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Form **990**

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 2008

	r the 2	2008 calenda	ar vear, c	r tax year beginning 07-01-2008	and ending 06-30-2009	•		
B Che			C	Name of organization			D Employer ider	tification number
_	ress ch	ange use	IRS	/illa Marıa College of Buffalo			16-0871487	,
– Nar	ne char	labe	elor itor	Doing Business As			E Telephone nu	nber
_	ıal retur	type	e. See			No.	(716) 961-1	809
_	mınatıo	Inst	truc-	Number and street (or P O box if mail is 240 Pine Ridge Road	s not delivered to street addres	ss) Room/suite	G Gross receipts \$	6,378,046
_	ended r			City or town, state or country, and ZIP -	- 4		-	
_		pending		Buffalo, NY 14225	7			
744	nication		<u> </u>				1	
				and address of principal officer a Marie Garus		H(a) Is the affilia	is a group return f ites?	For
				Ridge Road				,
		B	surraio, iv	14225			l affiliates included	
Tax	x-exem	pt status 🔽	501(c) (3	B) ◀ (insert no)	527		o," attach a list (ip exemption num	see instructions) ber 🟲
W	ebsit e	: 🕨 www villa	a edu					
				Trust Association Other		L Year of fo	ormation 1960 M	State of legal domicile N
Pa		Summar	•					
		•		rganızatıon's mıssıon or most sıç ducatıon 2 and 4 year programs		08 FT 383, F	PT 90, S09 FT 31	.4.PT 109 Fosters
,				llctual inquiry, respect for divers				
	2	Check this h	ov 🖦 if	the organization discontinued it:	s operations or disposed	of more than	25% of its asset	
i i			•	nbers of the governing body (Par				;
			•	nt voting members of the govern)		
				oyees (Part V, line 2a)			5	2
				teers (estimate if necessary)			-	
		_		business revenue from Part VII		•		
	b	Net unrelate	d busine:	ss taxable income from Form 990	J-1, line 34		7b	
		C = m+m.h				Pric	or Year	Current Year
<u>ս</u>	8		_	ants (Part VIII, line 1h) enue (Part VIII, line 2g)			658,045	663,51
	9	•		, ,,			4,691,959	5,650,72
	10			(Part VIII, column (A), lines 3, 4	•		28,284	63,80
	11		•	VIII, column (A), lines 5, 6d, 8c ines 8 through 11 (must equal P			229,137	
	12			ines o tinough II (must equal r		·	5,607,425	6,378,04
	13			mounts paid (Part IX, column (A			612,202	241,49
	14	Benefits pa	ııd to or fo	or members (Part IX, column (A),	line 4)		0	
	15	Salaries, ot	thercom	ensation, employee benefits (Pa	rt IX, column (A), lines 5	-		
\$		10)	·	, , ,	, , , , , , , , , , , , , , , , , , , ,		3,821,976	4,278,04
Expenses	16a	Professiona	al fundraı	sing fees (Part IX, column (A), li	ne 11e)		0	
ਜ਼ੇ	b	Total fundrais	ing expens	es (Part IX, column (D), line 25) ▶ 453,	380			
	17	Otherexpe	nses (Pa	rt IX, column (A), lines 11a–11c	l, 11f-24f)		1,344,908	1,919,66
	18	Total exper	nses Ado	l lines 13–17 (must equal Part I	X, column (A), line 25)		5,779,086	6,439,21
	19	Revenue le	ss expen	ses Subtract line 18 from line 1	2		-171,661	-61,16
, g						Beginn	ing of Year	End of Year
蘆	20	Total asset	ts (Part X	, line 16)			2,957,837	3,050,46
Fund Balances	21			: X, line 26)			142,620	213,85
(윤	22			alances Subtract line 21 from li			2,815,217	2,836,61
(P)	1 22	Signatur						_,
			i C Dioc	<u> </u>	eturn, including accompanying			
Par	t II	Under penaltie	ıs true, corr	y, I declare that I have examined this re ect, and complete Declaration of prepai		1	-01-07	Thas any knowledge
Par	t II	Under penaltic and belief, it is	of officer			2011	-01-07	Thas any knowledge
	t II	Under penaltie and belief, it is Signature of	of officer	ect, and complete Declaration of prepar us President		2011	-01-07	Thas any knowledge
Par ign	t II	Under penaltie and belief, it i Signature of Sr Marcella Type or pr	of officer Marie Gar	ect, and complete Declaration of prepar us President	rer (other than officer) is based	2011	-01-07	
Par ign ere	t II	Under penaltie and belief, it is Signature of	of officer Marie Gar	us President	Date 2010-12-30 s based	2011 Date Check if elf-	-01-07	
ign ere	t II	Under penaltie and belief, it is Signature of Type or pr	of officer a Marie Gar rint name a Wayne Dr	us President nd title	Date 2010-12-30 s based	2011 Date	-01-07 Preparer's identify	
ign ere	t II	Under penaltic and belief, it is Signature of Sr Marcella Type or pr Preparer's signature Firm's name (of self-employed)	of officer a Marie Gar rint name a Wayne Dr or yours	us President nd title Drescher & Malecki LLP	Date 2010-12-30 s based	2011 Date Check if elf-	-01-07 Preparer's identify	
ign ere	t II	Under penaltic and belief, it is Signature of Type or pr Preparer's signature Firm's name (of	of officer a Marie Gar rint name a Wayne Dr or yours	us President nd title	Date 2010-12-30 s based	2011 Date Check if elf-	Preparer's identify (see instructions)	ing number

