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DLN: 93493135062723

Form **990**

Department of the Treasury

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

2011

Open to Public Inspection

							Inspection
		C Na	nr year, or tax year beginning 07-01-2011 me of organization	and ending 06-30-201	.2	D Employer	identification number
_	eck if ap dress cha	BIS	SNET INC			16-1555	928
_	me chan	Doi	ng Business As			E Telephone	
_	al retur					(716)82	9-2103
_	mınated	PO	mber and street (or P O box if mail is not delivered BOX 745	d to street address) Room/si	uite	G Gross recei	pts \$ 1,167,447
– _{Am}	ended r	eturn City	y or town, state or country, and ZIP + 4				
— Apr	olication		FFALO, NÝ 14215				
		·	Name and address of principal officer		H/=) 1 - 1		6
		RI	ICHARD BRYAN			his a group ret iates?	Yes V No
			O BOX 745 UFFALO,NY 14215				
						all affiliates incl	luded? Yes No ist (see instructions)
та [x-exem	pt status 🔽	501(c)(3)	947(a)(1) or	1	oup exemption	
w	ebsit e	: WWW BIS	SSNET ORG				
∢ Forr	n of org	anization 🔽 Co	orporation Trust Association Other		L Year of	formation 1997	M State of legal domicile NY
Pa	rt I	Summar	у				-
	1 B	Briefly describ	pe the organization's mission or most sign	iificant activities			
v	I	O ASSIST T	HE 16 INDEPENDENT MEMBER SCHOO	LS IN PROVIDING QU	ALITY SEC	ONDARY SCH	OOLEDUCATION
<u>`</u>	-						
Ě							
Governance	2 0	heck this bo	x 🛏 if the organization discontinued its	operations or disposed	of more than	25% of its ne	t assets
	3 N	lumber of vot	ing members of the governing body (Part	VI, lıne 1a)		3	3 4
κο (/) (/)	4 1	lumber of ind	ependent voting members of the governin	g body (Part VI, line 1b)	. 4	4
Ĕ	5 T	otal number	of individuals employed in calendar year 2	2011 (Part V , line 2a)		5	0
Activities &	6 T	otal number	of volunteers (estimate if necessary) .			€	5 4
4,			d business revenue from Part VIII, colun	` ''		7:	a 0
	Ь∧	let unrelated	business taxable income from Form 990-	T, line 34		7	b 0
					Pr	ior Year	Current Year
a .	8	Contribution	ns and grants (Part VIII, line 1h)			525,55€	656,232
nie	9	Program ser	rvice revenue (Part VIII, line 2g)		193,008	177,303	
Revent	10	Investment	ıncome (Part VIII, column (A), lines 3, 4	, and 7d)		1,194	6,979
π	11	Other reven	nue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		C	0
	12		ue—add lines 8 through 11 (must equal P		е	719,758	840,514
	13		sımılar amounts paıd (Part IX, column (A)			494,706	· ·
	14		d to or for members (Part IX, column (A),			C	
	15		her compensation, employee benefits (Pa		5 –		
8		10)				C	
Expenses	16a		I fundraising fees (Part IX, column (A), lir	ne 11e)		C	0
ď	ь		ng expenses (Part IX, column (D), line 25) •0	115 24-1		100.450	303.056
	17		nses (Part IX, column (A), lines 11a-11d		•	198,450	<u> </u>
	18 19		ses Add lines 13-17 (must equal Part II s expenses Subtract line 18 from line 12			693,156 26,602	
æ 00 3æ 00	1.5	ive vellue 162	55 expenses Subtract fine 10 from fine 12		Beainni	ng of Current	
Net Assets of Fund Bafances						Year	End of Year
3 TE	20		s (Part X, line 16)			550,869	426,028
2 E	21		ties (Part X, line 26)			6,275	
	22		or fund balances Subtract line 21 from lir	ne 20		544,594	426,028
	rt II	Signatur					
mow			, I declare that I have examined this return, i true, correct, and complete. Declaration of p				
		$\frac{******}{\text{Signature of}}$	f officer			2013-05-09	
Sign Here		[,				Date	
ief(RYAN BOARD PRESIDENT nt name and title				
		T .		Date	Check If	Proparer's to	vnaver identification number
ר: יי כ		Preparer's signature	DONNA M GONSER	self-	(see instructi	xpayer identification number ons)	
Paid Pren							
	only	ıf self-employe	ed),			_ EIN ▶ 16-07	65486
	~y	address, and Z	ZIP + 4 369 FRANKLIN STREET			Dhone no	(716) 856-3300
			BUFFALO, NY 14202			HIOHE HO F	(110) 030-3300

