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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> SACRED HEART UNIVERSITY INCORPORATED		<b>D Employer identification number</b> 06-0776644
		Doing Business As		<b>E Telephone number</b> (203) 371-7872
		Number and street (or P O box if mail is not delivered to street address) 5151 PARK AVENUE	Room/suite	<b>G Gross receipts \$ 177,084,848</b>
		City or town, state or country, and ZIP + 4 FAIRFIELD, CT 06825		
	<b>F Name and address of principal officer</b> ANTHONY J CERNERA 5151 PARK AVENUE FAIRFIELD, CT 06825		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c) Group exemption number</b> ▶	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ WWW.SACREDHEART.EDU				
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation</b> 1963	<b>M State of legal domicile</b> CT	

Part I		Summary		
Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities THE UNIVERSITY IS A CO-EDUCATIONAL INSTITUTION OF HIGHER LEARNING OFFERING UNDERGRADUATE AND GRADUATE DEGREES, AS WELL AS CONTINUING EDUCATION IN A VARIETY OF DISCIPLINES, WITH A COMMITMENT TO LEADERSHIP IN CATHOLIC HIGHER EDUCATION		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 2	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 2	
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b> 3,22	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> 15	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 300,63	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> -59,22	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 14,487,113	<b>Current Year</b> 10,672,790
	<b>9</b>	Program service revenue (Part VIII, line 2g)	156,314,332	161,211,543
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,176,838	4,992,227
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-97,009	-2,225
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	166,527,598	176,874,335
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	35,944,717
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	68,220,909	65,109,916
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <u>1,310,876</u>		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	56,113,229	54,294,238
<b>18</b>		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	160,278,855	159,449,104
<b>19</b>		Revenue less expenses Subtract line 18 from line 12	6,248,743	17,425,231
Net Assets or Fund Balances			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16)	248,433,761	269,064,061
	<b>21</b>	Total liabilities (Part X, line 26)	135,991,625	133,902,855
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	112,442,136	135,161,206

<b>Part II Signature Block</b>	
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2011-05-11</div> <div>Date</div> </div>
	<div>MICHAEL KINNEY SR VICE PRESIDENT FOR FINANCE</div> <div>Type or print name and title</div>
<b>Paid Preparer's Use Only</b>	<div> <div>Preparer's signature</div> <div>ELIZABETH SOLECKI</div> </div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div>Preparer's identifying number (see instructions)</div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>BLUM SHAPIRO &amp; COMPANY PC CPA'S</div> <div>29 S MAIN STREET PO BOX 272000</div> <div>WEST HARTFORD, CT 061272000</div> </div> <div> <div>EIN</div> <div>Phone no (860) 561-4000</div> </div>

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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? ☐ Yes ☒ No

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 501(c)(4) organizations and section 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 \$ 50,677,448 including grants of \$ ) (Revenue \$ 134,124,267 )
	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 \$ 40,044,950 including grants of \$ 40,044,950 ) (Revenue \$ )
	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 \$ 23,174,334 including grants of \$ ) (Revenue \$ 23,691,718 )
	AUXILIARY SERVICES PROVIDE ROOM AND BOARD FOR STUDENTS THE OFFICE OF RESIDENTIAL LIFE SERVES THE RESIDENTIAL STUDENT POPULATION BY PROVIDING OPPORTUNITIES TO LIVE IN A SAFE, COHESIVE, LEARNING COMMUNITY WHILE EMPOWERING THOSE STUDENTS TO CONTINUALLY DEVELOP MENTALLY, PHYSICALLY, SOCIALLY, AND SPIRITUALLY

4d	Other program services (Describe in Schedule O ) See also Additional Data for Description
	(Expenses \$ 22,793,747 including grants of \$ ) (Revenue \$ 3,094,926 )

4e	Total program service expenses \$ 136,690,479
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Part IV Checklist of Required Schedules

		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes				
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No				
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes				
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><th>Yes</th><th>No</th></tr><tr><td></td><td>No</td></tr></table>	Yes	No		No		
Yes	No						
	No						
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13	Yes				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? 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 U S ? If "Yes," complete Schedule F, Part II 	15	No				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III 	16	No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	Yes				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No				