Form	1990 (2008)				Page 2
Par	t III Statement of Program	Service Accomplis	hments (see ınstructı	ons.)	
1	Briefly describe the organization's n	nission			
	ugh career directed assoicate and bac sfer to other institutions	ccalaueate programs int	egrated with liberal arts, t	he college educates stud	ents for employment and
	Did the constraint of the least				
2	Did the organization undertake any sthe prior Form 990 or 990-EZ?				Yes 🗸 No
_	If "Yes," describe these new service				
3	Did the organization cease conducti services?				Yes 🔽 No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achieved Section 501(c)(3) and 501(c)(4) orgaliocations to others, the total expensions	ganizations and section	4947(a)(1) trusts are req	uired to report the amoun	
4a	(Code) (Expenses	\$ 5,366,801 ir	ncluding grants of \$	241,498) (Revenue \$	5,714,529)
	Provides quality higher education opportun employment or transfer to other institution	ities to students Total full tim s	e enrollment for F08 383, PT90	S09 FT 314, PT 109 Students	s are educated for
4b	(Code) (Expenses	\$ Inc	cluding grants of \$) (Revenue \$)
	(Code) (Expenses	d un	cluding grants of \$) (Revenue \$)
40	(Code) (Expenses	P III	cluding grants of \$) (Revenue \$,
4d	Other program services (Describe	ın Schedule O)			
	(Expenses \$	O including grants of \$	0)	(Revenue \$	0)
4e	Total program service expenses⊁\$	5,366,801	(Must equal Part IX, Line	25, column (B).)	

eauired	Schedules
	equired

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{3}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25a		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
	organization? If "Yes," complete Schedule R, Part V, line 2			