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes

✓ No

990 (2011)				Page 2
			II	୮
Briefly describe the org	anızatıon's mıssıon			
H OPPORTUNITIES FOR	COLLABORATION,			
the prior Form 990 or 99	90-EZ?			Yes ▼ No
If "Yes," describe these	new services on Sch	edule O		
services?			conducts, any program 	Yes V No
Describe the organization expenses Section 501(on's program service c)(3) and 501(c)(4)	accomplishments for each of its organizations and section 4947(a)(1) trusts are required to repoi	
(Code) (Expenses \$	917.033 including grants of \$	653.135) (Revenue \$	177,303)
,			, , ,	. ,
(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
(Code) (Expenses \$	including grants of \$) (Revenue \$)
Other program service:	s (Describe in Sched	dule O)		
(Expenses \$	•	·) (Revenue \$)
Total program service e	expenses > \$	917,033		
	Check if Schedule Briefly describe the org SNET, INC HELPS TO BE H OPPORTUNITIES FOR UES OF PRIVATE EDUCA Did the organization und the prior Form 990 or 99 If "Yes," describe these Did the organization cea services? If "Yes," describe these Describe the organization expenses Section 501(grants and allocations to (Code COde (Code (Code (Code Code (Code Code (Code Code (Code Code (Code Code (Code (Code Code (Code (Code	Statement of Program Servic Check if Schedule O contains a respo Briefly describe the organization's mission SNET, INC HELPS TO BETTER PREPARE OUT OPPORTUNITIES FOR COLLABORATION, UES OF PRIVATE EDUCATION Did the organization undertake any significant the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schold the organization cease conducting, or maservices? If "Yes," describe these changes on Schedule expenses Section 501(c)(3) and 501(c)(4) grants and allocations to others, the total ex (Code) (Expenses \$ SCHOLARSHIPS, TECHNOLOGY GRANTS, SOFTWARE 8 (Code) (Expenses \$ (Code) (Expenses \$ Other program services (Describe in Schedule 1) (Expenses \$ Other program services (Describe in Schedule 2) (Expenses \$ Other program services (Describe in Schedule 2) (Expenses \$ Other program services (Describe in Schedule 2) (Expenses \$ Other program services (Describe in Schedule 2) (Expenses \$ Other program services (Describe in Schedule 2) (Expenses \$ Other program services (Describe in Schedule 2) (Expenses \$ Other program services (Describe in Schedule 2) (Expenses \$ Other program services (Describe in Schedule 2) (Expenses \$ Other program services (Describe in Schedule 2) (Expenses \$ Other program services (Describe in Schedule 2) (Expenses \$ Other program services (Describe in Schedule 2) (Expenses \$ Other program services (Describe in Schedule 2) (Expenses 2) (Expenses 3) (Expenses 3) (Expenses 3) (Expenses 3) (Expenses 3) (Expenses 4) (Expe	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part I Briefly describe the organization's mission NET, INC HELPS TO BETTER PREPARE OUR STUDENTS FOR THE FUTURE HOPPORTUNITIES FOR COLLABORATION, A FORUM FOR SHARING IDEA UES OF PRIVATE EDUCATION Did the organization undertake any significant program services during the year the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its expenses Section 501 (c)(3) and 501 (c)(4) organizations and section 4947 grants and allocations to others, the total expenses, and revenue, if any, for e (Code) (Expenses \$ 917,033 including grants of \$ SCHOLARSHIPS, TECHNOLOGY GRANTS, SOFTWARE & TRAINING FOR STUDENTS AND TEACH (Code) (Expenses \$ including grants of \$ includ	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission INET, INC HELPS TO BETTER PREPARE OUR STUDENTS FOR THE FUTURE BY PROVIDING ITS UNIQUE OPPORTUNITIES FOR COLLABORATION, A FORUM FOR SHARING IDEAS, AND A STRUCTURE FOR AD USES OF PRIVATE EDUCATION Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O Did the organization case conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to repor grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 917,033 including grants of \$ 653,135) (Revenue \$ SCHOLARSHIPS, TECHNOLOGY GRANTS, SOFTWARE & TRAINING FOR STUDENTS AND TEACHERS OF THE 16 MEMER INSTITUTIONS (Code) (Expenses \$ including grants of \$) (Revenue \$ Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$ Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Νο
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		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νο
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		Νο
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 U S? If "Yes," complete Schedule F, Part II and IV.	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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
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 line 25	24a		Νο
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "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		Νο
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? If "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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		Νo
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		No
37	organization? If "Yes," complete Schedule R, Part V, line 2	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 📆	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 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 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_	.,	
	gaming (gambling) winnings to prize winners?	1c	Yes	
1	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			
Ь	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 (see instructions)	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	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 line 5a or 5b, did the organization file Form 8886-T?			
		5c		
)	Does the organization have annual gross receipts that are normally greater than \$100,000, and 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		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
	contract?	7e		N o
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
_	sources against amounts due or received from them)			
~	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		ı∠a		
ט	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
;	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
ь	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
1		_		R.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Se	ction A. Governing Body and Management						
			Yes	No			
_							
1a	Enter the number of voting members of the governing body at the end of the tax year						
b	Enter the number of voting members included in line 1a, above, who are independent	-					
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		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 governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο			
6	Did the organization have members or stockholders?	6	Yes				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes				
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				
9	Is there any officer, director, 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	9		Νo			
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)						
ICC	vende code.)		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		No			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No			
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13		Νο			
14	Did the organization have a written document retention and destruction policy?	14		Νo			
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		Νo			
b	Other officers or key employees of the organization	15b		Νo			
	If "Yes," to line 15a or 15b, 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		No			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ction C. Disclosure			I			
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 made these available. Check all that apply						
	Own website C Another's website K Upon request						

