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# Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2008

Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginr		and ending 06-30-20	09		
<b>B</b> Ch	eck ıf a	pplicable	Please	C Name of organization SACRED HEART UNIV		NTED		D Employer i	dentification number
☐ Ad	dress cl	hange	use IRS label or	Doing Business As				06-07766 E Telephone	
┌ Na	me cha	inge	print or type. See	Doing business As					
☐ Ind	al retu	ırn	Specific	Number and street (c	or P O box if mail is	not delivered to street addi	ress) Room/suite	(203) 371	
Те	mınatı	on	Instruc- tions.	5151 Park Avenue				d dross recei	pts \$ 201,236,588
┌ Am	ended	return		City or town, state or	country, and ZIP +	4			
Гар	olicatio	n pending		Fairfield, CT 06825					
			<b>F</b> Nan	ne and address of Pi	rıncıpal Officer		H(a) Is th	nıs a group retu	rn for
				y J Cernera				ates?	┌Yes ┌No
				Park Avenue d, CT 06825			H/h\ Ana	ul affiliates inclu	ded?
I Ta	x-exen	npt status	▼ 501(c)	) ( 3 ) ◀ (insert no ) 「	4947(a)(1) or 「	527		<b>all affiliates inclu</b> No "attach a lu	st See instructions)
J W	eb sit	e: ► ww	w sacredhe	art edu			_	up Exemption N	
<b>К</b> Тур	e of or	ganızatıon	Corporat	ion  trust  association	on 🔽 other 🟲		<b>L</b> Year of F	ormation 1963	<b>M</b> State of legal domicile CT
Pa	rt I	Sum	mary						
	1	Briefly	describe th	e organization's mis	sıon or most sıg	nıfıcant actıvıtıes			
క			•		-	r learning offering unde	-	-	•
Governance		Continu	ing educati	on, in a variety of di	scipiines, with a	commitment to leader	sip in Cathon	c nigher educat	1011
ē.	2	Check	this box	ıf the organization d	iscontinued its o	operations or disposed	of more than	25% of its asse	ets
ŝ	3		,			tVI, line 1a)			29
2 <b>6</b>	4	Numbe	r of ındepen	ident voting membei	rs of the governi	ng body (Part VI, line 1	.b)	. 4	27
Activities &	5	Total n	umber of en	nployees (Part V , lır	ne 2a)			5	3,162
<b>E</b>	6	Total n	umber of vo	lunteers (estimate i	fnecessary) .			6	150
¥	7a Total gross unrelated business revenue from Part VIII, line					I, line 12, column (C)		7a	53,932
	ь	Net unr	elated busi	ness taxable incom	e from Form 990	-T, line 34		7b	5,004
g <sub>i</sub>							Pr	ior Year	Current Year
	8	Contri	butions and	d grants (Part VIII,	line 1h)		•	18,592,628	14,487,113
enue	9	•		revenue (Part VIII,	• ,		144,105,070	· · ·	
Rayeni	10			ne (Part VIII, colum			2,263,953	-4,176,838	
_	11		•	art VIII, column (A)		, 9c, 10c, and 11e) art VIII, column (A), lı	n.o.	2,526,363	-97,009
	12	12)	revenue—ac	ad lines 8 through 1	I (must equal P	art VIII, column (A), ii	ne	167,488,014	166,527,598
	13	Grants	s and sımıla	ar amounts paid (Pai	rt IX, column (A)	), lınes 1–3)		30,390,732	35,944,717
	14	Benefi	ts paid to o	or for members (Part	IX, column (A),	line 4)			0
ø	15		es, other co	ompensation, employ	yee benefits (Pa	rt IX, column (A ), lines	5 –	60,685,054	68,220,909
Expenses	16a	10) Profes	sional fund	raising fees (Part IX	( column (A ) lur		00,003,034	00,220,909	
Φ ⊕	ь			penses, Part IX, column					
Э	17			penses, Part IX, column ( (Part IX, column (A)				53,414,781	56,113,229
	18					, 111 241) X, line 25, column (A))		144,490,567	160,278,855
	19			renses Subtract line	-			22,997,447	6,248,743
항 % 연			<u> </u>				Begini	ning of Year	End of Year
e i	20	Total	assets (Par	rt X, line 16)			244,683,311	248,433,761	
Ass 3 Ba	21	Total	liabilities (F	Part X, line 26)				128,904,853	135,991,625
Net Assets or Fund Balances	22			d balances Subtrac	t line 21 from lir	ne 20		115,778,458	112,442,136
	t II	_	ature Blo						
		Under p	enalties of pe	erjury, I declare that I ha					the best of my knowledge
DI.		and bel	ief, it is true, o	correct, and complete D	eclaration of prepar	er (other than officer) is bas	ed on all informa	ation of which prep	arer has any knowledge
Please Sign Here		Sign	ature of office	er			201 Date	0-05-11	
		[ ]		· Vice President for Final	200				
			e or print nam		ice				
		Preparei	r's <b>k</b>			Date	Check If	Preparer's PTI	N (See Gen Inst )
Paid		signatur					self- empolyed 🕨 🔽	_   `	
	arer's	Firm's n	ame (or yours	5 1			, ·		_
Use		ıf self-eı	mployed), and ZIP + 4	<b>*</b>				EIN Þ	
		""	<u></u> . T					Phone no 🕨	
May	the IR	S discus	s this retu	rn with the preparer	shown above? (S	See instructions) .			

### Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission
See A	additional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
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
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 45,709,860 including grants of \$ 0 ) (Revenue \$ 128,119,788 )  Sacred Heart continues to offer a wide range of undergraduate and graduate programs. Regardless of what undergraduate program or graduate studies are chosen, our focus on unparalleled academic opportunities - rooted in the Catholic intellectual tradition and the principles of engaged learning - creates an absorbing, customized educational experience for each student.
4b	(Code ) (Expenses \$ 35,944,717 including grants of \$ 35,944,717 ) (Revenue \$ 0 )
	Sacred Heart University's Student Financial Assistance Office is committed to helping students and their families find the most affordable options available for attending college. For full-time undergraduate students, there are basically two types of financial assistance. first, traditional merit or need-based merit aid, and second, a range of other options open to students and their families whether they qualify for traditional aid or not. Several financial assistance options are also available to qualified part-time undergraduate students and graduate students.
4c	(Code ) (Expenses \$ 23,501,468 including grants of \$ 0 ) (Revenue \$ 25,065,973 )  Auxiliary services provide room and board for students after the continually developmentally, physically, socially and spiritually
	(Code ) (Expenses \$ 32,949,653 including grants of \$ ) (Revenue \$ 3,179,848 ) Other general and student services
4d	Other program services (Describe in Schedule O) (Expenses \$ 32,949,653 including grants of \$ 0)(Revenue \$ 3,179,848)
4e	Total program service expenses \$ 138,105,698 Must equal Part IX, Line 25, column (B).

	art IV	Checkli	st of R	eauired	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		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	Yes	
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 hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	Yes	
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? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
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	Yes	l
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		No

Part VI . . .