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 0 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	about policies not required by the Internal Revenue Code.)			
Se	ection A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances process, or changes in Schedule O. See instructions.	·,		
1a	Enter the number of voting members of the governing body 1a 2	3		
ь	Enter the number of voting members that are independent 1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	\exists		
_	other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	. 7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		110
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	103	No
Se	ection B. Policies			NO
30	ction b. Foncies		Yes	No
122	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	110
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		1 00	
	to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		No
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	. 14		Νο
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		N o
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the orga	anızatıo	n 🕨
	Mr Vincent Grizanti CPA Villa Maria College of Buffalo 240 Pine Ridge Road Buffalo, NY 14225 (716) 961-1809			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
 - List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the	•	tion did not compensate any officer,	, dire	ctor	, tru	stee	or ke	ey employee		
		(C) Position (check all that apply)			(D)	(5)	(F)			
(A) Name and Title	(B) Average hours per week	x Individual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
David M Gelia Trustee	0	Х						0	0	0
Donald V Brown Jr Trustee	0	Х						0	0	0
Hon Joseph R Glownia Trustee	0	Х						0	0	0
Sr Mary Lorianne Tylczynski Trustee	0	X						0	0	0
Lında Bırochık Trustee	0	Х						0	0	0
Edward Gelia Sr Trustee	0	Х						0	0	0
Sr Mary Jean Sliwinski Trustee	0	Х						0	0	0
Sr Mary Francesca Buczkowskı Trustee	0	х						0	0	0
Msgr Angelo Caligiuri Trustee	0	Х						0	0	0
Sr Mary Theresa Chmura Trustee	0	Х						0	0	0
Vincent E Doyle III Trustee	0	X						0	0	0
Sr Mary Edmund Gorski Trustee	0	Х						0	0	0
Sr Mary Jolene Jasınskı Trustee	0	Х						0	0	0
Robert A Kriner Trustee	0	Х						0	0	0
Sr Mary Renee Kurczaba Trustee	0	Х						0	0	0
Sr Suzanne Marie Kush Trustee	0	Х						0	0	0
Hon Ann T Mıkoll Trustee	0	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		(C) Position (check all that apply)						(D)	(E)	(F) Estima	
(A) Name and Title	(B) Average hours per week	O Reportable Reportable compensation compensation from relate roll compensation organization organization organization compensation compensation organization or	Institutional Trustee Institutional Trustee	compensation from the organization (W- 2/1099-	amour othe compen: from organiz and rel organiza	nt of er sation the ation ated					
Sr Mary Juanita Nowak Trustee	0	Х						0	0		0
Sr Mary Carol Piskor Trustee	0	Х						0	0		0
Joan Priebe Trustee	0	Х						0	0		0
Rev Mark Wolskı Trustee	0	Х						0	0		0
Sr Mary Fredrica Polanski Trustee	0	Х						0	0		0
Edward P Yankelunes Trustee	0	Х						0	0		0
Sr Marcella Marie Garus President	40	х		х				0	0		0
Dr Janet Reohr Trustee	40	х		х				62,500	0		0
Sr Mary De Angelis Nowak VP Business Affairs	40	Х		х				0	0		0
SR Mary Marcine Borowiak VP Development	40	Х		х				0	0		0
Sr Mary Louis Rustowicz VP Student Affairs	40	х		х				0	0		0
								co 500			
1b Total			•	•		<u> </u>		62,500	0		0
2 Total number of compensation from		(ıncludıng those ın 1a) who receıv anızatıon ⊳ 0	ed mo	ore t	han	\$100	,000) in reportable			
										Yes	No

			res	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶0

			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
its its	1a	Federated campaigns 1a 0	_			
E E	ь	Membership dues 1b				
ž,g	С	Fundraising events 1c	-			
ar e	d	Related organizations 1d	-			
s, g mili	e	Government grants (contributions) 1e 278,556	-			
on Si	f	All other contributions, gifts, grants, and 1f 384,961	-}			
Contributions, gifts, grants and other similar amounts	g g	similar amounts not included above Noncash contributions included in	-			
Containd	h	Innes 1a-1f \$0 Total. Add lines 1a-1f	663,517			
e		Business Code				
emu	2a	Net tuition and fees 900,09	9 5,526,403	5,526,403	0	О
چ اھ	ь	Auxillary enterprise revenue 900,09	9 97,758	97,758	0	0
Program Serwce Revenue	с	Student Aid Programs 900,09	9 26,560	26,560	0	0
	d					
Ř	e					
E E	f	All other program service revenue	1	0	0	
ાં	•		"	0	0	0
۵.	g	Total. Add lines 2a-2f	5,650,721			
	3	Investment income (including dividends, interest				
		and other similar amounts)	63,808	63,808	0	0
	4	Income from investment of tax-exempt bond proceeds •	0	0	0	0
	5	Royalties	0	0	0	0
		(ı) Real (ıı) Personal				
	6a	Gross Rents 0	0			
	Ь	Less rental 0 expenses	0			
	С	Rental income 0	0			
	d	or (loss) Net rental income or (loss)	-			
		(i) Securities (ii) O ther				
	7a	Gross amount from sales of assets other				
	b	than inventory Less cost or other basis and sales expenses				
	С	Gain or (loss) 0	0			
	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$0 of contributions reported on line 1c) See Part IV, line 18				
ις.		a				
<u>a</u>	ь	Less direct expenses b	7			
ot Ot	с	Net income or (loss) from fundraising events •	1			
	9a	Gross income from gaming activities See Part IV, line 19				
	١.	a	-			
	b	Net income or (loss) from gaming activities	-			
	C 100	Net income or (loss) from gaming activities	 			
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a]			
	ь					
	С					
	d	All other revenue	+			
	e	T-1-1 Addings 44- 44-	0			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,	6,378,046		0	0