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
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		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	354	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	3,227	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b 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
b If "Yes," enter the name of the foreign country: <b>►</b> EI , LU See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	Yes
b 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 to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
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			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	26	
b	Enter the number of voting members that are independent . . .	1b	24	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
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		No
b	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			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	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? . . . . .	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	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?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," 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 ▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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

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

• 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

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

Form **990** (2009)



<b>1b Total</b> . . . . .	2,733,553	0	256,751
---------------------------	-----------	---	---------

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **68**

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

**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) Description of services	(C) Compensation
CHARTWELL'S HIGHER EDUCATION C/O BANK OF AMERICA PO BOX 91337 CHICAGO, IL 606931853	FOOD SERVICES	6,327,002
LANESE CONSTRUCTION INC 190 CALHOUN AVENUE BRIDGEPORT, CT 06604	CONSTRUCTION SERVICES	2,442,069
PAVARINI NORTH EAST CONSTRUCTION CO 1111 SUMMER STREET STAMFORD, CT 06905	CONSTRUCTION SERVICES	2,289,979
SASAKI ASSOCIATES INC 64 PLEASANT STREET WATERTOWN, MA 024729149	ARCHITECTURAL SERVICES	1,305,052
PEOPLE'S UNITED INSURANCE AGENCY INC PO BOX 421 BRATTLEBORO, VT 05402	INSURANCE BROKERS	1,153,483

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **68**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	626,149			
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	4,473,316			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,573,325			
	g	Noncash contributions included in lines 1a-1f \$ 229,962					
	h	Total. Add lines 1a-1f . . . . .		10,672,790			
Program Service Revenue			Business Code				
	2a	TUITION AND FEES	611,310	134,545,111	134,545,111		
	b	AUXILIARY ACTIVITIES	611,310	23,691,718	23,691,718		
	c	OTHER INCOME	900,099	2,003,214	1,746,066	257,148	
	d	PITT CENTER & ATHLETIC	611,310	971,500	928,016	43,484	
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		161,211,543			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		1,856,304			1,856,304
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties . . . . .					
	6a	Gross Rents	(i) Real 173,978	(ii) Personal			
	b	Less rental expenses	77,937				
	c	Rental income or (loss)	96,041				
	d	Net rental income or (loss) . . . . .		96,041			96,041
	7a	Gross amount from sales of assets other than inventory	(i) Securities 3,135,923	(ii) O ther			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	3,135,923				
	d	Net gain or (loss) . . . . .		3,135,923			3,135,923
	8a	Gross income from fundraising events (not including \$ 626,149 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a 34,310				
	b	Less direct expenses . . . . .	b 132,576				
	c	Net income or (loss) from fundraising events . . .		-98,266			-98,266
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances . . . . .	a				
	b	Less cost of goods sold . . . . .	b				
	c	Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .		176,874,335	160,910,911	300,632	4,990,002	

