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SCANNED MAR 1 0 2010

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 2000

Open to Public Inspection

<u>A</u>	FOF IN	e 2008 calendar year, or tax year beginning OUL 1, 2008 and end	ing U	UN 30, 2009	
В	Check if applicab	Please use IRS		D Employer identifi	cation number
	Addr	ess label or BISSNET, INC.			
	Name	type D: D:		16-1	555928
	Initial return	See Number and street (or P.O. boy if mail is not delivered to street address). Root	m/suite	E Telephone numbe	r
	Termi ation)829-2103
	Amer	ided I tions I ou		G Gross receipts \$	942,901.
	Apple tion	BUFFALO, NY 14215		H(a) Is this a group r	eturn
	pend	F Name and address of principal officer:ROBERT SCOTT		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates in	cluded? Yes No
		tempt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a	list. (see instructions)
<u>J</u>	Websi	ite: ► WWW.BISSNET.ORG		H(c) Group exemption	
_			L Year	of formation 1997	A State of legal domicile NY
P	art 1	Summary RECEIVED			
ě	1	Briefly describe the organization's mission or most significant activities: TO DEV			
Activities & Governance		INSTRUCTIONAL TECHNOLOGIES TO LINK THE 16	INDE	PENDENT SEC	ONDARY
E.	2	Check this box ▶ ☐ if the organization discontinued topperations or disposed	at white	han 25% of its asset	S.
Š	3	Number of voting members of the governing body (Part VI line 1a)	_]≅	3	6
ತ	4	Number of Independent voting members of the governing body POEN, U	T	4	6
ies	5	Total number of employees (Part V, line 2a)		<u>5</u>	0
Ξ	6	Total number of volunteers (estimate if necessary)		6	0
Act	i	Total gross unrelated business revenue from Part VIII, line 12, column (C)		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34 .		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		530,555.	514,365.
Revenue	9	Program service revenue (Part VIII, line 2g)	-	376,400.	353,354.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	13,060.	2,699.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		39,235.	72,483.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		959,250.	942,901.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	-	515,494.	510,651.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
eü	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
Ä	_ b	Total fundraising expenses (Part IX, column (D), line 25)	-	402 072	457 OF C
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		492,873.	457,856.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	1,008,367.	968,507.
	19	Revenue less expenses. Subtract line 18 from line 12	+-	<49,117.	
ance of	00	Tables and (Bad V. has 40)	<u> </u>	Beginning of Year	End of Year
SSC	20 21	Total assets (Part X, line 16)		622,210. 20,123.	588,282.
Net Assets or Fund Balances	22	Total liabilities (Part X, line 26)		602,087.	11,801. 576,481.
To.	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		002,007.	370,401.
	41 6 31		ements. a	nd to the best of my knowled	ge and belief, it is true, correct.
		Under penalties of penury, Leclare that I have examined this return, including accompanying schedules and state and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known of the preparer than the preparer to the	owledge		
Sig	n	Mut / Scr		1 2/1	0/2010
Her		Signature of officer		Date	
	•	ROBERT SCOTT, CURRENT BOARD PRESIDENT			
		Type or print name and title			
_		Preparer's Date	Che	Ck If Prepare	er's identifying number
Paid		signature August Lin 504	self		structions)
	arer's	Firm's name (or LUMSDEN & MCCORMICK LLP	1 0114	EIN ►	
Use	Onty	self-employed), 403 MAIN ST. SUITE 430		CIIV	
		BUFFALO, NY 14203		Phone no ► /	716)856-3300
May	the I	RS discuss this return with the preparer shown above? (see instructions)		T HOUSE NO P	X Vas No. 6

32002 12-18-	2		Form 99	0 (2008)
4e	- 026 000	<i>)</i> I		
4d	Other program services. (Describe in Schedule O.) (Expenses \$including grants of \$) (Revenue \$	1		
4				
4c	(Code:) (Expenses \$ Including grants of \$) (R	Revenue \$)
				
				
	/ Induding grants of \$) (F			-
4b	(Code:) (Expenses \$ Including grants of \$) (F	Revenue \$		
	FOR STUDENTS AND TEACHERS OF THE 16 MEMBER INSTITUTIONS			
4a	(Code:) (Expenses \$ 936,209. Including grants of \$ 510,651.) (F SCHOLARSHIPS, TECHNOLOGY GRANTS, SOFTWARE, INTERNET ACC		RAIN	ING
	allocations to others, the total expenses, and revenue, if any, for each program service reported.			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exection 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services' if "Yes", describe these changes on Schedule O.	? [Yes	X No
	the prior Form 990 or 990-EZ? If "Yes", describe these new services on Schedule O.	l		X No
2	Did the organization undertake any significant program services during the year which were not listed on			
	FOR SHARING IDEAS, AND A STRUCTURE FOR ADVOCATING THE VERIVATE EDUCATION.			
	BISSNET, TO BETTER PREPARE OUR STUDENTS FOR THE FUTURE, UNIQUE MEMBER SCHOOLS WITH OPPORTUNITIES FOR COLLABORAT			5
Pa 1	Briefly describe the organization's mission:			
	m 990 (2008) BISSNET, INC.	16-1555	928	Page 2