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	other organizations mast complete column (A) but are not required to bt include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	241,498	241,498		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	460,589	88,100	256,268	116,221
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,217,325	2,911,924	153,985	151,416
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	85,179	70,912	10,230	4,037
9	Other employee benefits	262,850	218,612	30,541	13,697
10	Payroll taxes	252,105	222,312	16,944	12,849
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	20,000	20,000		
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	4,138	4,138		
12	Advertising and promotion	0			
13	Office expenses	318,218	301,824	9,449	6,945
14	Information technology	285,265	145,006		140,259
15	Royalties				
16	Occupancy	539,424	512,453	26,971	
17	Travel	89,503	80,548	1,346	7,609
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,112	14,112		
20	Interest	232	232		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	210,624	,	65,483	
23	Insurance	10,539	10,539	0	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Equipment repair	117,668	70,014	47,654	0
b	Student Maintenance	46,281	46,281	0	0
С	course fees	43,929	43,929	0	0
d	Professional development	43,829	43,829	0	0
e	Collections	104,476	104,476	0	0
f	All other expenses	71,430	70,921	162	347
25	Total functional expenses. Add lines 1 through 24f	6,439,214	5,366,801	619,033	453,380
26	Joint Costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation		<u> </u>	<u> </u>	

Da	rt X	Balance Sheet				<u> </u>	
	I C X	bulance sneet		(A) Beginning of year		(B End of	-
	1	Cash—non-interest-bearing		681,386	1		886,955
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		118,074	4		87,992
	5	Receivables from current and former officers, directors, trustees, k other related parties <i>Complete Part II of Schedule L</i>			5		
	6	Receivables from other disqualified persons (as defined under sect persons described in section 4958(c)(3)(B) Complete Part II of Sch	ion 4958(f)(1)) and		6		
	7	Notes and loans receivable, net		12,632	7		12,632
ţ	8	Inventories for sale or use		7,968	8		5.364
Assets	9	Prepaid expenses and deferred charges		149	- +		345
ď	10a	ı	10a 7,911,714				
	ь	Less accumulated depreciation Complete Part VI of	10b 6,542,830	1	100		1.368.884
	11	Investments—publicly traded securities		749,675			612,188
		. ,		749,073			012,100
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets		400 704	14		70.400
	15	Other assets See Part IV, line 11		106,781			76,108
	16	Total assets. Add lines 1 through 15 (must equal line 34)	•	2,957,837	16	;	3,050,468
	17	Accounts payable and accrued expenses .		21,521	17		156,794
	18	Grants payable			18		
	19	Deferred revenue	17,644			39,983	
ر م	20	Tax-exempt bond liabilities			20		
Ē.	21	Escrow account liability Complete Part IV of Schedule D			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable			24		14,936
	25	Other liabilities Complete Part X of Schedule D	103,455	25		2,144	
	26	Total liabilities. Add lines 17 through 25		142,620	26		213,857
s e s		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complet through 29, and lines 33 and 34.	e lines 27				
Balance	27	Unrestricted net assets		2,354,199	27	:	2,381,009
- B	28	Temporarily restricted net assets		89,282	28		76,241
핕	29	Permanently restricted net assets		371,736	29		379,361
r Fund		Organizations that do not follow SFAS 117, check here ► and colines 30 through 34.	complete				
s or	30	Capital stock or trust principal, or current funds			30		
sets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
Ass	32	Retained earnings, endowment, accumulated income, or other fund			32		
Net ,	33	Total net assets or fund balances		2,815,217	33		 2,836,611
ž	34	Total liabilities and net assets/fund balances		2,957,837	34		3,050,468
Pa	rt XI	Financial Statements and Reporting			J 7		
						Yes	No
1	Acco	unting method used to prepare the Form 990 Cash 🔽 A	ccrual Cother			165	140
2a	Were	the organization's financial statements compiled or reviewed by an	ındependent accounta	ant?	2a	Yes	
b	Were	the organization's financial statements audited by an independent a	accountant?		2b	Yes	
С		es" to 2a or 2b, does the organization have a committee that assum , review, or compilation of its financial statements and selection of a	•	•	2c	Yes	
3a		result of a federal award, was the organization required to undergo a e Audit Act and OMB Circular A-133?			3a	Yes	
ь		es," did the organization undergo the required audit or audits?			3b	Yes	