Part IX

Statement of Functional Expenses

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	40,044,950	40,044,950		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	2,027,612	453,291	1,356,735	217,586
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	48,762,528	43,557,263	4,468,929	736,336
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,815,105	2,265,673	549,432	
9	Other employee benefits . . . . .	7,674,094	6,422,230	1,251,864	
10	Payroll taxes . . . . .	3,830,577	3,082,952	747,625	
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	393,196	43,213	349,983	
c	Accounting . . . . .	162,000		162,000	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	339,545		339,545	
g	Other . . . . .	19,160,562	10,561,887	8,312,374	286,301
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	815,741	753,861	52,665	9,215
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	11,041,303	10,094,072	939,088	8,143
17	Travel . . . . .	1,320,407	1,175,940	127,462	17,005
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	340,575	319,000	17,633	3,942
20	Interest . . . . .	3,724,158	3,602,161	121,997	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	10,528,615	10,157,449	371,166	
23	Insurance . . . . .	1,573,161	251,539	1,321,622	
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 )				
a	PURCHASING	2,417,046	1,936,780	477,482	2,784
b	CONTRACT SERVICES	1,667,181	1,230,966	436,215	
c	SPECIAL EVENTS	810,748	737,252	43,932	29,564
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	159,449,104	136,690,479	21,447,749	1,310,876
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			14,714,790	1	14,756,919
	2	Savings and temporary cash investments . . . . .				2	
	3	Pledges and grants receivable, net . . . . .			7,058,638	3	5,288,958
	4	Accounts receivable, net . . . . .			2,102,315	4	2,432,513
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			14,000	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .				9	
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	238,807,168	136,379,739	10c	144,886,226
	b	Less accumulated depreciation . . . . .	10b	93,920,942			
	11	Investments—publicly traded securities . . . . .			70,213,766	11	82,855,801
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			17,950,513	15	18,843,644
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			248,433,761	16	269,064,061
Liabilities	17	Accounts payable and accrued expenses . . . . .			18,657,035	17	17,444,065
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			4,019,478	19	4,713,499
	20	Tax-exempt bond liabilities . . . . .			85,731,779	20	83,456,709
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			26,447,195	23	26,720,608
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			1,136,138	25	1,567,974
	26	Total liabilities. Add lines 17 through 25 . . . . .			135,991,625	26	133,902,855
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			86,367,699	27	111,709,531
	28	Temporarily restricted net assets . . . . .			14,032,230	28	11,255,210
	29	Permanently restricted net assets . . . . .			12,042,207	29	12,196,465
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			112,442,136	33	135,161,206
	34	Total liabilities and net assets/fund balances . . . . .			248,433,761	34	269,064,061

**Part XI**    **Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?    .    .	<b>2a</b>	No
<b>b</b> Were the organization's financial statements audited by an independent accountant?    .    .    .    .    .    .    .	<b>2b</b>	Yes
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O    .    .    .	<b>2c</b>	Yes
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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?    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .	<b>3a</b>	Yes
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits    .    .	<b>3b</b>	Yes

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
SACRED HEART UNIVERSITY INCORPORATED

Employer identification number  
06-0776644

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts 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 June 30, 1975						
c 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 organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2008. 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		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

**Name of the organization**  
SACRED HEART UNIVERSITY INCORPORATED

**Employer identification number**  
  
06-0776644

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ 2,900
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	67,039,061	75,715,465		
b	Contributions . . . . .	6,641,974	5,501,555		
c	Investment earnings or losses . . . . .	8,570,742	-12,772,805		
d	Grants or scholarships . . . . .		474,106		
e	Other expenditures for facilities and programs . . . . .		569,523		
f	Administrative expenses . . . . .	339,545	361,525		
g	End of year balance . . . . .	81,912,232	67,039,061		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 85.000 %

b

Permanent endowment ▶ 15.000 %

c

Term endowment ▶ 0 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

3a(i)

No

(ii)

related organizations . . . . .

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		11,255,388		11,255,388
b Buildings . . . . .		114,113,022	33,002,387	81,110,635
c Leasehold improvements . . . . .		57,746,455	21,422,345	36,324,110
d Equipment . . . . .		41,199,374	32,266,167	8,933,207
e Other . . . . .		14,492,929	7,230,043	7,262,886
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				144,886,226



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1176,874,335
2	Total expenses (Form 990, Part IX, column (A), line 25)	2159,449,104
3	Excess or (deficit) for the year Subtract line 2 from line 1	317,425,231
4	Net unrealized gains (losses) on investments	45,293,839
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	95,293,839
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1022,719,070

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	1141,994,192
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a5,293,839	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d-40,384,495	
e	Add lines 2a through 2d . . . . .	2e-35,090,656
3	Subtract line 2e from line 1 . . . . .	3177,084,848
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b-210,513	
c	Add lines 4a and 4b . . . . .	4c-210,513
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5176,874,335

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	1119,275,122
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d210,513	
e	Add lines 2a through 2d . . . . .	2e210,513
3	Subtract line 2e from line 1 . . . . .	3119,064,609
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b40,384,495	
c	Add lines 4a and 4b . . . . .	4c40,384,495
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5159,449,104