Form 990 (2008) BISSNET, INC. Part IV Checklist of Required Schedules

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		i	
_	public office? If "Yes," complete Schedule C, Part I	3_	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	1		
_	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	١.		.
_	Schedule D, Part III	8		X
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			l .
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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, IX, or X as applicable		х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	11	Λ.	
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	
13	is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
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		Х
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		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
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		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Х
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		Х
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	_	İ	
	any tax-exempt bonds?	24c		
d 250	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		l	Х
ь	disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	25a		
•	prior year? If "Yes," complete Schedule L, Part I	056		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	20		
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	}	Х
		Form	990 (2	
			- (-	

Part IV Checklist of Required Schedules (continued)

			162	140
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 IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28ь		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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? If "Yes," complete Schedule R, Part I	33	}	Х
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	Х	
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		Х
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		Х
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		Х
		_	000 "	0000

Þ

Form **990** (2008)

					Yes	No
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	1a		2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		<u> </u>		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gamıng			
	(gambling) winnings to prize winners?		•	1c	X	
2 a	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	2a	(2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined			2ь	ļ	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by t	his return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	<u> </u>	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	ļ	X
ь	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 a	and			
	Financial Accounts.					<u>.</u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	ļ	X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b	ļ	X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regar	ding Prohibited			
٥.	Tax Shelter Transaction?			_5c	-	7
	Did the organization solicit any contributions that were not tax deductible?		<u>.</u> .	6a	├	Х
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts	١		
7	were not tax deductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).		Ф 750		1	Х
a b	Did the organization provide goods or services in exchange for any quid pro quo contribution of more if "Yes," did the organization notify the donor of the value of the goods or services provided?	tnan	\$757	7a		^
C				7b	 	
·	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	as requ	uirea	7-		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		Α.
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p			-		
Ŭ	benefit contract?	613011	aı	7e	1	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		nured?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec		•			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or					
	excess business holdings at any time during the year?	J		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?			9ь		
10	Section 501(c)(7) organizations. Enter: N/A					
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	10b				
11	Section 501(c)(12) organizations. Enter: N/A					
a	Gross income from members or shareholders .	11a]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	İ				
	amounts due or received from them.)	11b	<u>-</u>	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				
				Form	990 (2008)

Form 990 (2008) BISSNET, INC.

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

Sec	tion 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,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
þ	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?	9ь		
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	10		_X_
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		<u> X</u>
sec	tion B. Policies		1	
40.			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	_		17
_	to conflicts?	12b		X
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
13	in Schedule O how this is done	12c	Х	X
14	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	13		<u> X</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		<u> </u>
. •	persons, comparability data, and contemporaneous substantiation of the deliberation and decision.		ļ	
а	The organization's CEO, Executive Director, or top management official?	45.	f	Х
	Other officers or key employees of the organization?	15a		$\frac{x}{x}$
-	Describe the process in Schedule O. (see instructions)	15b		
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	l	Х
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?	16ь	- 1	
Sec	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	or		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	d finar	ncıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	on: ►		
	SUSAN M. BACH - (716) 829-2103			
32006	12 ACHESON ANNEX, UNIVERSITY AT BUFFALO, BUFFALO, NY 14214			
32000 2-18-0	98	Form 9	990 (2	(8008

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, and 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.

(A) Name and Title	(B)	ny officer, director, truste (C) Position						(D)	(E)	(F)
Name and Title	Average hours	ι (c				app	olv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	director	Institutional frustee		Кеу етфіоуве	Highest compensated emolovee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ROBERT SCOTT					-	 				
VICE PRESIDENT	1.00	X		Х	1		Ì	0.	0.	0.
ROSEMARY BASTIAN										
TREASURER	1.00	Х		X				0.	0.	0.
JOANNE GRIPPI										
BOARD MEMBER	1.00	X				<u> </u>		0.	0.	0.
CRYSTAL AUSTIN-SEYMORE										
PRESIDENT	1.00	X		X	_	_		0.	0.	0.
REBECCA KRANZ	1									
BOARD MEMBER	1.00	X		<u> </u>		<u> </u>		0.	0.	0.
PAT PIETRUSZKA BOARD MEMBER	1.00			,				0.	0.	^
BOARD MEMBER	1.00	^		_	-	├			0.	0.
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Form 990 (2008)

Part VII Section A. Officers, Directors, Tru]	mplo 	yee			High	<u>iest</u>	1					
(A) Name and title	(B) Average hours	(cl		Pos		арр	oly)_	(D) Reportable compensation	(E) Reportable compensation	n	Est am	(F) imate ount o	
	per week	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s SC)	comp fro orga and	other pensate m the nizate relate nization	e on ed
					_		_						
							_						
							_						
												•	
1b Total		J		ı			_	0.		0.			0
Total number of individuals (including those compensation from the organization	e in 1a) who re	ceive	ed n	nore	tha	n \$1	00,	000 in reportable		>	- ,	· 1	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y em	ploy	yee,	or t	highest compensated en	nployee on		\neg	Yes	No X
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	ım of reportab	le co							the organization		4		X
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Schedu	accrue compe	nsatı	on f						ces rendered to		5		х
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	acto	ors t	that received more than	\$100,000 of com	pensati	on fro	om	
the organization. (A)				_				(B)	T		(C)		
NICHOLS SCHOOL							-	Description of s				sation	
1250 AMHERST STREET, BUFF	FALO, NY	<u> </u>	42	216	5			REIMB. FOR E	MPLOYEES		111	,19) 1
	 .												
2 Total number of independent contractors (in	ncluding those	 e in 1) wh	no re	eceiv	ed r	mor	e than \$100,000 in com	pensation	······································			
from the organization	1									Fc	orm 9	90 (2	008

72,483.