- 19 Describe in Schedule O whether (and if so, how), the organization made 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 organization 🕨 SUSAN M BACH

12 ACHESON ANNEX UNIVERSITY AT BUFFALO, NY 14214

(716) 829-2103

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 Report compensation for the calendar year ending with or within the organization's tax year

- 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 all of the organization's current key employees, if any See instructions for definition of "key employee"
- 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 neither the orga	nization nor any re	lated o	rganı	zatio	ons	compe	nsat	ed any current or fo	rmer officer, direct	or, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) RICHARD BRYAN PRESIDENT	1 00	Х		х				0	0	0
(2) ANNE KOHL BOARD MEMBER	1 00	х						0	0	0
(3) THOMAS SULLIVAN SECRETARY	1 00	х		х				0	0	0
(4) CHRIS LAURICELLA VICE PRESIDENT	1 00	Х		х				0	0	0
_										

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

	(A) Name and Title	Name and Title A verage hours per week (describe A verage Position (do not check more than one box, unless person is both an officer and a director/trustee)				x, oth)		Rep comp fro organiz	(D) ortable ensation m the ration (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima imount o compens from t	ited fother ation the on and	
		hours for related organizations in Schedule O)	r ted nizations or director or director or director or director										relati organiza	
												+		
												+		
												+		
								<u> </u>				\perp		
1b	Sub-Total			• •	•	•		P						
c d	Total from continuation sheets Total (add lines 1b and 1c) .			•	•	•		<u>-</u>		0		0		0
2	Total number of individuals (inclusion) \$100,000 of reportable compens		nited to			ted	a bove	.) who	receive	d more tha	ın	<u>"]</u>		
													Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch						mploy •	ee, c	r highes	t compens	ated employee	3		Νο
4	For any individual listed on line 1 organization and related organization and related organization.											4		N.o.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for								No No					
	akian B. Tadanan I C										L			
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax yo	highest comper the organizatio												
	-	(A) ne and business add	dress							Desci	(B) ription of services		(C) Compen	
										Ĺ <u>.</u>				
	Fotal number of independent contr \$100,000 of compensation from t			ot lin	nited	i to	those	liste	d above)	who recei	ved more than			

Part V	/ * * * * * * * * * * * * * * * * * * *	Statement of Revenue					
	Ι.			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
¥¥	1a	Federated campaigns 1a					
ਰੁ	ь	Membership dues 1b					
ರ್⊑	l c	Fundraising events 1c					
् <u>र</u> इ.स.							
<u>ਰੂ</u>	d	Related organizations 1d					
ĕΈ	е	Government grants (contributions) 1e					
⊵≝	f	All other contributions, gifts, grants, and 1f	656,232		İ		
英윤		similar amounts not included above					
Ξ 6	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$ Total. Add lines 1a-1f	▶	656,232			
ပ္က	h	Total. Add lines 1a-11	r	030,232			
a)		Busines	s Code				
Ĭ	2a	DUES FROM MEMBER SCHOO	611710	177,303	177,303		
e Ke	ь						
ou.							
Š	c						
Ŕ	d						
Ę	e						
Program Service Revenue	f	All other program service revenue					
Δ	g	Total. Add lines 2a-2f	. ▶	177,303			
	3	Investment income (including dividends, interes	t				
		and other similar amounts)	▶	5,096			5,096
	4	Income from investment of tax-exempt bond proceeds	. ▶				
	5	Royalties	. ▶				
		(ı) Real (ıı) Per					
	6a	Gross rents (1) (11)	301141				
	ь	Less rental					
	"	expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	. 1				
		(i) Securities (ii) O					
	7a	Gross amount 328,816					
		from sales of assets other					
		than inventory					
	ь	Less cost or 326,933					
		other basis and sales expenses					
	c	Gain or (loss) 1,883					
	d	Net gain or (loss)	▶	1,883			1,883
ம்	8a	Gross income from fundraising events (not including	Ī				
Other Revenue		\$					
φ >-		of contributions reported on line 1c)					
Ě		See Part IV, line 18					
ds de		a					
ž	Ь	Less direct expenses b					
0	c	Net income or (loss) from fundraising events .	•				
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
	Ь	Less direct expenses b					
	c	Net income or (loss) from gaming activities .	►				
	10a	Gross sales of inventory, less returns and allowances .					
		а					
	Ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory .	. •				
		Miscellaneous Revenue Busines	s Code				
	11a						
	ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	►				
	12	Total revenue. See Instructions	▶				
	**	iotal levelide. See Thistructions	-	840,514	177,303	0	6,979