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
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.
Part V, Line 4	Description of Intended Use of Endowment Funds	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.
Part X	Description of Uncertain Tax Positions Under FIN 48	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 ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHHOLD 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 ON THE UNIVERSITY'S FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF FIN 48.
Part XII, Line 2d - Other Adjustments		FINANCIAL AID -40044950 INVESTMENT FEES -339545
Part XII, Line 4b - Other Adjustments		FUNDRAISING EXPENSES -132576 RENTAL EXPENSES -77937
Part XIII, Line 2d - Other Adjustments		FUNDRAISING EXPENSES 132576 RENTAL EXPENSES 77937
Part XIII, Line 4b - Other Adjustments		FINANCIAL AID 40044950 INVESTMENT FEES 339545

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13,  
or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public  
Inspection

<b>Name of the organization</b> SACRED HEART UNIVERSITY INCORPORATED	<b>Employer identification number</b> 06-0776644
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	YES	NO
<b>1</b> 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	
<b>2</b> 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?	Yes	
<b>3</b> 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 THE UNIVERSITY IS COMMITTED TO FULLFILLING ITS MISSION WITHOUT DISCRIMINATION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, SEXUAL ORIENTATION, DISABILITY OR VETERAN STATUS	Yes	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to <b>a</b> Students' rights or privileges?  <b>b</b> Admissions policies?  <b>c</b> Employment of faculty or administrative staff?  <b>d</b> Scholarships or other financial assistance?  <b>e</b> Educational policies?  <b>f</b> Use of facilities?  <b>g</b> Athletic programs?  <b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
<b>6b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		No
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	Yes	



[illegible]**Schedule F (Form 990) 2009**



**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

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

**Schedule F (Form 990) 2009**

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
SACRED HEART UNIVERSITY INCORPORATED

Employer identification number  
06-0776644

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☒ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☒ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☒ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUFFALO CODY LLC	PHONE-A-THON		No	16,799	7,413	9,386
Total . . . . . ▶				16,799	7,413	9,386

3 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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			PIONER GOLF TOURNAMENT	DISCOVER DINNER		(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts . . . .	148,548	511,911		660,459
	2	Less Charitable contributions . . . .	134,238	491,911		626,149
3	Gross income (line 1 minus line 2) . . . .		14,310	20,000		34,310
Direct Expenses	4	Cash prizes . . . .				
	5	Non-cash prizes . . . .	11,799			11,799
	6	Rent/facility costs . . . .	13,730			13,730
	7	Food and beverages . . . .				
	8	Entertainment . . . .				
	9	Other direct expenses . . . .	37,852	69,195		107,047
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .				132,576
	11	Net income summary Combine lines 3, column d, and line 10. . . . .				-98,266

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
1	Gross revenue . . . . .					
Direct Expenses	2	Cash prizes . . . . .				
	3	Non-cash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<div><div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div></div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
	8	Net gaming income summary Combine lines 1, column d, and line 7 . . . . .				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
<b>16</b>	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</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 ► \$ _____		

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SACRED HEART UNIVERSITY INCORPORATED

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
06-0776644

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶



Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
SACRED HEART UNIVERSITY INCORPORATED

Employer identification number  
06-0776644

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	Yes	
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		



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) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANTHONY J CERNERA	(i)	302,666	414,240	26,089	77,888	6,492	827,375	0
	(ii)	0	0	0	0	0	0	0
THOMAS V FORGET PHD	(i)	185,379	47,521	4,008	19,008	4,703	260,619	0
	(ii)	0	0	0	0	0	0	0
MICHAEL J KINNEY	(i)	206,311	52,889	5,585	21,155	5,243	291,183	0
	(ii)	0	0	0	0	0	0	0
JAMES BARQUINERO	(i)	176,718	45,555	4,102	14,357	2,745	243,477	0
	(ii)	0	0	0	0	0	0	0
MARY P YOUNG	(i)	156,492	42,733	3,447	16,442	6,301	225,415	0
	(ii)	0	0	0	0	0	0	0
ROBERT M HARDY	(i)	142,370	33,668	3,802	14,179	1,200	195,219	0
	(ii)	0	0	0	0	0	0	0
JOHN J PETILLO	(i)	202,576	0	1,505	0	4,424	208,505	0
	(ii)	0	0	0	0	0	0	0
PHILIP J MCCABE	(i)	157,131	0	2,920	12,730	2,000	174,781	0
	(ii)	0	0	0	0	0	0	0
PATRICIA W WALKER	(i)	141,751	29,001	5,042	11,600	3,254	190,648	0
	(ii)	0	0	0	0	0	0	0
CLAIRE J PAOLINI	(i)	140,916	29,053	587	11,621	4,347	186,524	0
	(ii)	0	0	0	0	0	0	0
DAVID L COPPOLA	(i)	130,922	29,767	8,807	10,642	6,420	186,558	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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.