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	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	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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		No
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		No
36	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		Νο
37	Did the organization conduct more than 5 percent 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,	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			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 34	1		
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	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return	: 2		
b	return	72		
3a	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2b	Yes	
	return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
Ь	If "Yes," enter the name of the foreign country EI , LU			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	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
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		N o
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	file Form 8282?	. 7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	e <b>8</b>		
9	year?			
	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		
10	Section 501(c)(7) organizations. Enter	"		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

Section A.	Governing	Body and	d Management

			Yes	No
	For each "Yes" response to lines 2-7 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 1a 29			
Ь	Enter the number of voting members that are independent 1b 27			
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		Νο
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		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? $\cdot$ .	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
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		Νο
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		Νο

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Michael J Kinney 5151 Park Avenue Fairfield, CT 06825 (203) 371-7872

## 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

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	(B) Average hours per week	<b>(C)</b> Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

### Part VII Continued

		<b>(C)</b> Position (check all that apply)							(5)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			1							
							<u> </u>			
							$\vdash$			
1b Total							►	2,366,675	C	258,848

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶49

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

#### **Section B. Independent Contractors**

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

(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
Sasakı Associates Inc Po Box 843026 Boston, MA 02284	Architectural	826,532
Securitas Security Services PO Box 403412 Atlanta, GA 303843412	Security Services	776,405
Beardsley Brown & Bassett PO Box 421 Battleboro, VT 053020421	Insurance Brokers	923,802
Keating Associates Inc 49 Eliot Street South Natick, MA 01545	Consulting	509,783
St Vincent Milone & O'sullivan 25 West 45th Street New York, NY 10036	Marketing	341,906
Total number of independent contractors (including those in 1) who refrom the organization	. ,	- 11

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
-	1a	Federated campaigns 1	.a 0		Revenue		512, 513, or 514
22.22		· -					
ani uni	ь	Membership dues 1	ь <sup>.</sup> ———				
Contributions, gifts, grants and other similar amounts	С	Fundraising events	724,058				
jijt ar∷	d	Related organizations	_				
s, ç mili	e		<b>e</b> 4,362,801				
on: Si	f	All other contributions, gifts, grants, and	9,400,254				1
utí	•	sımılar amounts not ıncluded above					
trik ot	g	Noncash contributions included i	f n				
ou	9	lines 1a-1f \$2,109,446					
O #	h	Total (Add lines 1a-1f)	•	14,487,113			
			Business Code				
e l'	2a	Tuition	611,600	130,879,171	130,879,171	0	
men							0
Fe.	Ь	Auxiliary	721,000		25,065,973		0
93	С	Other	900,099	362,314	359,659	2,655	0
erv	d	Use of Facilities	611,710	6,874	6,874	0	0
3 (	e						
Program Service Revenue	f	All other program service revenu	е	0	0	0	0
Pro	g	Total. Add lines 2a-2f					
	3	► \$ 156,314,332  Investment income (including div	/idends interest				
	-	other similar amounts)	· ·	2,520,905	0	0	2,520,905
			▶	0	0	0	
	4	Income from investment of tax-exempt	bond proceeds	U	U	U	U
	5	Royalties		0	0	0	0
		(ı) Real	(II) Personal				
	6a	Gross Rents 81,159					
	b	Less rental 100,256 expenses	0				
	с	Rental income -19,097 or (loss)	0				
	d	Net rental income or (loss)	· <u>.</u>	-19,097	0	0	-19,097
		(ı) Securities	(II) O ther				
	7a	Gross amount 27,718,411 from sales of	. 0				
		assets other					
	ь	than inventory Less cost or 34,416,154	0				
		other basis and sales expenses					
	с	Gain or (loss) -6,697,743	0				
	d	Net gain or (loss)		-6,697,743	0	0	-6,697,743
	8a	Gross income from fundraising	<u> </u>				
Other Revenue	ь	s 63,391 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	724,036				
thei	c	Less direct expenses Net income or (loss) from fundrai		-129,189	0	0	-129,189
Ö	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a 0				
	b c		<b>b</b> 0	0	0	0	0
	10a	Gross sales of inventory, less returns and allowances .	<b>a</b> 0				
	b c	Less cost of goods sold Net income or (loss) from sales o	of inventory	0	0	0	0
		Miscellaneous Revenue	Business Code				
	11a	Unrelated taxable revenue	713,940	51,277		51,277	
		including fitness center	_				
	ь						
	С						
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d					
	12	Total Devenue Addition of the	\$ 51,277	166,527,598	156,311,677	53,932	-4,325,124
		<b>Total Revenue.</b> Add lines 1h, 2g, 8c, 9c, 10c, and 11e		100,027,000	130,311,077	33,732	Form <b>990</b> (2008)

### Part IX Statement of Functional Expenses

A	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).							
Do i	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	35,944,717	35,944,717					
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0	0					
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	1,410,183	403,645	829,426	177,112			
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	53,486,874	45,189,472		840,526			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,907,494	2,414,674	492,820				
9	Other employee benefits	6,815,083	5,659,926	1,155,157				
10	Payroll taxes	3,601,275	2,990,859	610,416				
11	Fees for services (non-employees)							
а	Management							
b	Legal	330,283		330,283				
c	Accounting	162,818		162,818	_			
d	Lobbying							
e	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other	17,078,988	13,743,879	3,172,080	163,029			
12	Advertising and promotion							
13	Office expenses	830,919	727,803	89,027	14,089			
14	Information technology							
15	Royalties							
16	Occupancy	9,538,614	7,957,514	1,164,269	416,831			
17	Travel	1,559,915	1,448,988	88,127	22,800			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials							
19	Conferences, conventions and meetings	331,731	284,958	43,875	2,898			
20	Interest	4,371,272	4,099,397	263,531	8,344			
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	9,331,219	9,006,304	139,713	185,202			
23	Insurance	1,491,859	227,502	1,264,357				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )							
а	Purchasing	2,155,223	2,119,415	31,730	4,078			
b	Contract Services	2,745,650	1,992,236	753,414	0			
c	Special Events	678,243	603,244	34,109	40,890			
f	All other expenses	5,506,495	3,291,165	2,148,575	66,755			
25	Total functional expenses. Add lines 1 through 24f	160,278,855	138,105,698	20,230,603	1,942,554			
26	Joint Costs. Check T if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 800 /2009)			

Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				9,122,440	1	14,714,790
	2	Savings and temporary cash investments		0	2			
	3	Pledges and grants receivable, net		8,545,908	3	7,058,638		
	4	Accounts receivable, net		٠.		1,676,671	4	2,102,315
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			nployees or	0	5	14,000
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	n 49		0	6	<u> </u>
	7	Notes and loans receivable, net				0	7	
	8	Inventories for sale or use				0	8	
ø	9	Prepaid expenses and deferred charges				0	9	
ssets	10a	The part of the second of the	•	•				
Ass	204	Land, buildings, and equipment cost basis	10a		219,844,802			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b		83,465,063	126,217,391	100	136.379.739
	11	Investments—publicly traded securities	100			0	11	70,213,766
	12	Investments—other securities See Part IV, line 11 Complete F	ert VII	Lof	•	82,425,603		0
	13	Schedule D  Investments—program-related See Part IV, line 11 Complete in					12	_
	13	of Schedule D .	-ait VI	11			13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	16,695,298	15	17,950,513			
	16	Total assets. Add lines 1 through 15 (must equal line 34)				244,683,311	16	248,433,761
	17	Accounts payable and accrued expenses .				15,031,090	17	18,657,035
	18	Grants payable				0	18	
	19	Deferred revenue				4,458,332	19	4,019,478
	20	Tax-exempt bond liabilities				87,896,849	20	85,731,779
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L	0	22				
	23	Secured mortgages and notes payable to unrelated third parties	5 <b>.</b>			20,268,015	23	26,447,195
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D				1,250,567	25	1,136,138
	26	Total liabilities. Add lines 17 through 25				128,904,853	26	135,991,625
		Organizations that follow SFAS 117, check here 🕨 🔽 and com	plete l	line	es 27			
Ф		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets				91,286,790	27	86,367,699
8	28	Temporarily restricted net assets		12,757,676	28	14,032,230		
Ξ	29	Permanently restricted net assets				11,733,992	29	12,042,207
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ at lines 30 through 34.	nd con	nple	ete			
s or	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31	
As	32	Retained earnings, endowment, accumulated income, or other fo					32	
Net	33	Total net assets or fund balances				115,778,458	33	112,442,136
<b>z</b>	34	Total liabilities and net assets/fund balances				244,683,311	34	248,433,761
Da	rt VT	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	<b>b</b> Were the organization's financial statements audited by an independent accountant?			
c	If "Yes" to lines 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?	2c	Yes	
3a	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	Yes	
b	If "Yes." did the organization undergo the required audit or audits?	3b	Yes	

Employer identification number

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

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.

Open to Public Inspection

SACRE	D HEAF	RT UNIVERSITY	INCORPORATED									
									-0776644			
	rt I											
	rganız	zation is not a private foundation because it is (Please check only <b>one</b> organization)										
1	<u> </u>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	<u> </u>	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E)										
3	<u>_</u>	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)										
4	ļ	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the										
	_	•	name, city, and									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	_	Section 170	Section 170(b)(1)(A)(iv). (Complete Part II)									
6	<u>_</u>	A federal, s	tate, or local go	overnment or governmental	unıt descr	ibed in <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7		An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a govei	rnmental u	ınıt or fron	n the gene	ral public	3
		described i	n <b>Section 170(b</b>	o)(1)(A)(vi) (Complete Par	tII)							
8		A communi	ty trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	iplete Pari	tII)					
9	Г	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gro	ss
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	exceptio	ns, and (2	) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	x) from bus	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)			
10		An organiza	ation organized	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (Se	ee instruct	tions )	
11		_	=	and operated exclusively fo					•	•		
				orted organizations describe type of supporting organiza						Section 5	09(a)(3).	. Check
		a T				- Function			'' d	Гтуре	III - Otl	her
e	Г		•	rtify that the organization is					ne or mor			
	·	•		agers and other than one or			•			•		
		section 50										
f		If the organ		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	g organiz	zation,
g				as the organization accepted	d any gift	or contribi	ition from	any of the				,
9		following pe		as the organization accepto	a a.i., g.i.c.			u., o				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wit	th persons	describe	d ın (ıı)		Yes	No
		and (111) bel	ow, the governı	ng body of the the supported	d organiza	tion?				11g(	(i)	
		(ii) a famıly	/ member of a p	erson described in (i) above	?					11g(	ii)	
		(iii) a 35%	controlled enti	ty of a person described in (	i) or (ii) al	bove?				11g(	iii)	
h		Provide the	following inforr	nation about the organizatio	ns the org	janızatıon	supports					
					ı		ı		ı			
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	sthe	(vii) An	
		orted IIzation		(described on lines 1-9 above or IRC section	_	ation in Iisted in	_	nization ) of your		ation in organized	supp	ort?
	o i yaii	iizatioii		(See Instructions))	your go		supp			US?		
	document?											
					Yes	No	Yes	No	Yes	No		

Total

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

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Supplemental Financial Statements** 

Open to Public

	me of the organization RED HEART UNIVERSITY INCORPORATED		Employer identification	number
ے, در	TELL TELL STATEMENT MOON ONTIED		06-0776644	
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds or Accounts. Co	mplete if the
	-	(a) Donor advised funds	(b) Funds and other	accounts
L	Total number at end of year			
2	Aggregate Contributions to (during year)			
3	Aggregate Grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised $ extstyle  ag{}$	Yes
<b>,</b>	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		<u> </u>	Yes
Pai	rt II Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, lin	 e 7.
L 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of ce	historically importantly la rtified historic structure of a conservation easeme	
	on the last day of the tax year		Hold at the I	nd of the Year
а	Tabel number of concernation accomments		2a	ind or the rear
b	Total number of conservation easements		2a   2b	
	Total acreage restricted by conservation easement			
C	Number of conservation easements on a certified hi		2c	
d	Number of conservation easements included in (c) a		2d	
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization durin	g
	the taxable year 🕨			
1	Number of states where property subject to conserve	ation easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	=		Yes
5	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$	
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	?(d) above satisfy the requirements of sec		Yes
•	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial	·	<b>;</b>
ar	Complete if the organization answered '		or Other Similar Ass	ets.
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public s	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	13,900
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$	0
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r financial gain, provide th	e
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	13,900
ь	Assets included in Form 990, Part X		► \$	0