353,354.

942,901.

d All other revenue

832009 02-02-09 e Total. Add lines 11a-11d

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

Form 990 (2008)

75,182.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				<u>·</u>
	not include amounts reported on lines 6b, 8b, 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	510,651.	510,651.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
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				
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 .	·- ·· · · · · · · · · · · · · · · · · ·			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)			· · · · · · · · · · · · · · · · · · ·	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		İ		
а	Management				
Ь	Legal	4-500			
С	Accounting	4,500.		4,500.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion			·	
13	Office expenses				
14	Information technology				-
15	Royalties			 -	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials		-		· · · · · · · · · · · · · · · · · · ·
20	Conferences, conventions, and meetings Interest			-	
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	10,964.	10,964.		
23	Insurance	20,3010	10/301.		
24	Other expenses Itemize expenses not covered		-		
	above (Expenses prouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below)	-			
а	INTERNET & RELATED FEES	245,728.	245,728.	***	
b	PROJECT CONSULTING	111,191.	83,393.	27,798.	
C	DIVERSITY PROGRAM	37,766.	37,766.		
đ	TRAINING	24,230.	24,230.		
е					
f	All other expenses	23,477.	23,477.		
25	Total functional expenses. Add lines 1 through 24f	968,507.	936,209.	32,298.	0.
26	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization			İ	
	reported in column (B) joint costs from a combined			-	
	educational campaign and fundraising solicitation				

832010 12-18-08

Form **990** (2008)

	1 (/)	Darance Officer		, -	
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	410,868.	1	427,930
	2	Savings and temporary cash investments	76,257.		76,877
	3	Pledges and grants receivable, net	25,000.	3	70,011
	4	Accounts receivable, net	29,747.		46,134
	5	Receivables from current and former officers, directors, trustees, key	25//1/	-	40,134
		employees, or other related parties. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section		-	
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	41,962.	9	9,929
	10a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		Less: accumulated depreciation. Complete	†		
		Part VI of Schedule D 1,971,314	. 38,376.	10c	27,412
	11	Investments - publicly traded securities	33,3,3,	11	
	12	Investments - other securities. See Part IV, line 11		12	· · · · · · · · · · · · · · · · · · ·
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	, <u></u>	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	622,210.	16	588,282
	17	Accounts payable and accrued expenses	20,123.	17	4,995
	18	Grants payable		18	
	19	Deferred revenue		19	6,806.
Liabilities	20	Tax-exempt bond liabilities	-	20	3,000
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	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	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	20,123.	26	11,801.
		Organizations that follow SFAS 117, check here X and complete			
Ś		lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	602,087.	27	576,481.
ala	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
ᆵ		Organizations that do not follow SFAS 117, check here			
٥		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	602,087.	33	576,481.
	34	Total liabilities and net assets/fund balances	622,210.	34	588,282.
Par	t XI	Financial Statements and Reporting			
			- ¬		Yes No
1		unting method used to prepare the Form 990: Cash X Accrual	Other		
2a		the organization's financial statements compiled or reviewed by an independent	t accountant?		2a X
Ь		the organization's financial statements audited by an independent accountant?	•		2b X
С		s* to lines 2a or 2b, does the organization have a committee that assumes response		audit,	
_		w, or compilation of its financial statements and selection of an independent according to the statement and selection of an independent according to the second selection of an independent according to the second selection of an independent according to the second selection of an independent according to the second selection of an independent according to the second selection of an independent according to the second selection of an independent according to the second selection of an independent according to the second selection of an independent according to the second selection of an independent according to the second selection of an independent according to the second selection of an independent according to the second selection of an independent according to the second selection of a second selection of a second selection selecti			2c X
зa		result of a federal award, was the organization required to undergo an audit or au	udits as set forth in the Sing	e Audıt	
		nd OMB Circular A-133?			3a X
		s," did the organization undergo the required audit or audits?			3b
832011	12-18-	08			Form 990 (2008)

SCHEDULE A

, (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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.