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DLN: 93493012006911

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Villa M	larıa Co	ollege of Buffalo)								
									-087148		
	rt I			harity Status (to be co					Instruct	ions)	
The	organı	zation is not	a private found	ation because it is (Please	check onl	y one org	anızatıon))			
1	Γ	A church, o	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L 70(b)(1)((A)(i).		
2	굣	A school d	escribed in Sec t	i on 170(b)(1)(A)(ii). (Attad	ch Schedu	ıle E)					
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	tion 170(Ł)(1)(A)(i	ii). (Attac	h Schedul	le H)
4	Γ	A medical	research organi	zatıon operated ın conjunctı	on with a l	hospital de	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the
		hospital's i	name, city, and	state							
5	Г	An organiza	ation operated 1	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın
		Section 170(b)(1)(A)(iv). (Complete Part II)									
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).		
7	Г	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	· · ınıt or fron	n the gene	eral public
				(1)(A)(vi) (Complete Par			-			_	•
8	Г	A commun	ıty trust descrit	ped in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)				
9		An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from co	ntribution	ns, membe	rship fees	, and gross
		receipts fro	om activities re	ated to its exempt functions	-subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	c) from bu	sinesses
				on after June 30, 1975 See							
10	Г	Anorganiz	ation organized	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509((a)(4). (Se	e instruc	tions)
11	Г	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
		one or more	e publicly suppo	orted organizations describe	d ın sectio	on 509(a)	(1) or sec	tıon 509 (a	a)(2) See		
		_		type of supporting organiza					_		
	_	•	• •	• • • • • • • • • • • • • • • • • • • •			nally Integ	•	d	' ''	III - Other
е	ļ	•	-	rtify that the organization is agers and other than one or			•			•	· ·
		section 50		agers and other than one or	more publ	псту зарро	orteu orga	11124110115	aescribeu	ili sectioi	1 3 0 9 (a)(1) 01
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
		check this									Г
g		Since Augu following pe		as the organization accepted	d any gift	or contribi	ution from	any of the	!		
				r indirectly controls, either a	alone or to	aether wi	th persons	describe	d in (ii)		Yes No
			•	ng body of the the supported		_				11g	
			· -	erson described in (i) above	-					11g(
			•	ty of a person described in (bove?				11g(
h		• •		nation about the organizatio			supports				
			J	, and the second	_	•					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
	Supported			(described on lines 1-9		atıon ın		nızatıon	_	atıon ın	support?
	Orgar	nization		above or IRC section	col (i)) of your		rganized	
				(See Instructions))		verning ment?	supp	ort /	in the	US?	
					Yes	No	Yes	s No Yes No			
					103	110	1.03	110	1.03	1,10	

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
	Facts and Circumstances Test						