Par	Organizations Maintaining Co	llections of Art	<u>, His</u>	stori	<u>cal Treasu</u>	res, or Oth	er Simila	r <b>Asse</b>	: <b>ts</b> (cc	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne fol	lowing that are	a significant	use of its co	ollection	1	
а	Public exhibition		d	Γ	Loan or excl	nange program	าร			
b	Scholarly research		e	$\Gamma$	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın ho	w the	y further the o	rganızatıon's	exempt purp	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t						ımılar	✓	Yes	┌ No
Pai	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plet	e if the orga		wered "Yes	s" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributions c	or other assets	s not	Г	Yes	Г No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е							
								A mou	int	
с	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, line	21?					Г	Yes	Г No
	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete								VE V	Dl-
1-	Reginning of year halance	<b>(a)</b> Current Year 75,715,465		)Prior	Year (c) IW	o Years Back	a) inree years	васк   (е	Four Y	ears Back
1a	Beginning of year balance	5,501,555								
b	Investment earnings or losses	-12,772,805								
c d	Grants or scholarships	474,106								
e	Other expenditures for facilities	569,523								
_	and programs									
f	Administrative expenses	361,525								
g	End of year balance	67,039,061								
2	Provide the estimated percentage of the yea	r end balance held a	ıs							
а	Board designated or quasi-endowment 🕨	81 %								
ь	Permanent endowment 🕨 19 %									
c	Term endowment ► 0 %									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	thata	are held and a	dministered fo	or the			
	organization by								Yes	No
	(i) unrelated organizations		•					3a(i)	—	No
	(ii) related organizations							3a(ii)	├──	l No
ь 4	If "Yes" to 3a(II), are the related organization  Describe in Part XIV the intended uses of the	•						3b	<u> </u>	<u> </u>
	t VI Investments—Land, Buildings					rt V line 10	<u> </u>			
ГС	t vi investments—Land, bunding	s, and Equipme	11 <b>t.</b> –		Cost or other	( <b>b)</b> Cost or	, . 			
	Description of investment				is (investment)	other basıs (other)	(c) Deprecia	tion	( <b>d</b> ) Boo	ok value
1a	Land				11,255,388	0	I		1	1,255,388
	Buildings				87,337,509	0	29,410	0,888		7,926,621
	Leasehold improvements				53,675,099	0	17,629	·		6,045,216
	Equipment				36,318,706	0	29,586	<del>- +</del>		6,732,486
	Other				31,258,100		,	3,072		4,420,028
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X. colum	nn (B	), line		-		-, -, -		6,379,739
		Jos, ale A, colum	(5)	,,	(-)// • •			ule D (F		90) 2008
								(.		,

Part VIII Investments—Other Securities. S	<u>ee Form 990, Part X, line 1</u>	2.	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	(b)Book value		d of valuation -year market value
Financial derivatives and other financial products		Cost of ella-of	- year market value
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>•</b> 0		
Part VIII Investments—Program Related.	See Form 990 Part Y line	13	
			d of valuation
(a) Description of investment type	(b) Book value		-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X	, line 15. cription		(b) Book value
Funds Held By Trustee	CTIPLION		10,382,167
Prepaid Expenses			1,501,275
Cash surrender value of insurance			546,014
Unamortized cost of issuance bonds			1,680,173
Deposits			261,400
Split interest agreements			229,484
Land received as gift			3,350,000
Total. (Column (b) should equal Form 990, Part X, col.(B) III	ne 15.)		17,950,513
Part X Other Liabilities. See Form 990, Pa	T	T	
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Government grants refundable - student loans	197,690		
Capital lease obligations	938,448		
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	<b>▶</b> 1,136,138		
, , , , , , , , , , , , , , , , , , , ,	1,130,130	j	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	166,527,598
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	160,278,855
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,248,743
4	Net unrealized gains (losses) on investments	4	-9,585,065
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	-9,585,065
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,336,322
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial		157,235,368
_	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b			
C C	Recoveries of prior year grants		
d	Add lines 2a through 2d	7-	0 202 220
е 3		2e 3	-9,292,230 166,527,598
4	Subtract line <b>2e</b> from line <b>1</b>		100,327,398
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	166,527,598
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	124,626,974
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	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	292,836
3	Subtract line <b>2e</b> from line <b>1</b>	3	124,334,138
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	35,944,717
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	160,278,855

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

#### Part XIV Supplemental Information

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

Ident if ier	Return Reference	<b>Explanat ion</b>
SchD_P03_S00_L04	Schedule D, Part III, Line 4	Works of art are contributed to the University from various donors. The school exhibits them in the campus gallery for public viewing.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The University uses the funds for student scholarships, to provide educational and support services to maintain and expand the University capital infrastructure in order to maintain the University's financial stability
SchD_P10_S00_L00	Schedule D, Part X	In June 2006, the FASB issued FASB Interpretation No 48 (FIN 48), Accounting for Uncertainty in Income Taxes, and interpretation of FASB Statement No 109 FIN 48 addresses the accounting for uncertainties in income taxes recognized in an organizations's financial statements and prescribes a threshold of more-likely-than-not for recognition and derecognition of tax positions taken or expected to be taken in a tax return FIN 48 also provides related guidance on measurement, classification, interest and penalties, and disclosures There was no significant impact to the University's financial statements as a result of the adoption of FIN 48
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Rental expenses related to University-owned property and expenses connected with fundraising events are each netted against related revenue in Part VIII, Revenue
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Rental Expenses related to University owned property currently being used for administrative purposes and fundraising expenses netted against fundraising revenue in the audited financial statements
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	University Scholarships and Aid

**SCHEDULE E** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Schools**

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization **Employer identification number** SACRED HEART UNIVERSITY INCORPORATED 06-0776644 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain Yes The University is committed to fufilling its mission without discrimination on the basis of race, color national origin, religion, age, sexual orientation, disability or veteran status 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h h Other extracurricular activities? Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **h** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 🧈 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation

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DLN: 93493134009240

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**Statement of Activities Outside the United States** 

Open to Public **Inspection** 

	ne of the organization	.,				Employer ide	entification number
SAC	CRED HEART UNIVERSIT	Y INCORPORAT	ED			06-077664	4
P	General Infor "Yes" to Form 9			de the United States	<b>s.</b> Complete	e if the organ	nization answered
1				ecords to substantiate	the amount	of the grant	s or
	<del>-</del>	_		assistance, and the se		_	
	the grants or assistan	ıce					┌ Yes ┌ No
2	<b>For grant makers.</b> Descri United States	le the					
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf ad	ditional space is needed )			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	ıs a progr describe sı	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures in region
	ope (including Iceland and enland)	2	4	Program Services	Educational	Services	1,145,881
	,						
_							
Tot		2	4				1,145,881

Totals.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							-
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Part IV Supplemental Infor	un Down T. June 2. and any other additional information
	In Part I, line 2, and any other additional information.
Identifier SchF_P01_S00_L03	Ireland Sacred Heart University offers perhaps the most immersive Irish Studies program anywhere, as students have the matchless opportunity to delve into Irish culture in the heart of the Irish-speaking Dingle Gaeltacht region. Here, students don't just study in Irish surroundings, they live the Irish experience through hands-on seminars lead by accomplished scholars and local experts. All of our courses feature active participation - both in and out of the classroom. What develops is a profound understanding of Celtic culture, as well as a greater appreciation of diverse societies, ritual and celebration in the modern world, and the stirring connections between the ages. Luxembourg. The John F. Welch College of Business is such an exciting learning community offering an MBA curriculum that emphasizes a global business education. Students studying on the Luxembourg campus benefit from a seasoned faculty of international scholars and practitioners from both the US and Europe who can provide personal attention to each student. As Luxembourg is an international, vibrant, and dynamic place to study, many students are working professionals from different cultural backgrounds. Many are accomplished professionals in their field that enrich classroom discussions and add specific value to the program. What further sets the program apart is the strong emphasis on the development of an individual leadership style. As a consequence, our students do not only improve their critical thinking and problem solving skills, but also are engaged in developing their ethical standards and global understanding.
-	
-	
-	

**Software ID:** 08000095

**Software Version:** v1.00

**EIN:** 06-0776644

Name: SACRED HEART UNIVERSITY INCORPORATED

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--

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DLN: 93493134009240

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

Internal revenue convice						Inspection	
Name of the organization					Employer ider	tification number	
SACRED HEART UNIVERSITY	'INCORPORATED				0.5 0.7 7.5 6.4 4		
					06-0776644		
Part I Fundraising Ac	<b>tivities.</b> Complet	e if the oi	rganızat	ion answered "Yes" i	to Form 990, Part IV	, line 17.	
1 Indicate whether the orga	nızatıon raısed funds	through a	ny of the	following activities Che	eck all that apply		
a Mail solicitations	a Mail solicitations e Solicitation of non-						
<b>b</b> Email solicitations				· <u> </u>	jovernment grants		
c Phone solicitations				g   Special fundrais	sing events		
<b>d</b> In-person solicitation	S						
2a Did the organization have or key employees listed in	•		•	` -		Г Yes Г N	
<b>b</b> If "Yes," list the ten higher to be compensated at lea							
			Did	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)		
(i) Name of individual	I (III) A ctivity	fundraiser have custody or control of contributions?				(vi) A mount paid to	
or entity (fundraiser)						(or retained by)	
						organization	
		Yes	No				
 Total							

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form					report	:ed
			(a) Event #1  Golf Scholarship Outing	(b) Event #2  Scholarship Dinner (event type)	(c) O ther Events  0 (total number)	(A dd col	tal Eve (a) the	
Ф	1		(event type) 227,028	560,421			78	7,449
Reveilue		Gross receipts Less Charitable						
Rey	2	contributions	195,028	529,030				4,058
	3	Gross revenue (line 1 minus line 2)	32,000	31,391			6:	3,391
	4	Cash Prizes	0	0				0
မွ	5	Non-cash Prizes	0	0				0
Expenses	6	Rent/Facility costs	105,803	49,737			15!	5,540
ă	7	Other direct expenses	13,087	23,953			37	7,040
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			197	2,580
	9	Net income summary Combine lir	nes 3 and 8 in column (d)				-12	9,189
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e than	ı
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th		
	1	Gross revenue						
Se	2	Cash prizes						
Expenses	3	Non-cash prizes						
<u>ത്</u> ദ	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌────────────────────────────────────	┌────────────────────────────────────	┌ Yes			
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)				
9 a b	Ente Is t If "N	· 9a	Yes	No				
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	the tax year?	10a		
11	Doe	es the organization operate gaming a	ictivities with nonmamba	rs?				
12	Is t	he organization operate gaining a he organization a grantor, beneficiar ned to administer charitable gaming	y or trustee of a trust or	a member of a partnersh	ıp or other entity			

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493134009240

OMB No 1545-0047

2008

Department of the Treasury

Schedule I

(Form 990)

Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

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

Open to Public Inspect ion Employer identification number

Schedule I (Form 990) 2008

SACRED HEART UNIVERSITY						06-0776644	
Part I General Information  Does the organization mathe selection criteria use  Describe in Part IV the organization	aintain records to s ed to award the grar	its or assistance?	of the grants or assista				▼ Yes   □
Form 990, Part Part IV and Sch	IV, line 21 for an edule I-1 if addit	y recipient that rece ional space is	and Organizations enved more than \$5,0	00. Check this box	tes. Complete if the confirmation one recipient rec	organization answered ceived more than \$5,0	d "Yes" on 000. Use
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
<ul><li>Enter total number of seconganizations</li><li>Enter total number of oth</li></ul>					•		

Cat No 50055P

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.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SEOG	295	264,367			
Connecticut Independence College Scholarships	596	2,379,953			
A cademic Competitiveness Grant	154	125,925			
Smart grant	8	30,000			
Residence hall assistant waivers and awards	94	703,990			
Other scholarships which are needs based or based on athletic or academic talents	6583	32,440,482			