Inspection

OMB No 1545-0047

Nam	e of 1	the organization	1				Employer i	dentification number
			BISSNET					5-1555928
Pa	rt I	Reason fo	r Public Char	ity Status (All org	anizations must com	olete this part.) (see instruc	tions)	
The	organ	ization is not a p	rivate foundation	because it is: (Please	e check only one orga	anization.)		
1		A church, conve	ention of churche	s, or association of c	hurches described in	section 170(b)(1)(A)(i).		
2		A school descri	bed in section 17	70(b)(1)(A)(ii). (Attach	Schedule E.)			
3		A hospital or a	cooperative hospi	ital service organizati	ion described in secti	on 170(b)(1)(A)(iii). (Attact	Schedule H.)	
4		A medical resea	rch organization	operated in conjunct	ion with a hospital de	scribed in section 170(b)(I)(A)(iii). Enter tl	ne hospital's name,
		city, and state:						
5		An organization	operated for the	benefit of a college of	or university owned or	operated by a governmen	tal unit describe	:d in
		section 170(b)	(1)(A)(iv). (Comple	ete Part II.)				
6	\sqsubseteq	A federal, state,	or local governm	ent or governmental	unit described in sec	tion 170(b)(1)(A)(v).		
7	Ш	An organization	that normally rec	eives a substantial p	art of its support fron	n a governmental unit or fro	om the general p	ublic described in
	_	section 170(b)(1)(A)(vi). (Comple	ete Part II.)				
8	Щ	•			vi). (Complete Part II.)			
9	Ш					rt from contributions, mem		
						d (2) no more than 33 1/3%		
		income and unr	elated business t	axable income (less:	section 511 tax) from	businesses acquired by th	e organization a	fter June 30, 1975.
	_		9(a)(2). (Complete	•				
10	烘			· · · · · · · · · · · · · · · · · · ·	-	y. See section 509(a)(4). (s	-	
11	X	-	-	•	•	erform the functions of, or t		•
						ction 509(a)(2). See sectio i	509(a)(3). Che	ck the box that
			· - · ·	-, ·	mplete lines 11e throi	~		
		a X Type I	b L_	_ Type II		inctionally integrated	d 📖	Type III - Other
е	Ш	-	-	=	· ·	or indirectly by one or mo		
			_	•		izations described in section	on 509(a)(1) or s	ection 509(a)(2).
f					om the IRS that it is a	Type I, Type II, or Type III		
		• •	nization, check th				_	
9		-		•		on from any of the following		[T
						ith persons described in (ii)	and (III) below,	Yes No
				upported organizatio				11g(i) X
		•	•	n described in (i) abo				11g(ii) X 11g(iii) X
		-	•	person described in	**			11g(iii) X
h		Provide the folio	wing information	about the organizati	ons the organization :	supports.		
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		on (v) Did you notify the	(vi) Is the	(vii) Amount of

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	tion in col (i) listed in your organi lines 1-9 governing document? (i) of y		organizat	Organization in col		the on in col ed in the ?	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
BISHOP									
TIMON-ST. JU	16-1075384	2	X		X	1	Х		
BUFFALO									
ACADEMY OF T	16-0806891	2	Х		X		Х		
BUFFALO									
SEMINARY	16-0367980	2	Х]	Х		Х		
CARDINAL									
O'HARA HIGH	16-1401184	2	X		X		Х		
CANISIUS									
HIGH SCHOOL	16-0743943	2	Х		Х		Х		
							•		
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

SEE PART IV FOR LINE 11 CONTINUATION

832021 12-17-08

Sch Pa	edule A (Form 990 or 990-EZ) 2008 rt II Support Schedule for (Organizations	Described in	Sections 170	(b)(1)(A)(iv) ar	d 170(b)(1)(A	Page 2
	(Complete only if you checked				(=)(-)(-)(-) (-)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , ,
Sec	tion A. Public 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.")					ļ	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			•			
	or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 - 3						
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	ļ					
	column (f)						
6	Public Support. Subtract line 5 from line 4						
Sec	tion B. Total Support			.			
Cale	endar year (or fiscal year beginning in)▶_	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest,	į					
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources					ļ	
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 from the sale of capital						
4.4	assets (Explain in Part IV)						
	Total support. Add lines 7 through 10 L Gross receipts from related activities, of					140	<u></u>
	First five years. If the Form 990 is for			.d fourth or lifth to		12	
13	organization, check this box and stop		mst, second, trii	d, lourth, or there to	ax year as a section	on 50 (c)(3)	▶□
Sec	tion C. Computation of Public		centage		•		
	Public support percentage for 2008 (III		-	column (fl)		14	9
	Public support percentage from 2007		· ·	,O.O.I.III (1))		15	9/
	33 1/3% support test - 2008. If the or			n line 13, and line :	14 is 33 1/3% or r		
	stop here. The organization qualifies a						▶ □
b	33 1/3% support test - 2007. If the or				line 15 is 33 1/39	6 or more, check	this box
	and stop here. The organization qualif						. ▶□
17a	10% -facts-and-circumstances test				13, 16a, or 16b,	and line 14 is 109	6 or more,
	and if the organization meets the "fact						

Schedule A (Form 990 or 990-EZ) 2008

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

	rt III Support Schedule for (<u> Drganizations</u>	Described in	Section 509(a)	(2) (Complete onl	y if you checked the bo	ox on line 9 of Part I
	ction A. Public Support	τ	, – . –		,		
Cald	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.")		<u> </u>				
2	Gross receipts from admissions, 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 organ- ization'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	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 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	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975			_			
	Add lines 10a and 10b 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 organization's	s first, second, thir	d, fourth, or fifth ta	x year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						
<u>Sec</u>	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2008 (ine 8, column (f) d	ivided by line 13, o	olumn (f))	•	15	%
16	Public support percentage from 2007					16	<u>%</u>
Sec	<u>tion D. Computation of Inve</u>						
17	Investment income percentage for 20		•	ne 13, column (f))	•	17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2008. If the						7 is not
	more than 33 1/3%, check this box a				• •		▶∟⊥
b	33 1/3% support tests - 2007. If the						and
00	line 18 is not more than 33 1/3%, che			· ·		=	
20_	Private foundation. If the organization	n did not check a	DOX ON line 14, 19	a, or 19b, check th			P
					Sc	hedule A (Form 990	or 990-EZ) 2008