Schedule A (Form 990 or 990-EZ) 2008

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OMB No 1545-0047

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

	me of the organization Marıa College of Buffalo		Employ	er ic	lentification number
	-		16-08	7148	37
Pa	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 9		Funds or	Ac	counts. Complete if the
		(a) Donor advised funds	(b)	Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		lonor advise	d	┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and		•		
	used only for charitable purposes and not for the be impermissible private benefit?	nefit of the donor or donor advisor or oth	ner		┌ Yes
Pa	rt III Conservation Easements. Complete	e if the organization answered "Yes	" to Form 9	90,	Part IV, line 7.
2	Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua on the last day of the tax year	Preservation of			
	,		Г		Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easemer	nts		2b	
c	Number of conservation easements on a certified l	historic structure included in (a)		2c	
d	Number of conservation easements included in (c)	acquired after 8/17/06		2d	
3	Number of conservation easements modified, transf	ferred, released, extinguished, or termina	ated by the	orgai	nization during
	the taxable year ►				
4	Number of states where property subject to conserv	ation easement is located 🕨			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ıolatıons, an	d	☐ Yes ☐ No
6	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during t	the year ►		
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the	year ► \$		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

the organization's accounting for conservation easements

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

CII.	Titl Organizations Maintaining Co	liections of Art	<u>, His</u>	tori	<u>cai ire</u>	<u>asu</u>	res, or O	<u>tne</u>	<u>r Similar As</u>	<u>sets</u>	(contii	าued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ie foll	owing tha	at are	a significa	int u	se of its collect	ıon		
а	Public exhibition		d	\vdash	Loan or	exch	nange progr	ams				
ь	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	ın hov	v the y	further t	the o	rganızatıon	's ex	empt purpose ı	n		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									_ Yes	Г	No
Pai	t IV Trust, Escrow and Custodial						nızatıon a	nsw	ered "Yes" to	Form	990,	
	Part IV, line 9, or reported an an											
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lan or other interme	diary	for c	ontributio	ons o	r other ass	ets i		_ Yes	Г	No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е				_					
							-		Am	ount		
с	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Yes	Γ	No
	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete											
1_	Paginning of year halance	(a)Current Year 1,101,456	(b) Prior	Year	(c)IW	o Years Back	(a)	Three Years Back	(e) Fou	r Years	Васк
1a L	Beginning of year balance	429,822						+				
b c	Investment earnings or losses	-129,107						 				
d	Grants or scholarships	241,498						+				
e	Other expenditures for facilities	59,217						+				
_	and programs	,										
f	Administrative expenses	0										
g	End of year balance	1,101,456										
2	Provide the estimated percentage of the yea	r end balance held a	ıs									
а	Board designated or quasi-endowment 🕨	53 %										
ь	Permanent endowment 🕨 39 %											
c	Term endowment ► 8 %											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	that a	re held a	nd a	dmınıstered	d for	the			
	organization by								7-7	Ye		<u>o</u>
	(i) unrelated organizations			•				•	3a(3a(_	0
b	(ii) related organizations					•		•	3a(<u> </u>	-
4	Describe in Part XIV the intended uses of th					•		•				—
Par	t VI Investments—Land, Buildings), Pa	rt X, line	10.				
	Description of investment			(a)	Cost or ot s (investme	her	(b)Cost or o	ther	(c) Depreciation	(d)	Book v	/alue
1a	Land					0	100	,000			10	0,000
	Buildings					0	4,342		3,918,86	3		23,147
	Leasehold improvements					0	•	0		0		, (
	Equipment					0	3,469	,704	2,623,96	7	84	5,737
	Other					0		0		0		, 0

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

1,368,884

(a) Description of security or category (including name of security)	(b)Book value	(c) Method of Cost or end-of-yea	
Financial derivatives and other financial products		,	
Closely-held equity interests			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	b		
Part VIII Investments—Program Related. S		13	
		(c) Method of	valuation
(a) Description of investment type	(b) Book value	Cost or end-of-yea	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	 -		
Part IX Other Assets. See Form 990, Part X,			
(a) Desc			(b) Book value
Other Receivables, due from third party			76,108
Total. (Column (b) should equal Form 990, Part X, col.(B) lin	e 15.)		76,108
Part X Other Liabilities. See Form 990, Par			,
(a) Description of Liability	(b) A mount		
Federal Income Taxes	0]	
sales tax payable and other deposits held in custody	2,144]	
]	
		1	
		1	
		1	
		1	
		1	
		†	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 2,144	1	
() mic 25)	- 1 2,144	I	