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 653,135 653,135 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 5 key employees . . . 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 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Fees for services (non-employees) 11 Management Legal Accounting Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees 2,948 2,948 6,172 6,172 g Advertising and promotion . . . 12 Office expenses 13 14 Information technology 15 Royalties . . 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 33,011 33,011 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 6,622 6,622 23 2,319 2,319 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) PROJECT CONSULTING 130,475 111,856 18.619 68,522 68,522 VIRTUAL LIBRARY & RELAT DIVERSITY PROGRAM 32,025 32,025 2,820 TRAINING 2,820 d e f All other expenses 9,042 9,042 25 Total functional expenses. Add lines 1 through 24f 947,091 917,033 30,058 0 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Parit X Balance Sheet

Pa	Γτ Χ	Balance Sneet			T		
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			137,244	1	95,223
	2	Savings and temporary cash investments			379,630	2	83,454
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		2,508	4	6,958	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key e	mployees, and			
Assets		Schedule L		5			
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of	4958(f)(1)) and				
		Schedule L			6		
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			23,724	9	27,693
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	2,001,461			
	ь	Less accumulated depreciation	10b	2,000,320	7,763	10c	1,141
	11	Investments—publicly traded securities			11	211,559	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			550,869	16	426,028
	17	Accounts payable and accrued expenses .				17	
	18	Grants payable				18	
	19	Deferred revenue			6,275	19	0
	20	Tax-exempt bond liabilities			20		
ر. م	21	Escrow or custodial account liability Complete Part IV of Schedule		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
æ		persons Complete Part II of Schedule L		•		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part 2			25		
	26	Total liabilities. Add lines 17 through 25		6,275	26	0	
_		Organizations that follow SFAS 117, check here ▶	te lin	es 27	·		
Š.		through 29, and lines 33 and 34.					
a B	27	Unrestricted net assets		544,594	27	426,028	
<u>8</u>	28	Temporarily restricted net assets				28	
Fund Balance	29	Permanently restricted net assets			29		
		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	comp	let e			
S O	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
Ą	32	Retained earnings, endowment, accumulated income, or other fund	ds			32	
ž	33	Total net assets or fund balances			544,594	33	426,028
Z	34	Total liabilities and net assets/fund balances			550,869	34	426,028

Pal	Check if Schedule O contains a response to any question in this Part XI			. I	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8	340,51
2	Total expenses (must equal Part IX, column (A), line 25)	2			947,09
3	Revenue less expenses Subtract line 2 from line 1	3		- 1	106,57
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	544,59
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-	-11,98
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		4	126,028
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	_	Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	_	

OMB No 1545-0047

SCHEDULE A Public Charity Status and Public Support

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. > See separate instructions.

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Inspection

Name of the organization BISSNET INC

Employer identification number

16-1555928

8 9	_	-	trust described in sec on that normally rece			•	•	ntributions, me	mbershıp fee	s, and gross	
	its	support fro	activities related to i m gross investment e organization after J	income and ι	ınrelated bus	ıness taxable	ıncome (le	ss section 511			
10 [_		on organized and oper								
11	A i or th	n organizatio ie or more pi	on organized and oper ublicly supported org escribes the ty <u>pe</u> of s	rated exclusi anizations de supporting or	vely for the b escribed in se	enefit of, to p ection 509(a) nd complete l	erform the f (1) or secti ines 11e thi	unctions of, or on 509(a)(2) : rough 11h	to carry out See section!		
e 「 f g	ot se If ch Sı	her than four ection 509(a the organiza ieck this box nce August	ition received a writte (17, 2006, has the or	d other than en determina	one or more p	oublicly supp	orted organi a Type I, T	zations descri	bed in sectio	on 509(a)(1) or	
	(i)		ons? ho directly or indirec , the governing body				th persons	described in (ii		Yes No	
	(ii	i) a famıly m	ember of a person de introlled entity of a pe	scribed in (i)	above?				119	g(ii) No g(iii) No	
h	Pr	ovide the fo	llowing information al	oout the supp	oorted organiz	zation(s)					
(i) Name suppo organiz	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of support	on in your :?	(vi) Is the organizati col (i) orga in the U	on in anized S ?	(vii) A mount of support?	
			ınstructions))	Yes	No	Yes	No	Yes	No		
See Additio Data T											
<u> </u>	~ D 1 C										