(i) Name of supported organization	(ii) EIN	(lii) Type of organization (described on lines 1-9 above or IRC section	tion in co in your g docu	organiza- l. (i) listed overning nent?	organizat	u notify the ion in col r support?	organizati (i) organiz U S	on in colled in the	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
HOLY ANGELS							ŀ	} [
ACADEMY	16-0768755	2	X	<u> </u>	X		X	!	
IMMACULATA			ļ			Ì	}	i I	
ACADEMY	16-0783522	2	X		Х		X		
MT MERCY									
ACADEMY	16-0955330	2	X		Х		X		
MT ST MARY		L				1	}	1 1	
<u>ACADEMY</u>	16-1283636	2	Х		Х		X		
NARDIN									
ACADEMY	16-0838979	2	X		Х		X		
NIAGARA								1 1	
CATHOLIC HIG	16-1401192	2	X		X	 	X		
NICHOLS									
SCHOOL	16-0755808	2	X		X		Х		
						_			
PARK SCHOOL	16-0755814	2	X		X		X		
ST FRANCIS					-			} \	
HIGH SCHOOL	16-0846639	2	Х		Х		Х		
ST JOSEPH'S									
COLLEGIATE I	16-0743159	2	X		Х		<u> </u>		
ST MARY'S									
HIGH SCHOOL	16-1401191	2	X		X		X		
			1						
				_					
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					İ				
									
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					1				
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:									
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			t				<u> </u>		
								 	
Continuation Total			t i						

Schedule D

, (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that

OMB No 1545-0047 Open to Public Inspection

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Nam	e of the organization BISSNET, INC.		Em	ployer identification number 16-1555928
Pa		ed Funds or Other Similar Fund	s or Accou	
LELM	organization answered 'Yes' to Form 990, Part IV, lin		15 01 710001	arros complete il tile
	organization answered Tes to Fermi 350,1 art 14, in	(a) Donor advised funds	(b) Fur	nds and other accounts
4	Total number at end of year			
1	•		-	
2	Aggregate contributions to (during year)		<u> </u>	
3	Aggregate grants from (during year)			
4	Aggregate value at end of year		L	
5	Did the organization inform all donors and donor advisors in	-	ised funds	
	are the organization's property, subject to the organization's	•		Yes No
6	Did the organization inform all grantees, donors, and donor		•	
-	for charitable purposes and not for the benefit of the donor			
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an h	istorically imp	ortant land area
	Protection of natural habitat	Preservation of certi	fied historic st	ructure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualified con-	servation contribution in the form of a co	nservation eas	sement on the last day
	of the tax year.			•
	•			Held at the End of the Year
а	Total number of conservation easements		2a	
h	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic st	ructure included in (a)	2c	
_		` '		
ď	`,		2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by tr	ne organizatioi	n during the taxable
	year >			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations,	and	
	enforcement of the conservation easements it holds?	•		└─ Yes
6	Staff or volunteer hours devoted to monitoring, inspecting, a			
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year	\$	
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	0(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organizat	tion's accounting for
	conservation easements			
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Simil	ar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, no	of to report in its revenue statement and l	balance sheet	works of art, historical
	treasures, or other similar assets held for public exhibition, e	•		•
	the footnote to its financial statements that describes these	· ·	,	
h	If the organization elected, as permitted under SFAS 116, to		nce sheet wor	te of art, historical treasures
	• •	·		•
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide trie	tollowing amounts relating to
	these items:		_	_
	(i) Revenues included in Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre		al gain, provid	e
	the following amounts required to be reported under SFAS 1	16 relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1		>	\$
þ	Assets included in Form 990, Part X		•	\$
LHA	For Privacy Act and Paperwork Reduction Act Notice, se	e the Instructions for Form 990.		Schedule D (Form 990) 2008

Sche	edule D (Form 990) 2008 BISSNET	. TNC.						16_15	55928	Page 2
	THE Organizations Maintaining C		rt. His	torical Tr	reasures	or Oth				
3	Using the organization's accession and other									
	that apply):								(0.100	, C
а	Public exhibition	c	, 🖂	Loan or exc	hange prog	rams				
b	Scholarly research	e	, $\overline{\Box}$	Other						
С	Preservation for future generations	·								
4	Provide a description of the organization's co	ilections and explai	n how t	hev further t	he organizat	lion's exe	empt purpo	se in Par	YIV	
5	During the year, did the organization solicit or)	. Auv.	
	to be sold to raise funds rather than to be ma					nor on mo	1 400013		Yes	☐ No
Pai	Trust, Escrow and Custodial					ered "Ye	s" to Form	990 Par		
	reported an amount on Form 990, Par	t X, line 21.						1000,1 0.	,	,, 0,
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other a	ssets not	t included	-		
	on Form 990, Part X?		,						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	 and complete the fo	llowing	table:	•				, .03	
									Amount	
С	Beginning balance						1c		7 inount	
ď	Additions during the year			•			1d			
е	Distributions during the year	•	•		•		1e			
f	Ending balance	•				•	1f			
	Did the organization include an amount on Fo	orm 990. Part X. line	217				L		Yes	No
	If "Yes," explain the arrangement in Part XIV.									
	t V Endowment Funds. Complete if	organization answe	ered "Ye	es" to Form 9	990. Part IV.	line 10.				
		(a) Current year		Prior year	(c) Two year	"	(d) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance						X-1			100.00.00
ь	Contributions						******************			
c	Investment earnings or losses			······						~~~~~~~~
d	Grants or scholarships		***************************************	****************					······································	***************************************
_	Other expenditures for facilities			***************************************					***************************************	
	and programs									
f	Administrative expenses		············	***************************************			***************************************		·····	
9	End of year balance			************************						************************
2	Provide the estimated percentage of the year	end balance held a	<u>-</u>		1	1				
_ a	Board designated or quasi-endowment	one balance note	.s. %							
ь	Permanent endowment ▶	%	_′°							
c										
_	Are there endowment funds not in the posses	•	ation the	at are held a	nd administr	arad for t	he organiz	ation		
	by:	ssion of the organize	ation the	at are rielo a	no administr	erea lor t	ne organiza	ation	Г	Yes No
	(i) unrelated organizations									162 140
	(ii) related organizations	•							3a(i) 3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Scher	dula R2					3b	
4	Describe in Part XIV the intended uses of the								30	
Par	t VI Investments - Land, Building				Part X line	10				
	Description of investment	(a) Cost or o			or other		epreciation	. 	(d) Book	value
		basis (investr			(other)	(0, 5	cproclation	'	(d) DOOK	Value
1a	Land	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			·					
	Buildings									
	Leasehold improvements									
	Equipment			1.99	8,726.	1.0	971,31	4	27	,412.
	Other			-,	-,,200	/ -			21	,
	Add lines 1a-1e. (Column (d) should equal For	rm 990 Part Y colu	 mn /B)	line 10(c) \					27	.412.