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

See Additional Data Table

See Additional Data Tab	ie	
Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	The three areas of financial assistance to students are loans, grants and employment (work-study) These are generally awarded on the basis of financial need, determined by an analysis of family income and assets. Scholarships are another source of financial assistance. They are awarded on the basis of academic achievement, excellence in athletics or special talents, and community service or leadership. Criteria for some merit based awards also include a financial needs requirement. Currently, those students who demonstrate the greatest financial need receive the most financial assistance. The University monitors the amounts issued by performing a Cost of Attendance calculation. Once the amount has been determined for the individual, it is then dispersed to the student's account and is controlled by the Bursar's office.
SchI_P03_S00_L00	Schedule I, Part III	All grants and scholarships are classified as cash. Amounts granted are credited to the student's account with the University which is where the original charges for tuition, residency and fees are recorded

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DLN: 93493134009240

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

SAC	RED HEART UNIVERSITY INCORPORATED		' '			
			06-0776644			
Pa	rt I Questions Regarding Compensation	1	·			
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro	,	•			
	990, Part VII, Section A, line 1a Complete Part III  First class or charter travel	· · ·				
	_	<u> </u>	esidence for personal use			
	Travel for companions  Tax idemnification and gross-up payments	F Health or social club di	use of personal residence			
	Discretionary spending account	<u>'</u>	, maid, chauffeur, chef)			
	proceeding of the process of the pro	) Tersonal services (e.g.	, mara, emanical, enery			
b	If line 1a is checked, did the organization follow a wr provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive		•	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee  ☐ Independent compensation consultant ☐ Form 990 of other organizations	at apply  Written employment co  Compensation survey o	ontract			
4	During the year, did any person listed in Form 990, F	art VII, Section A , line 1a				
а	Receive a severance payment or change of control p	ayment?		4a		Νo
b	Participate in, or receive payment from, a supplement	ital nonqualified retirement plar	1?	4b	Yes	
С	Participate in, or receive payment from, an equity-ba	ised compensation arrangemen	t?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide the applicable amounts fo	r each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	nplete lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay	or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay	or accrue any			
а	The organization?			6a	Yes	
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d	· · · · · ·	vide any non-fixed	7	Yes	
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III					N.a

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Dr Anthony Cernera	(1) (11)	301,076 0	153,397 0	36,887 0	75,830 0	5,817 0	573,007 0	158,236	
Thomas V Forget PhD	(I)	185,623 0	45,966 0	4,089 0	18,869 0	4,272 0	258,819 0	90,809	
Michael J Kinney	(ı) (ıı)	207,301 0	52,938 0	4,952 0	21,252 0	5,412 0	291,855 0	102,000	
James Barquinero	(ı)	176,907 0	0 0	3,742 0	14,343 0	2,380	197,372 0	86,717	
Robert M Hardy	(ı) (ıı)	139,142 0	38,169 0	3,418 0	14,528 0	4,286	199,543	68,456	
Mary P Young	(1) (11)	157,329 0	39,339 0	3,497 0	16,075 0	4,272	220,512	76,912	
Claire Paolini	(1) (11)	142,044 0	27,501 0	1,125 0	11,685 0	4,014	186,369 0	69,904	
Philip McCabe	(ı) (ıı)	158,899 0	0	2,919 0	12,792 0	1,000	175,610 0	78,058	
Michael Emery	(ı) (ıı)	131,588 0	0	20,433	11,689 0	3,612 0	167,322 0	C	
Michael Trimble	(1) (11)	151,575 0	0	3,197 0	12,126 0	0	166,898 0	C	
Patrıcıa Walker	(ı) (ıı)	142,869 0	26,044 0	4,709 0	11,664 0		188,216 0	71,159	
	(ii)								
	(ii)								
	(ii)								

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	First class travel is limited and only allowable by specific approval from the President of the University Certain employee benefits are grossed up for taxes. These benefits are dictated by contract. The University funds country club memberships in the name of two officers. The country club membership is used for University events and the entertainment of perspective donors and contributors.
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	Compensation for the University's President/CEO is determined through an extensive review of the job responsibilities and expectations outlined by the Board. The compensation committee then performs a review of external market and industry survey and study data. Consideration of all additional responsibilities are detailed out in specific language in an employment contract approved by our legal counsel. Final salary ranges are then determined by the compensation committee. Compensation is determined by the evaluation of the job description against external market data available as well as the review of our internal employee data. Consideration of additional responsibilities and other factors may also contribute in determining compensation.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	The University President participates in a 457(f) nonqualified plan
SchJ_P01_S00_L06	Schedule J, Part I, Line 6	Bonuses are paid to the Cabinet members based on achieving the transfer to the Trustee Reserves (i.e. profitability.) The Cabinet has performance measures for managing the University to maintain a balanced budget
SchJ_P01_S00_L07	Schedule J, Part I, Line 7	There are quantitative measures that are applied in determining bonuses to Cabinet members. The President and the Board have discretion to adjust the payments for unusual circumstances. In all cases, these payments are reviewed with and approved by the Compensation Committee of the Board of Trustees.
SchJ_P02_S00_L00	Schedule J, Part II	Earnings reported by the University on the 2007 Form 990 were reported for the fiscal year ended June 30, 2008. The amounts reported in column (f) on the 2008 Form 990 represent compensation that was included in the prior year's return and are also included in the calendar year earnings for these employees.

**Software ID:** 08000095

**Software Version:** v1.00

**EIN:** 06-0776644

Name: SACRED HEART UNIVERSITY INCORPORATED

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown	of W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
I Drantnony Cernera I.	301,076	153,397 0	36,887 0	75,830 0	5,817 0	573,007 0	158,236
I Inomas V Forget PND I.	185,623	45,966 0	4,089 0	18,869 0	4,272 0	258,819 0	90,809
Michael J Kinney	207,30	52,938 0	4,952 0	21,252 0	5,412 0	291,855 0	102,000 0
i lames Bardilinero I	176,907	0 0	3,742 0	14,343 0	2,380 0	197,372 0	86,717 0
i Robeli Minaldy	139,142	38,169	3,418 0	14,528 0	4,286 0	199,543 0	68,456 0
IMary Pround I.	157,329	39,339	3,497 0	16,075 0	4,272 0	220,512 0	76,912 0
i Ciaire Paolini I.	142,044	27,501	1,125 0	11,685 0	4,014 0	186,369 0	69,904
Philip McCabe (	158,899	0 0	2,919 0	12,792 0	1,000 0	175,610 0	78,058
Michael Emery (	131,588	0 0	20,433 0	11,689 0	3,612 0	167,322 0	0
Michael Trimble (	151,57	0 0	3,197 0	12,126 0	0	166,898 0	0
Patricia Walker (	142,869	26,044	4,709 0	11,664 0	2,930 0	188,216 0	71,159