ınstructıons

	Support Schedule (Complete only if yo	u checked the	box on line 5,	7, or 8 of Part	I or if the organ	nization f	ailed to	qualify
	under Part III. If the	organization	rails to quality t	<u>inder the tests</u>	listed below, pi	ease cor	npiete	Part III.)
	ection A. Public Support endar year (or fiscal year beginning	1	1	1	1			
Car	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual							
	grants ")							
2	Tax revenues levied for the organization'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 through 3							
5	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, column							
	(f)							
6	Public Support. Subtract line 5 from							
	line 4							
_ <u>S</u>	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
	ın)	(-,	(-,	(0, 2000	(-,	(-,		
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 (Explain in Part							
	IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7							
	through 10)							
12	Gross receipts from related activities	es, etc (See ins	tructions)		•	12		
13	First Five Years If the Form 990 is t	or the organizati	on's first. second	. third. fourth. or	fifth tax vear as a	501(c)(3) organi	zation.
	check this box and stop here	.	· · · · · · · · · · · · · · · · · · ·	,,,	,	(- / (-	,	▶ ┌
_ <u>s</u>	ection C. Computation of Pub							
14	Public Support Percentage for 2011	. (line 6 column	(f) divided by line	11 column (f))		14		
15	Public Support Percentage for 2010) Schedule A , Pa	rt II, line 14			15		
16a	33 1/3% support test—2011. If the				line 14 is 33 1/3%	6 or more	, check '	
_	and stop here. The organization qua		, ,,					▶ ┌
b	33 1/3% support test—2010. If the				6a, and line 15 is	33 1/3% (or more,	
17-	box and stop here. The organization				no 12 165 16	الحميما	1.4	▶
т/а	10%-facts-and-circumstances test- is 10% or more, and if the organization							
	in Part IV how the organization mee							ted
	organization	to the lacts diff	a circumstances	cost The Organia	Lation quanties as	a publicly	Sappor	red ▶□
ь	10%-facts-and-circumstances test-	-2010. If the ora	anızatıon dıd not	check a box on li	ne 13, 16a, 16b.	or 17a and	d line	• •
_	15 is 10% or more, and if the organ							
	Explain in Part IV how the organizat	ion meets the "f	acts and circums	tances" test Th	e organızatıon qua	lıfıes as a	publich	
	supported organization			بمد می	4-11			► □
18	Drivate Foundation If the organizati	on did not chack	' a hov on line 13	165 166 1757	ar 1 /h chack thic	nov and c	- 0 0	

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (d) 2010 (e) 2011 (c) 2009 (f) Total ın) A mounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16

S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2011. 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

b 33 1/3% support tests—2010. 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

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

Software ID: Software Version:

EIN: 16-1555928
Name: BISSNET INC

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

	заррогез.								
(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(A) BISHOP TIMON-ST JUDE HS	161075384	2	Yes		Yes		Yes		27980
(B) SACRED HEART ACADAMY	160806891	2	Yes		Yes		Yes		35660
(C) BUFFALO SEMINARY	160367980	2	Yes		Yes		Yes		72100
(D) CARDINAL O'HARA HIGH SCHOOL	161401184	2	Yes		Yes		Yes		29800
(E) CANISIUS HIGH SCHOOL	160743943	2	Yes		Yes		Yes		44348
(F) HOLY ANGELS ACADEMY	160768755	2	Yes		Yes		Yes		32800
(G) IMMACULATA ACADEMY	160783522	2	Yes		Yes		Yes		24906
(H) MT MERCY ACADEMY	160955330	2	Yes		Yes		Yes		31200
(I) MT ST MARY ACADEMY	161283636	2	Yes		Yes		Yes		34600
(J) NARDIN ACADEMY	160838979	2	Yes		Yes		Yes		27300
(K) NIAGARA CATHOLIC HIGH SCHOOL	161401192	2	Yes		Yes		Yes		26800
(L) NICHOLS SCHOOL	160755808	2	Yes		Yes		Yes		74900
(M) PARK SCHOOL	160755814	2	Yes		Yes		Yes		86560
(N) ST FRANCIS HIGH SCHOOL	160846639	2	Yes		Yes		Yes		28633
(O) ST JOSEPH'S COLLEGIATE INSTITUTE	160743159	2	Yes		Yes		Yes		40260
(P) ST MARY'S HIGH SCHOOL	161401191	2	Yes		Yes		Yes		35288

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DLN: 93493135062723

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** BISSNET INC 16-1555928 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