•	TXL Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,378,046
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,439,214
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-61,168
4	Net unrealized gains (losses) on investments	4	-158,931
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	241,493
9	Total adjustments (net) Add lines 4 - 8	9	82,562
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	21,394
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial		6,340,597
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	6,340,597
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV) 4b 37,449		
c	Add lines 4a and 4b	4c	37,449
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,378,046
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	6,197,721
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c 0		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	6,197,721
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	241,493
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,439,214

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Ret urn Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Endowment funds are to provide scholoarship and aid to students
SchD_P10_S00_L00	Schedule D, Part X	sales tax payable and other deposits held in custody
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	A mount is for student aid
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	A mount represents non operating investment income and capital gifts
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	A mounts are for Grants and scholarships

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Employer identification number

	Name of the organization Villa Maria College of Buffalo Employer identification		tion number		
VIIIa I	16-0871487				
		_		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its other governing instrument, or in a resolution of its governing body?	′ ′ ′	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student admis programs, and scholarships?	ssions,	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcasthe period of solicitation for students, or during the registration period if it has no solicitation progrethat makes the policy known to all parts of the general community it serves? If "Yes," please descripted explain	am, in a way ribe If "No,"	3	Yes	
	The school's nondiscriminatory policy is posted on the school's web site			100	
	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	<u> </u>	la	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially no basis?	·	њ	Yes	
•	Copies of all catalogues, brochures, announcements, and other written communications to the publ with student admissions, programs, and scholarships?	ıc dealıng	4c	Yes	
(Copies of all material used by the organization or on its behalf to solicit contributions?	4	ld	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separa	te statement)			
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		ā		Νo
I	Admissions policies?	_ 5	5b		Νo
•	Employment of faculty or administrative staff?		5c		Νo
•	Scholarships or other financial assistance?	_ 5	5d		Νo
•	e Educational policies?	5	5e		Νo
1	Use of facilities?	<u> </u>	5f		Νo
,	g Athletic programs?		5g		Νo
I	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separ	<u></u>	5h		No
	Does the organization receive any financial aid or assistance from a governmental agency?	ϵ	5a	Yes	
I	Has the organization's right to such aid ever been revoked or suspended?	ϵ	ъb		Νo
	If you answered "Yes" to either 6a or b, please explain using an attached statement 🦸				
7	Does the organization certify that it has complied with the applicable requirements of sections 4 0.1 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an expla		,	Yes	

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493012006911

OMB No 1545-0047

2008

Employer identification number

Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Schedule I (Form 990) 2008

/ılla Marıa College of Buffalo						16-0871487	
 Does the organization mathe selection criteria use Describe in Part IV the organization 	aintain records to sed to award the gran organization's proce	nts or assistance? edures for monitoring th	t of the grants or assista 	he United States			
Part IV and Sch	IV, line 21 for ar iedule I-1 if addii	ny recipient that rece tional space is		00. Check this box	if no one recipient rec		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance
2 Enter total number of seconganizations						l	
3 Enter total number of oth							•

Cat No 50055P

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, P	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
student financial aid and grants	363	241,498		book	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02		All grants are applied directly to tuition invoice. The grant funds are used to help students to close the gap between financial aid and what they are able to pay the full amount of tuition

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As Filed Data -

DLN: 93493012006911

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public

Inspection

Name of the organization Villa Maria College of Buffalo Employer identification number

16-0871487

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	The organization's Board of Trustees has access to a copy of Form 990

Identifier Return Reference		Explanation			
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The College performed a market comparison for duties performed for each position			

ldentifier Return Reference		Explanation		
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The organization makes the governing documents, conflict of interest, and financial statements available when requested by and agancy		

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2008

Additional Data

Software ID:

Software Version:

EIN: 16-0871487

Name: Villa Maria College of Buffalo

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Equipment repair	117,668	70,014	47,654	0
Student Maintenance	46,281	46,281	0	0
course fees	43,929	43,929	0	0
Professional development	43,829	43,829	0	0
Collections	104,476	104,476	0	0