Schedule D (Form 990) 2008

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

832053 12-23-08

Sche	dule D (Form 990) 2008 BISSNET, INC.			16-15	55928 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 t	to Financial Sta	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		942,901
2	Total expenses (Form 990, Part IX, column (A), line 25)	•	2		968,507
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<25,606
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities	<u>-</u>	5		
6	Investment expenses		6		
7	Prior period adjustments .		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4-8		9		0 .
10_	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		<25,606
Par	t XII Reconciliation of Revenue per Audited Financial Statem	nents With Reve	nue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	942,901
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities .	2b			
c	Recoveries of prior year grants .	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d	-		2e	0 .
3	Subtract line 2e from line 1			3	942,901
4	Amounts 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			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5_	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	942,901.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stater	ments With Exp	enses pe	er Return	
1	Total expenses and losses per audited financial statements			1	968,507
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		7 1	
c	Losses reported on Form 990, Part IX, line 25	2c		7	
d	Other (Describe in Part XIV)	2d		\neg	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	968,507
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	968,507.
Pai	t XIV Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III. lines 1a and 4: P	art IV. lines	1b and 2b: F	Part V. line 4: Part
	rt XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	,			., .,
.,,.	,,,,,,				
				-	
					

SCHEDULE I (Form 990)			Grants and	Grants and Other Assistance to Organizations,	to Organizations	ء.		OMB No 1545-0047
			Govern	Governments, and Individuals in the U.S.	uals in the U.S.			. 5008
Department of the Treasury Internal Revenue Service		▼ Comp	► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.	on answered "Yes," on F	" on Form 990, Pa	ırt IV, lines 21 or 22.		Open to Public
Name of the organization	BISSNET	TNC			.066			Employer identification number
Part i General In	10	d Assistance						076667-01
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	for the grants or ass	Istance, and the select	uo
critena used to a	critena used to award the grants or assistance?	ance?			:	•		☐ Yes 📉 No
쟔	Describe in Part IV the organization's procedures for monitoring the use	edures for moni	toring the use of grant	of grant funds in the United States	d States			
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	overnments an	d Organizations in th	e United States. C	omplete if the orga	inization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient tr	recipient that received more than \$5,000. Check this box if no one	OUU. Check this	s box if no one recipier	received more th	an \$5,000. Use Pa	rt IV and Schedule I-	recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	al space is needed
i (a) iname and ad	I (a) Name and address of organization or government	(a)	(c) IMC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
H 2	лов нѕ							
BUFFALO NY 14220	0	16-1075384	501(C)3	18,310.	0		52	STUDENT SCHOLARSHIPS
BUFFALO ACADEMY OF THE SACRED HEART - 3860 MAIN ST - BUFFAL 14226	F THE SACRED ST - BUFFALO, NY	16-0806891	501(C)3	28,995.	0.		J,	STUDENT SCHOLARSHIPS
BUFFALO SEMINARY 205 BIDWELL PKWY BUFFALO, NY 14222		16-0367980	501(C)3	57,725.	0			STUDENT SCHOLARSHIPS
CANISIUS HS 1180 DELAWARE AVE BUFFALO, NY 14209		16-0743943	501(C)3	34,600.	.0		J	STUDENT SCHOLARSHIPS
CARDINAL O'HARA HS 39 O'HARA RD TONAWANDA, NY 14150	0	16-1401184	501(C)3	23,750.	0.		J.	
HOLY ANGELS ACADEMY 24 SHOSHONE DR BUFFALO , NY 14214		16-0768755	501(C)3	26,200.	0		J	STUDENT SCHOLARSHIPS
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	d government or	ganizations					16.
ہ ا	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ion Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008