(a) Donor advised funds			
	(b) Funds and of	ther accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor advisors in writing that the assets held funds are the organization's property, subject to the organization's exclusive legal cont		sed	┌ Yes ┌ I
Did the organization inform all grantees, donors, and donor advisors in writing that grant used only for charitable purposes and not for the benefit of the donor or donor advisor, o conferring impermissible private benefit	•		┌ Yes ┌ I
rt II Conservation Easements. Complete if the organization answered "	Yes" to Form	າ 990, Part IV	, line 7.
Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation		cally important d historic struct	
Preservation of open space			
Complete lines 2a-2d if the organization held a qualified conservation contribution in the easement on the last day of the tax year	ne form of a co	onservation	
		Held at the	End of the Year
Total number of conservation easements	2a		
Total acreage restricted by conservation easements	2b		
Number of conservation easements on a certified historic structure included in (a)	2c		
Number of conservation easements included in (c) acquired after 8/17/06	2d		
Number of conservation easements modified, transferred, released, extinguished, or ter	minated by th	e organization (during
the taxable year -	·	-	-
Number of states where property subject to conservation easement is located 🛌			
Does the organization have a written policy regarding the periodic monitoring, inspection enforcement of the conservation easements it holds?	n, handling of	violations, and	□ Yes □ I
			, 103 , 1
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation	easements du	uring the year 🕨	, , -
			, , -
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation A mount of expenses incurred in monitoring, inspecting, and enforcing conservation eas	ements durınç		
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation A mount of expenses incurred in monitoring, inspecting, and enforcing conservation ease \$\begin{array}{c} \] Does each conservation easement reported on line 2(d) above satisfy the requirements	ements during s of section nue and expen	g the year se statement, a	Yes I
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation. A mount of expenses incurred in monitoring, inspecting, and enforcing conservation ease. \$\bigs\sum_{\text{bg}}\$ Does each conservation easement reported on line 2(d) above satisfy the requirements 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its reven balance sheet, and include, if applicable, the text of the footnote to the organization's fire.	ements during s of section nue and expen nancial staten ures, or Otl	g the year se statement, a nents that desc	Yes I
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation. A mount of expenses incurred in monitoring, inspecting, and enforcing conservation ease. \$\begin{align*} \begin{align*} \begin	ements during sof section nue and expennancial staten ures, or Otle 8.	se statement, a nents that desc ner Similar A	TYes I
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease. \$\begin{align*} \begin{align*}	s of section nue and expen nancial staten ures, or Otle 8. tatement and research in fur these items	se statement, and the state of publishments that described balance sheet work ance sheet work	Yes Indes Assets. works of blic service,
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation. A mount of expenses incurred in monitoring, inspecting, and enforcing conservation ease. \$\begin{array}{c} \begin{array}{c} \begin{array}	s of section nue and expen nancial staten ures, or Otle 8. tatement and research in fur these items	se statement, a nents that desc ner Similar A balance sheet w rtherance of public erance of public	Yes Indes Assets. works of blic service,
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation. A mount of expenses incurred in monitoring, inspecting, and enforcing conservation ease. *	s of section nue and expen nancial staten ures, or Otle 8. tatement and research in fur these items	se statement, an ents that describer Similar An balance sheet work erance of public #\$	Yes Indesided Indesided Indesided Indesided Indesided Indesided Index In
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation. A mount of expenses incurred in monitoring, inspecting, and enforcing conservation ease. * \$ Does each conservation easement reported on line 2(d) above satisfy the requirements 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its reven balance sheet, and include, if applicable, the text of the footnote to the organization's first the organization's accounting for conservation easements **III** Organizations Maintaining Collections of Art, Historical Treasure Complete if the organization answered "Yes" to Form 990, Part IV, line If the organization elected, as permitted under SFAS 116, not to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education or in provide, in Part XIV, the text of the footnote to its financial statements that describes to If the organization elected, as permitted under SFAS 116, to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or reservoide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar as	ements during sof section nue and expennancial staten et a. tatement and research in further earch in furthe	se statement, and the statements that described balance sheet workerance of public statements and the statements and the statements are sheet workerance of public statements.	Yes Indes Assets. Works of blic service, as of art, service,
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation. A mount of expenses incurred in monitoring, inspecting, and enforcing conservation ease. * \$ Does each conservation easement reported on line 2(d) above satisfy the requirements 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its reven balance sheet, and include, if applicable, the text of the footnote to the organization's first the organization's accounting for conservation easements **III** Organizations Maintaining Collections of Art, Historical Treasure Complete if the organization answered "Yes" to Form 990, Part IV, line If the organization elected, as permitted under SFAS 116, not to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education or provide, in Part XIV, the text of the footnote to its financial statements that describes to If the organization elected, as permitted under SFAS 116, to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or reservoide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	ements during sof section nue and expennancial staten et a. tatement and research in further earch in furthe	se statement, and the statements that described balance sheet workerance of public statements and the statements and the statements are sheet workerance of public statements.	Yes Indes Assets. Works of blic service, as of art, service,

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	reasur	res, or O	<u>ther</u>	Similar	r Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing	that are	a significa	nt us	e of its co	llection		
а	Public exhibition		d	Γ	Loan	orexch	ange progra	ams				
b	Scholarly research		e	Γ	Other	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	er the or	ganızatıon'	s exe	mpt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ar	Г	⁄es	Г No
Par	Part IV, line 9, or reported an an						answered	i "Ye	s" to For	m 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	itions oi	r other asse	ets no	ot	Γ,	í es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г			A mou	nt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year 1e											
f	Ending balance						_	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X. lin	e 21?				<u></u>				es .	┌ No
	If "Yes," explain the arrangement in Part XIV									,		,
	t V Endowment Funds. Complete		n ans	were	ed "Ye	s" to F	orm 990.	Part	IV, line	10.		
		(a)Current Year		Prior `			Years Back		ree Years E		Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and ac	lmınıstered	for th	he			
	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)		
L	(ii) related organizations									3a(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	•						•		3b		<u> </u>
	t VI Land, Buildings, and Equipme					10.						
		000 101111 93	,) Cost o		(b)Cost or	other	(c) Accu	mulated	1.	
	Description of property					stment)	basis (oth		depred		(d) E	Book value
	_and			- 1			1				1	
1a				_								
	Buildings		•									
b i	Buildings											
b 6	•						2,00	1,461		2,000,320		1,141
b i c i d i e (_easehold improvements	· · · · · · · · · · · · · · · · · · ·	· · ·				·	1,461		2,000,320		1,141

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)2001111111	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