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### **Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

DLN: 93493134009240

Open to Public **Inspection** 

Internal Revenue Service

Schedule K

(Form 990)

2

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Department of the Treasury Name of the organization

Employer identification number

SACRED HEART UNIVERSITY INCORPORATED 06-0776644 Bond Issues (Required for 2008) (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (f) Description of Purpose (d) Date Issued (e) Issue Price Issuer Yes Yes No No Sacred Heart University-Series F Х 06-0776644 20774LD93 12-11-2003 21,700,000 Residential housing Χ Sacred Heart University-Series E Residential Housing and Defease 76,020,000 06-0776644 20774H3U6 12-01-1998 Χ Χ Series B,D part C Recreation Center and defease Sacred Heart University-Series C 06-0776644 20774H4U5 04-01-1996 35,395,000 Х Χ Series A Proceeds (Optional for 2008) C Α В D Ε Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds 4 Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds Capital Expenditures from Proceeds 7 Year of Substantial Completion Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the final allocation of proceeds? Private Business Use (Optional for 2008) Α В C D Ε Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?

which may result in private business use?

Are there any lease arrangements with respect to the financed property

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	В		С	I	D	E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(	<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493134009240

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

**Employer identification number** Name of the organization SACRED HEART UNIVERSITY INCORPORATED 06-0776644 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes

2	Enter the amount	of t	ax I	ımp	ose	d on	the	org	ganı	zatı	on	mar	ıage	ers c	or di	ısqu	alıfı	ed p	oers	ons	dui	ıng	the	yea	ar ur	nder		
	section 4958 .																										\$ 	
																										_		

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . .

Part II	Loans to an	d/or	From	Inter	ested	Persons
---------	-------------	------	------	-------	-------	---------

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

from t	:he	(c)O riginal principal amount	(d)Balance due			Approved		( <b>g)</b> Writter	
То	From			Yes	No	Yes	No	Yes	No
	X	14,000	14,000		No	Yes		Yes	
	from t organiza		from the organization?  To From  X 14,000	from the organization?  To From  X 14,000 14,000	from the organization?  To From  (c)Original principal amount  (d)Balance due defa	from the organization?  To From  X 14,000 14,000 No	from the organization?  (c) Original principal amount  (d) Balance due (e) In default? by box comm  Yes No Yes  X 14,000 14,000 No Yes	from the organization?  To From  X 14,000 14,000 No Yes  No Yes  No Yes	from the organization?  To From  (c) Original principal amount  (d) Balance due (e) In default? Approved by board or committee?  Yes No Yes No Yes Yes  14,000 14,000 No Yes Yes

#### **Grants or Assistance Benefitting Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	(c)A mount of grant or type of assistance			

#### **Business Transactions Involving Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?	
	organization			Yes	No
Robert Julianelle	Trustee/Secetary	299,582	Legal services to the University		Νο
Anthony Cernera	Family member of Dr Anthony Cernera, President	63,038	Employment		No
Philip Cernera	Family member of Dr Anthony Cernera, President	20,606	Employment		No
John Young	Family member of key employee Mary P Young	16,036	Employment		No

DLN: 93493134009240

OMB No 1545-0047

Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Name of the organization SACRED HEART UNIVERSITY INCORPORATED

**Employer identification number** 

					06-0776644			
Рa	Types of Property	1		T				
		(a) Check If applicable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	( <b>d</b> Method of d reven	- etermın	ıng	
1	Art—Works of art	Х	6	<del>-</del>	appraisal			
	Art—Historical treasures .		-	,				
	Art—Fractional interests							
4	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	5	29,045	FMV			
0	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
.3	Q ualified conservation contribution (historic structures)							
.4	Q ualified conservation contribution (other)							
.5	Real estate—Residential .							
6	Real estate—Commercial							
	Real estate—Other	Х	1	2,050,000	FMV			
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
4	Archeological artifacts							
	Rolex Watch for raffle at							
:5	Other (describe golf outing )	x	1	8,625	Fair Market Value			
	Wine Basket for Golf							
6	Other (describe <u>outing raffle</u> )	X	1	120	Fair Market Value			
	O ptelec C X lear V ıew and							
	M agnifying							
<b>7</b>	Other (describe <u>machine</u> )	Х	1	2,700	Fair Market Value			
_	1 case of				Fam Market V.			
8	Other (describe wine )	X	1	256	Fair Market Value			
	Skate Sharpening							
	Other (describe Machine )	Х	1	4,800	Fair Market Value			
29	Number of Forms 8283 received which the organization complete Acknowledgement		=	ar for contributions for	29			3
	Acknowledgement		•			1	Yes	No
0a	During the year, did the organization hold for at			, ,		$\Box$		
	least three years from the date of			not required to be used for	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme	ent in Part I	I					
1	Does the organization have a gif	tacceptano	e policy that requires the	review of any non-standard	contributions?	31		Νo
2a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell	non-cash	32a		Νo
b	If "Yes", describe in Part II							
	If the organization did not report	revenuesı	n Column (c) for a type of p	property for which Column (a	a)ıs			

checked, describe in Part II

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Explanation SchM\_P01\_S00\_L25 Schedule M, Part I, Lines 25-28 Other NonCash Contributions included the following Rolex Watch contributed for a raffle \$8,625, Wine Gift Basket \$120, magnifying machine \$2,700, case of wine \$256 and a skate sharpening machine \$4,800 These did not fall into any of the categories provided in Part I however revenues for these items were reported on Form 990, Part VIII, line 1g

### OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

Name of the organization SACRED HEART UNIVERSITY INCORPORATED

**Employer identification number** 

06-0776644

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	The 990 is prepared by senior accounting staff. The following is the succession of reviews that occur prior to filing. Revisions to the return may be made at any point prior to board approval. Senior Staff. Accountant reviews with the Controller, Controller reviews with the Vice President (VP) of Finance, VP of Finance and Controller review with the outside accounting firm and/or legal counsel, VP of Finance and Controller review with the Senior VP of Finance, Senior VP of Finance and the VP of Finance review with the President, Senior VP of Finance and the President review the return with the Board of Trustees Audit Committee for final approval prior to filing.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Every year, the Conflict of Interest Policy is reviewed. All key employees, trustees and officers of the University are required to review and complete the forms as appropriate, sign, and submit the forms to their manager or board secretary for review and signature.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Compensation for the University's President/CEO is determined through an extensive review of the job responsibilities and expectations outlined by the Board. The compensation committee then performs a review of external market and industry survey and study data. Consideration of all additional responsibilities are detailed out in specific language in an employment contract approved by our legal counsel. Final salary ranges are then determined by the compensation committee. Compensation for other key employees is determined by the evaluation of the job description against external market data available as well as the review of our internal employee data. Consideration of additional responsibilities and other factors may also contribute in determining compensation.

ldentifier	Return Reference	Explanation
F990_P06_S0C_	Form 990, Part VI, Section C, Line 19	The University uses Guidestar org to post its 990 annually. This makes the 990 widely available through the internet. Copies are also made available for public inspection upon request. Governing documents and the annual financial report are made available to board members and in compliance with debt covenants. University Employee and Faculty Handbooks are posted on the University wiebsite. In addition, all staff and faculty receive a hard copy. The Conflict of Interest Policy is distributed only to key employees, directors and officers of the University to sign and return.

ldentifier	Identifier Return Explanation						
F990_P10_S00_L11		Prior year investments were reported on Line 12 of the 2007 990 "other securities" in error and described as publicly traded in the notes for that line. The investments have been reported on the proper line on the 2008 return					

ldentifier	Return Reference	Explanation
SchL_P04_S00_L00	Schedule L, Part IV	Robert L Julianelle serves as a Trustee, Secretary of the Board of Trustees and the Corporation and as General Counsel Legal services, provided at prevailing rates less a discount, are performed by Mr Julianelle through the law firm of Schine, Julianelle & Antonucci, P.C. Mr. Julianelle is the substantial principal of the law firm Most legal services are performed by Mr. Julianelle, some by other members of the law firm As general counsel Mr. Julianelle provides legal advice, consultation and services pertaining to all aspects of the University, including, but not limited to, contracts, real estate, leases, employment issues, faculty issues, and the oversight of litigation. Specialized legal counsel is retained for litigation, tax and pension, labor and intellectual property matters, and other matters which appropriately require such representation. An annual conflicts of interest form is filed by Mr. Julianelle to the Audit Committee in accordance with the University's conflicts of interest policy. An annual report of fees is furnished to the Audit Committee. There are no charges for acting as Secretary or as Trustee.

## Software ID: Software Version:

**EIN:** 06-0776644

Name: SACRED HEART UNIVERSITY INCORPORATED

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		<b>(C)</b> Position (check all that apply)							(=)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Peter Terpeluk , Trustee	1	Х						0	0	0	
Most Reverend William E Lori STD , Chairman	1	X		х				0	0	0	
James J Costello , Treasurer	1	Х		Х				0	0	0	
Mary-Ann Bunting , Trustee	1	Х						0	0	0	
William E Mitchell , Trustee	1	Х						0	0	0	
James T Morley JR , Vice Chairman	1	Х		Х				0	0	0	
Rev Msgr William A Genuario , Trustee	1	Х						0	0	0	
Krıs E Durmer , Trustee	1	Х						0	0	0	
Robert Matura , Trustee	1	Х						0	0	0	
Lında E McMahon , Trustee	1	X						0	0	0	
Lois Schine , Trustee	1	Х						0	0	0	
Jeffrey A Sonnenfeld , Trustee	1	Х						0	0	0	
Rev Msgr Kevın Wallın , Trustee	1	X						0	0	0	
Mark E Freitas , Trustee	1	X						0	0	0	
Nancy Lambert , Trustee	1	Х						0	0	0	
Frank R Martire , Trustee	1	X						0	0	0	
Robert Corcoran , Trustee	1	Х						0	0	0	
Robert L Julianelle , Secretary	1	Х		Χ				0	0	0	
Christopher K McLeod , Trustee	1	Х						0	0	0	
Rosanne Badowskı , Trustee	1	Х						0	0	0	
V incent Maffeo , Trustee	1	Х						0	0	0	
Deacon Hans J Gram , Trustee	1	Х						0	0	0	
John Ratzenberger , Trustee	1	Х						0	0	0	
Norbert Becker , Trustee	1	Х						0	0	0	
Patrick Carolan , Trustee	1 00	Х						0	0	0	
Lawrence Foley , Trustee	1	Х						0	0	0	
Rev Robert Kınnally , Trustee	1	Х						0	0	0	
Vıncent Robertı , Trustee	1	Х						0	0	0	
Dr Anthony Cernera , President	35	Х		Х				491,360	0	81,647	
Thomas V Forget PhD , Vice President	35	Х		Χ				235,678	0	23,141	

Form 990, Part VII - Section Aaa

Torin 550, rait VII Section Add											
		(C) Position (check all that apply)								(F)	
<b>(A)</b> Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee		Key amployaa	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Michael J Kinney , Sr Vice President	35			Х				265,190	0	26,664	
James Barquinero , Vice President	35				Χ			180,649	0	16,723	
Robert M Hardy , Vice President	35				Х			180,729	0	18,814	
Mary P Young , Vice President	35				Χ			200,165	0	20,347	
Claire Paolini , Dean	35					Х		170,670	0	15,699	
Philip McCabe , Vice President	35					Х		161,818	0	13,792	
Michael Emery , Chair Physical Therapy	35					Х		152,022	0	15,301	
Michael Trimble , Vice President	35					Х		154,772	0	12,126	
Patrıcıa Walker , Dean	35					Х		173,622	0	14,594	

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

At Sacred Heart University, we not only prepare students for the future, but also give them a deeper appreciation of who they are and all they can be. Through our distinctive mission and commitment to leadership in Catholic higher education, we help students help others. And, together, we make a difference in the world. The SHU Mission: The Pursuit of truth and knowledge as intrinsically valuable; Commitment to excellence in all that we do; Responsibility for the common good of society; Recognition of the dignity and worth of every human being; Preservation, transmission and development of the liberal arts and Catholic Intellectual Tradition. Our vision is to shape graduates knowledgeable of self, rooted in faith, educated in mind, compassionate in heart, responsive to social and civic obligations and able to respond to an ever-changing world.