Schedule I (Form 990) 2008 BISSNET, INC.					16-1555928 Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.	ited States. Comed.	plete if the organiz	ation answered 'Yes'	on Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	line 2, and any other	additional information.	
832102 12-18-08		23			Schedule I (Form 000) 2008
00.01.21 70.700)			Schedule (Form 990) 2000

SCHEDULE i-1
(Form 990)
Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0037
2008
Open to Public
inspection

(h) Purpose of grant or assistance STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS **Employer identification number** 16-1555928 (g) Description of non-cash assistance valuation (book, FMV, appraisal, other) (f) Method of Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II ö ö ö ö Ö Ö ö (e) Amount of non-cash assistance (d) Amount of cash grant 25,315 25,175. 30,240 44,100 21,415 33,420 63,140 19,080 (c) IRC Code section ıf applicable 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 16-0846639 |501(C)3 16-0955330 16-0783522 16-1283636 16-0838979 16-0755808 16-1401192 16-0755814 (b) EIN INC. BISSNET, (a) Name and address of organization or government ATHOL SPRINGS, NY 14010 NIAGARA FALLS, NY 14304 ST MARY'S ACADEMY NIAGARA CATHOLIC HS 88 RED JACKET PKWY 4129 LAKE SHORE RD IMMACULATA ACADEMY HAMBURG, NY 14075 BUFFALO, NY 14220 3756 DELAWARE AVE 135 CLEVELAND AVE KENMORE, NY 14217 BUFFALO, NY 14222 BUFFALO, NY 14216 MT MERCY ACADEMY SNYDER, NY 14226 5138 S PARK AVE 1250 AMHERST ST NARDIN ACADEMY 4625 HARLEM RD NICHOLS SCHOOL ST FRANCIS HS 520 66TH ST PARK SCHOOL Part Ę

Enter total number of Section 501(c)(3) and government organizations

Open to Public OMB No 1545-0047 Inspection STUDENT SCHOLARSHIPS (h) Purpose of grant or assistance STUDENT SCHOLARSHIPS Employer identification number 16-1555928 (g) Description of non-cash assistance (book, FMV, appraisal, other) (f) Method of Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule | (Form 990), Part II.) valuation ▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990) ö Ö (e) Amount of non-cash assistance (d) Amount of cash grant 32,720 26,466 (c) IRC Code section if applicable Enter total number of Section 501(c)(3) and government organizations 501(C)3 501(C)3 16-0743159 16-1401191 (b) EIN INC. BISSNET, ST JOSEPH'S COLLEGIATE INSTITUTE (a) Name and address of organization or government LANCASTER, NY 14086 Name of the organization BUFFALO, NY 14223 142 LAVERACK AVE Department of the Treasury Internal Revenue Service 845 KENMORE AVE SCHEDULE 1-1 ST MARY'S HS (Form 990) Parti

Schedule I-1 (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ► 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

BISSNET, INC.

Employer identification number 16-1555928

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SCHOOLS WITH ONE ANOTHER TO SUPPORT THE SHARING OF INFORMATION AND
EDUCATIONAL PROGRAMMING IN AN EFFORT TO ENHANCE THE EDUCATIONAL
OPPORTUNITIES OF THE STUDENTS.
FORM 990, PART VI, SECTION A, LINE 6: MEMBERS ARE THE 16 INDEPENDENT
SCHOOLS IN THE CONSORTIUM.
FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT THE BOARD OF
DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS SCHOOLS OCCASIONALLY VOTE
TO APPROVE RECOMMENDATIONS MADE BY THE BOARD OF DIRECTORS. DECISIONS
REGARDING STRATEGIC PLANNING AND CHANGES TO BRAND LOGO HAVE BEEN VOTED UPON
BY MEMBER SCHOOLS.
FORM 990, PART VI, SECTION A, LINE 10: THE EXECUTIVE DIRECTOR RECEIVES THE
COMPLETED FORM 990 FROM INDEPENDENT ACCOUNTANTS AND REVIEWS FOR ACCURACY.
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE RESPONSIBLE FOR
SELF MONITORING ADHERENCE TO POLICY. THE EXECUTIVE DIRECTOR MONITORS
COMMITTEE MEMBERS ON AS-NEEDED BASIS.
FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS AND POLICIES
ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

OMB No 1545-0047 Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ► See separate instructions. INC. Identification of Disregarded Entities BISSNET, Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Parti

2008 Open to Public Inspection

Employer identification number 16-155928

Direct controlling entity Œ End-of-year assets Œ Total income 9 Legal domicile (state or foreign country) Q Primary activity <u>@</u> Identification of Related Tax-Exempt Organizations Name, address, and EIN of disregarded entity Part II

(A)	(B)	(0)	(Q)	(E)	(4)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
		roreign country)		501(c)(3))	entity
BISHOP TIMON-ST, JUDE HS - 16-1075384					
601 MCKINLEY PKWY					
BUFFALO, NY 14220	сноог	NEW YORK	501(C)3	SCHOOL	4 /2
BUFFALO ACADEMY OF THE SACRED HEART -					
16-0806891, 3860 MAIN ST., BUFFALO, NY					
14226	тоонов	NEW YORK	501(C)3	SCHOOL	4 /2
BUFFALO SEMINARY - 16-0367980					
205 BIDWELL PKWY					
BUFFALO, NY 14222	зсноог	NEW YORK	501(C)3	SCHOOL	4/2
CARDINAL O'HARA HIGH SCHOOL - 16-1401184					
39 O'HARA RD					
TONAWANDA, NY 14150	зсноог.	NEW YORK	501(C)3	зсноог	N/A