	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	840,514
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	947,091
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-106,577
4	Net unrealized gains (losses) on investments	4	-11,989
5	Donated services and use of facilities	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	-11,989
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-118,566
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	825,577
2	Amounts 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		
e	Add lines 2a through 2d	2e	-11,989
3	Subtract line 2e from line 1	3	837,566
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		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	2,948
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	840,514
Paru 1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial	рег ке	<u>turn</u> 944,143
_	statements	1	944,143
2	Amounts 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	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	944,143
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		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	2,948
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	947,091
	t XIV Supplemental Information		
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t tional information		
auul	donal mornador		

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Schedule I

DLN: 93493135062723 OMB No 1545-0047

Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Inspection

Department of the Treasury ► Attach to Form 990 Internal Revenue Service Name of the organization BISSNET INC

Employer identification number 16-1555928

Part II Grants and Other A Form 990, Part IV, line Part IV and Schedule	ssistance to Gove e 21 for any recip	vernments and O lent that received n	rganizations in the nore than \$5,000. Ch	United States. Con eck this box if no one	recipient receive	ed more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							

(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 assistan

SCHOOLS

BISSNET, INC KEEPS ACCURATE RECORDS OF ALL TRANSFERS OF FUNDS TO THE 16 INDEPENDENT MEMBER

Software ID: Software Version:

EIN: 16-1555928

Name: BISSNET INC

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BISHOP TIMON- ST JUDE HS601 MCKINLEY PKWY BUFFALO, NY 14220	16- 1075384	501(C)3	27,980				STUDENT SCHOLARSHIPS
BUFFALO ACADEMY OF THE SACRED HEART 3860 MAIN ST BUFFALO, NY 14226	16- 0806891	501(C)3	35,660				STUDENT SCHOLARSHIPS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUFFALO SEMINARY205 BIDWELL PKWY BUFFALO,NY 14222	16- 0367980	501(C)3	72,100				STUDENT SCHOLARSHIPS
CANISIUS HS 1180 DELAWARE AVE BUFFALO,NY 14209	16- 0743943	501(C)3	44,348				STUDENT SCHOLARSHIPS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARDINAL O'HARA HS39 OHARA RD TONAWANDA, NY 14150	16- 1401184	501(C)3	29,800				STUDENT SCHOLARSHIPS
HOLY ANGELS ACADEMY24 SHOSHONE DR BUFFALO, NY 14214	16- 0768755	501(C)3	32,800				STUDENT SCHOLARSHIPS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMMACULATA ACADEMY5138 S PARK AVE HAMBURG, NY 14075	16- 0783522	501(C)3	24,906				STUDENT SCHOLARSHIPS
MT MERCY ACADEMY88 RED JACKET PKWY BUFFALO, NY 14220	16- 0955330	501(C)3	31,200				STUDENT SCHOLARSHIPS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT ST MARY'S ACADEMY3756 DELAWARE AVE KENMORE, NY 14217	16- 1283636	501(C)3	34,600				STUDENT SCHOLARSHIPS
NARDIN ACADEMY135 CLEVELAND AVE BUFFALO,NY 14222	16- 0838979	501(C)3	27,300				STUDENT SCHOLARSHIPS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NICHOLS SCHOOL1250 AMHERST ST BUFFALO,NY 14216	16- 0755808	501(C)3	74,900		,		STUDENT SCHOLARSHIPS
NIAGARA CATHOLIC HS520 66TH ST NIAGARA FALLS, NY 14304	16- 1401192	501(C)3	26,800				STUDENT SCHOLARSHIPS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARK SCHOOL 4625 HARLEM RD SNYDER, NY 14226	16- 0755814	I 501(C)3	86,560				STUDENT SCHOLARSHIPS
ST FRANCIS HS 4129 LAKE SHORE RD ATHOL SPRINGS, NY 14010	16- 0846639	I 501(C)3	28,633				STUDENT SCHOLARSHIPS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH'S COLLEGIATE INSTITUTE845 KENMORE AVE BUFFALO,NY 14223	16- 0743159	501(C)3	40,260				STUDENT SCHOLARSHIPS
ST MARY'S HS142 LAVERACK AVE LANCASTER,NY 14086	16- 1401191	501(C)3	35,288				STUDENT SCHOLARSHIPS

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As Filed Data -

DLN: 93493135062723

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization	Employer identifi	cation number
BISSNET INC		
	16-1555928	

ldentifier	Return Reference	Explanation
	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 B, LINE 11	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -11,989

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(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ► Attach to Form 990.

