŁO, INC. DUPLICATE
16-0957291 Federal Statements

FYE: 12/31/2006

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

	Description	 Amount
MEMBERSHIP	DUES	\$ 38,285
Total		\$ 38,285

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236 100 CLUB OF BUFFALO, INC. DUPLICATE
16-0957291 Federal Statements

FYE: 12/31/2006

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	 Total Expenses	_	Program Service	Mgt & General	Fund- Raising	
	\$	\$		\$ 	\$	_
Expenses						
ADVERTISING	30,783		30,783			
SCHOLARSHIP	20,000		20,000			
ADMINISTRATIVE EXPENSE	749		•	749		
BANK CHARGE	40			40		
CONTRACT LABOR	15,552			15,552		
MISCELLANEOUS CHARGES	3,942			3,942		
REGISTRATION & TAX FEES	 			125		
Total	\$ 71,191	\$	50,783	\$ 20,408	\$	0

4/17/2007 10:31 AM

236 100 CLUB OF BUFFALO, INC. DUPLICATE
16-0957291 Federal Statements

FYE: 12/31/2006

Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

TO PROVIDE BENEFITS, SUPPORT, TRAINING, AND OTHER FINANCIAL ASSISTANCE TO PUBLIC SAFETY OFFICERS AND FAMILIES.

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236 100 CLUB OF BUFFALO, INC. DUPLICATE
16-0957291 Federal Statements

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FYE: 12/31/2006

Statement 4 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
US and State Government	\$	\$	
Corporate Stock	25,027		Market
MERRIL LYNCH EQUITIES		28,466	
Corporate Bonds	05,000		
MERRILL LYNCH BONDS	25,000	25,000	Market
Total	\$ 50,027	\$ 53,466	

236 100 CLUB OF BUFFALO, INC. _DUPLICATE 4/17/2007 10:31 AM

16-0957291 · FYE: 12/31/2006

Federal Statements

Statement 5 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications

Description

RECIPIENTS OF THE SCHOLARSHIPS AWARDED BY THE 100 CLUB OF BUFFALO MUST BE THE SON OR DAUGHTER OF A FIREFIGHTER, OR A SON OR DAUGHTER OF A PARENT THAT HAD DIED IN THE LINE OF DUTY. OTHER CRITERIA USED IN DETERMINING THE RECIPIENTS ARE ACADEMICS, EXTRACURRICULAR ACTIVITIES, COMMUNITY INVOLVEMENT AND WORK EXPERIENCE. THE FINAL SELECTION IS MADE BY THE SCHOLARSHIP COMMITTEE.