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)		(F) Share of total Income	(G) Share of end-of-year assets	1	ortion-	Code V-UBI e amount in box n 20 of Schedule K-1 (Form 1065)	General or managing partner?
Part IV Identification of Related Organizations Taxable as a Corporation or Trust	anizations Taxable as a Corp	oration or	rust								
(A) Name, address, and EIN of related organization	7	Prir	(B) Primary activity	(C) Legal dorniclie (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp. S corp, or trust)		(F) Share of total income	-	(G) Share of Prend-of-year o	(H) Percentage ownership
		· 1 · 1 · ·									
									-		
832162 12-23-08			28						Sche	Schedule R (Form 990) 2008	90) 2008

Part V Transactions With Related Organizations

Schedule R (Form 990) 2008 BISSNET, INC.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	:	1a X
b Gift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)	:	1c X
d Loans or loan guarantees to or for other organization(s)		7 ×
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		1f X
g Purchase of assets from other organization(s)		Y Z
h Exchange of assets		th X
i Lease of facilities, equipment, or other assets to other organization(s)	:	1i X
j Lease of facilities, equipment, or other assets from other organization(s)	,	1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k
I Performance of services or membership or fundraising solicitations by other organization(s)		1 X
m Sharing of facilities, equipment, mailing lists, or other assets	:	T X
n Sharing of paid employees		1n X
Reimbursement paid to other organization for expenses	•	10 X
p Reimbursement paid by other organization for expenses		Tp X
q Other transfer of cash or property to other organization(s)		X P1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ansaction thresholds.	
(A) Name of other organization(s)	(B) Transaction	(C) Amount involved
	(700 (4-1)	
(1) GRANTS TO MEMBER SCHOOLS FOR STUDENT SCHOLARSHIPS AS SHOWN ON SCHEDULE I	В	510,651.
(2) REIM. TO NICHOLS SCHOOL FOR SALARIES AS SHOWN ON 990 PART VII SECTION B	0	111,191.
(3)		
(4)		
(5)		
(9)		
823153 12-23-08	Sche	Schedule R (Form 990) 2008

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Page 4

Schedule R (Form 990) 2008 BISSNET, INC.

Part Vi Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(8)	69	(2)	É	(i)	و	9	E
		2 :	<u> </u>				
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	amount in box 20	General or managing partner?
		country)	Yes No			(Form 1065)	ட்ப
		I					
			_				
	T						
	Γ						
	1						
	:						
			-				

Schedule R (Form 990) 2008

16-1555928

Page 2

INC.	ited Tax-Exempt Organizations
Schedule R-1 (Form 990) 2008 BISSNET,	Part II Continuation of Identification of Related Tax-Exempt Organization

(A)	(8)	(0)	9	(E)	(4)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
CANISIUS HIGH SCHOOL - 16-0743943					
AWARE					
ı	SCHOOL	NEW YORK	501(C)3	SCHOOL	N/A
HOLY ANGELS ACADEMY - 16-0768755	1				
RIPPALO NV 14214	TO CO	AGON MAN	2107103	10000	,
TA AC	TOO TOO	NEW TOWN	5/2/105	TOO US	V/N
<u> </u>	-				
HAMBURG, NY 14075	зсноог	NEW YORK	501(C)3	SCHOOL	N/A
MT MERCY ACADEMY - 16-0955330					
88 RED JACKET PKWY					
BUFFALO, NY 14220	зсноог	NEW YORK	501(C)3	SCHOOL	N/A
MT ST MARY ACADEMY - 16-1283636					
~I				_	
KENMORE, NY 14217	school	NEW YORK	501(C)3	SCHOOL	N/A
NARDIN ACADEMY - 16-0838979			:		
135 CLEVELAND AVE					
BUFFALO, NY 14222	SCHOOL	NEW YORK	501(C)3	SCHOOL	K/X
NIAGARA CATHOLIC HIGH SCHOOL - 16-1401192			•		
520 66TH ST					
NIAGARA FALLS, NY 14304	SCHOOL	NEW YORK	501(C)3	SCHOOL	N/A
NICHOLS SCHOOL - 16-0755808					
1250 AMHERST ST					
BUFFALO, NY 14216	зсноог	NEW YORK	501(C)3	SCHOOL	N/A
PARK SCHOOL - 16-0755814					
4625 HARLEM RD					
SNYDER , NY 14226	SCHOOL	NEW YORK	501(C)3	SCHOOL	N/A
ST FRANCIS HIGH SCHOOL - 16-0846639					
4129 LAKE SHORE RD					
ATHOL SPRINGS, NY 14010	зсноог	NEW YORK	501(c)3	SCHOOL	N/A
ST JOSEPH'S COLLEGIATE INSTITUTE -					
16-0743159, 845 KENMORE AVE, BUFFALO, NY					
14223	зсноог.	NEW YORK	501(C)3	зсноог	N/A
ST MARY'S HIGH SCHOOL - 16-1401191					
142 LAVERACK AVE					7
LANCASTER, NY 14086	зсноог.	NEW YORK	501(C)3	SCHOOL	N/A
00 00 00 00 00 00 00 00 00 00 00 00 00		31			Schedule R-1 (Form 990) 2008 🐧