DLN: 93493135062723 OMB No 1545-0047

epartment of the 1 ternal Revenue S							In	spectio	n	
lame of the ISSNET INC	organizat ion					Employer ider 16-1555928	ntification number			
Part I	Identification	of Disregarded Entities (Comple	ete if the organization	on answered "Yes	" on Form 990, Pa	rt IV, line 33.)				
	(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) e Total income	(e) End-of-year assets	(f) Direct controlling entity			
Part II	Identification or more related	n of Related Tax-Exempt Organiz d tax-exempt organizations during th	zations (Complete ne tax year.)	ıf the organizatioi	n answered "Yes"	on Form 990, Par	t IV, line 34 becau	se it hac	l one	
	Name, address, and I	(a) EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))			(g) Section 512(b)(13 controlled organization	
ee Additional I	Data Tablo							Yes	No	
ee Additional I	Data Table									
									1	

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	Primary activity	(c) Legal domicile (state or foreign country)	<u>'</u>	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	amount in box 20 of Schedule K-1 (Form 1065)		i) ral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (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 end-of-year assets	(h) Percentage ownership
_			<u> </u>					<u> </u>

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.) Note. Complete line 1 if any entity is listed in Parts II, III or IV 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 b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)	1a 1b 1c 1d	Yes	No 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 b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) 	1b 1c 1d		No
 a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) 	1b 1c 1d	Yes	
 b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) 	1b 1c 1d	Yes	
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s)	1c 1d	Yes	No
d Loans or loan guarantees to or for related organization(s)	1d		No
			1
e Loans or loan guarantees by related organization(s)	1e		No
			No
		ļ	
f Sale of assets to related organization(s)	1f	<u> </u>	No
g Purchase of assets from related organization(s)	1 g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i	ļ	No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations by related organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
	4.	V	
• Reimbursement paid to related organization(s) for expenses	10	Yes	L.
p Reimbursement paid by related organization(s) for expenses	1p		No
q O ther transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) GRANTS TO MEMBER SCHOOLS FOR STUDENT SCHOLARSHIPS AS SHOWN ON SCHEDULE I	В	653,135	CASH DISBURSEMENTS
(2) REIM TO NICHOLS SCHOOL FOR SALARIES	0	130,475	CASH DISBURSEMENTS
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	5	(e) Are all partners section 601(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloca	ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part		(k) Percentage ownership
			311)	Yes	No			Yes	No		Yes	No	
				•									
				<u> </u>									

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanation	

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 16-1555928
Name: BISSNET INC

Form 990, Schedule R, Part II - Ide	ntification of	Related Tax	-Exempt Org	anizations		1
(a) Name, address, and EIN of related organization	(b) Primary A ctivity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization
BISHOP TIMON-ST JUDE HS 601 MCKINLEY PKWY BUFFALO, NY 14220 16-1075384	SCHOOL	NY	501(C)3	SCHOOL	N/A	No
BUFFALO ACADEMY OF THE SACRED HEART 3860 MAIN ST BUFFALO, NY 14226 16-0806891	SCHOOL	NY	501(C)3	SCHOOL	N/A	No
BUFFALO SEMINARY 205 BIDWELL PKWY BUFFALO, NY 14222 16-0367980	SCHOOL	NY	501(C)3	SCHOOL	N/A	No
CARDINAL O'HARA HIGH SCHOOL 39 OHARA RD TONAWANDA, NY 14150 16-1401184	SCHOOL	NY	501(C)3	SCHOOL	N/A	No
CANISIUS HIGH SCHOOL 1180 DELAWARE AVE BUFFALO, NY 14209 16-0743943	SCHOOL	NY	501(C)3	SCHOOL	N/A	No
HOLY ANGELS ACADEMY 24 SHOSHONE DR BUFFALO, NY 14214 16-0768755	SCHOOL	NY	501(C)3	SCHOOL	N/A	No
IMMACULATA ACADEMY 5138 SOUTH PARK AVE HAMBURG, NY 14075 16-0783522	SCHOOL	NY	501(C)3	SCHOOL	N/A	No
MT MERCY ACADEMY 88 RED JACKET PKWY BUFFALO, NY 14220 16-0955330	SCHOOL	NY	501(C)3	SCHOOL	N/A	No
MT ST MARY ACADEMY 3756 DELAWARE AVE KENMORE, NY 14217 16-1283636	SCHOOL	NY	501(C)3	SCHOOL	N/A	No
NARDIN ACADEMY 135 CLEVELAND AVE BUFFALO, NY 14222 16-0838979	SCHOOL	NY	501(C)3	SCHOOL	N/A	No
NIAGARA CATHOLIC HIGH SCHOOL 520 66TH ST NIAGARA FALLS, NY 14304 16-1401192	SCHOOL	NY	501(C)3	SCHOOL	N/A	No
NICHOLS SCHOOL 1250 AMHERST ST BUFFALO, NY 14216 16-0755808	SCHOOL	NY	501(C)3	SCHOOL	N/A	No
PARK SCHOOL 4625 HARLEM RD SNYDER, NY 14226 16-0755814	SCHOOL	NY	501(C)3	SCHOOL	N/A	No
ST FRANCIS HIGH SCHOOL 4129 LAKE SHORE RD ATHOL SPRINGS, NY 14010 16-0846639	SCHOOL	NY	501(C)3	SCHOOL	N/A	No
ST JOSEPH'S COLLEGIATE INSTITUTE 845 KENMORE AVE BUFFALO, NY 14223 16-0743159	SCHOOL	NY	501(C)3	SCHOOL	N/A	No
ST MARY'S HIGH SCHOOL 142 LAVERACK AVE LANCASTER, NY 14086 16-1401191	SCHOOL	NY	501(C)3	SCHOOL	N/A	No