Identifier	Return Reference	Explanation
	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.
	Part I, Line 1b	
	Part I, Line 4a	THE UNIVERSITY PRESIDENT PARTICIPATES IN A 457(F) NONQUALIFIED PLAN. HE WAS AWARDED \$50,000 DURING THE YEAR.
	Part I, Line 5	
	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.
	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.
	Part I, Line 8	
Supplemental Information	Part III	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.

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization SACRED HEART UNIVERSITY INCORPORATED	Employer identification number 06-0776644
--	--

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A SACRED HEART UNIVERSITY - SERIES F	06-0776644	20774LD93	12-11-2003	21,700,000	RESIDENTIAL HOUSING		X		X

Part II Proceeds

	A		B		C		D		E	
	1	Total proceeds of issue	21,700,000							
2	Gross proceeds in reserve funds	361,713								
3	Proceeds in refunding or defeasance escrows									
4	Other unspent proceeds	157,224								
5	Issuance costs from proceeds	607,186								
6	Working capital expenditures from proceeds									
7	Capital expenditures from proceeds	20,935,590								
8	Year of substantial completion	2005								
		Yes	No	Yes	No	Yes	No	Yes	No	
9	Were the bonds issued as part of a current refunding issue?		X							
10	Were the bonds issued as part of an advance refunding issue?		X							
11	Has the final allocation of proceeds been made?	X								
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X								

Part III Private Business Use

	A		B		C		D		E	
	1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X							

Part III

Private Business Use (Continued)

		A		B		C		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?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	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?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %									
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 section 501(c)(3) organization, or a state or local government	0 %									
6	Total of lines 4 and 5	0 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	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?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
SACRED HEART UNIVERSITY INCORPORATED

Employer identification number  
06-0776644

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

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

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SCHINE JULIANELLE & ANTONUCCI PC	OWNER - ROBERT JULIANELLE, SECRETARY/TRUSTEE	302,100	LEGAL SERVICES		No
ANTHONY CERNERA	SON OF UNIVERSITY PRESIDENT, ANTHONY J CERNERA	66,867	EMPLOYEE		No

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
SACRED HEART UNIVERSITY INCORPORATED

Employer identification number  
06-0776644

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .	X	4	2,900	APPRAISAL
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		926	FMV
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	13	193,065	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>FOOD</u> )	X	19	13,001	FMV
RAFFLE				
26 Other ► ( <u>GIFTS</u> )	X	64	17,623	FMV
OTHER				
27 Other ► ( <u>SUNDRY</u> )	X	6	2,447	FMV
28 Other ► ( <u>          </u> )				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

No

b If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

Yes

No

No

b If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

33

Yes

No

No

**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.

Identifier	Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 06-0776644

Name: SACRED HEART UNIVERSITY INCORPORATED

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493133020341	
SCHEDULE O (Form 990)		Supplemental Information to Form 990			OMB No 1545-0047
					2009
		Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.			Open to Public Inspection
Name of the organization SACRED HEART UNIVERSITY INCORPORATED				Employer identification number 06-0776644	

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE FOLLOWING IS THE SUCCESSION OF THE REVIEWS THAT OCCUR PRIOR TO FILING FORM 990 REVISIONS TO THE RETURN MAY BE MADE AT ANY POINT PRIOR TO FINAL FILING OF THE RETURN THE RETURN IS PREPARED BY AN OUTSIDE PREPARER WITH THE ASSISTANCE OF THE ACCOUNTING STAFF THE RETURN IS THEN INDEPENDENTLY REVIEWED BY THE CONTROLLER, THE VICE PRESIDENT FOR FINANCE, AND THE SENIOR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION COPIES OF THE RETURN ARE PROVIDED TO THE PRESIDENT, EACH MEMBER OF THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AND THE CORPORATE SECRETARY FOR THEIR REVIEW AND COMMENT PRIOR TO FILING

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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 WEBSITE 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

Identifier	Return Reference	Explanation
		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 LEAGAL 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 CONFLICT OF INTEREST FORM IS FILED BY MR JULIANELLE TO THE AUDIT COMMITTEE IN ACCORDANCE WITH THE UNIVERSITY'S CONFLICT 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



Additional Data

Software ID:  
Software Version:  
EIN: 06-0776644  
Name: SACRED HEART UNIVERSITY INCORPORATED

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code	) (Expenses \$	22,793,747	including grants of \$	) (Revenue \$	3,094,926 )
OTHER GENERAL AND STUDENT SERVICES					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
PETER TERPELUK JR TRUSTEE	1 00	X						0	0	0	
MOST REVEREND WILLIAM E LORI STD CHAIRMAN	1 00	X		X				0	0	0	
JAMES J COSTELLO TREASURER	1 00	X		X				0	0	0	
MARY-ANN BUNTING TRUSTEE	1 00	X						0	0	0	
WILLIAM E MITCHELL TRUSTEE	1 00	X						0	0	0	
JAMES T MORLEY JR VICE CHAIRMAN	1 00	X		X				0	0	0	
REV MSGR WILLIAM A GENUARIO JCD TRUSTEE	1 00	X						0	0	0	
KRIS E DURMER TRUSTEE	1 00	X						0	0	0	
ROBERT J MATURA TRUSTEE	1 00	X						0	0	0	
LINDA E MCMAHON TRUSTEE	1 00	X						0	0	0	
LOIS SCHINE TRUSTEE	1 00	X						0	0	0	
JEFFREY A SONNENFELD TRUSTEE	1 00	X						0	0	0	
REV MSGR KEVIN W WALLIN TRUSTEE	1 00	X						0	0	0	
MARK E FREITAS TRUSTEE	1 00	X						0	0	0	
FRANK R MARTIRE TRUSTEE	1 00	X						0	0	0	
ROBERT L CORCORAN TRUSTEE	1 00	X						0	0	0	
ROBERT L JULIANELLE SECRETARY	1 00	X		X				0	0	0	
CHRISTOPHER K MCLEOD TRUSTEE	1 00	X						0	0	0	
ROSANNE BADOWSKI TRUSTEE	1 00	X						0	0	0	
VINCENT MAFFEO TRUSTEE	1 00	X						0	0	0	
NORBERT BECKER TRUSTEE	1 00	X						0	0	0	
PATRICK J CAROLAN MD TRUSTEE	1 00	X						0	0	0	
LAWRENCE G FOLEY TRUSTEE	1 00	X						0	0	0	
REV ROBERT M KINNALLY TRUSTEE	1 00	X						0	0	0	
VINCENT A ROBERTI TRUSTEE	1 00	X						0	0	0	

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY J CERNERA PRESIDENT/CEO	35 00	X		X				742,995	0	84,380
THOMAS V FORGET PHD VICE PRESIDENT	35 00			X				236,908	0	23,711
MICHAEL J KINNEY SR VICE PRESIDENT	35 00			X				264,785	0	26,398
JAMES BARQUINERO VICE PRESIDENT	35 00				X			226,375	0	17,102
MARY P YOUNG VICE PRESIDENT	35 00				X			202,672	0	22,743
ROBERT M HARDY VICE PRESIDENT	35 00				X			179,840	0	15,379
JOHN J PETILLO DEAN	35 00					X		204,081	0	4,424
PHILIP J MCCABE VICE PRESIDENT	35 00					X		160,051	0	14,730
PATRICIA W WALKER DEAN	35 00					X		175,794	0	14,854
CLAIRE J PAOLINI DEAN	35 00					X		170,556	0	15,968
DAVID L COPPOLA VP FOR STRATEGIC PLANNING	35 00					X		169,496	0	17,062