DLN: 93493069010070 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 06-01-2018 , and ending 05-31-2019 C Name of organization TRUSTEES OF CLARK UNIVERSITY D Employer identification number B Check if applicable ☐ Address change 04-2111203 ☐ Name change Doing business as ☐ Initial return Clark University ☐ Final return/terminated E Telephone number ☑ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 950 Main Street ☐ Application pending (508) 793-7499 City or town, state or province, country, and ZIP or foreign postal code Worcester, MA $\,$ 01610 $\,$ G Gross receipts \$ 198,054,660 F Name and address of principal officer H(a) Is this a group return for David Angel □Yes ☑No subordinates? 950 Main Street H(b) Are all subordinates Worcester, MA 01610 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) П 4947(a)(1) or If "No," attach a list (see instructions) 501(c) () **◀** (insert no) **H(c)** Group exemption number ▶ Website: ▶ www clarku edu L Year of formation 1887 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities Clark University's mission is to educate undergraduate and graduate students to be imaginative and contributing citizens of the world, and to advance the frontiers of knowledge and understanding through rigorous scholarship and creative effort Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 27 Number of independent voting members of the governing body (Part VI, line 1b) 5 2,587 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 365 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -793,524 b Net unrelated business taxable income from Form 990-T, line 34 7b -821,106 **Prior Year Current Year** 24,128,374 16,144,931 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 139,993,642 149,116,993 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 12,340,790 8,001,506 1,275,281 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,311,912 177,774,718 174,538,711 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 62,531,011 68,707,296 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 71,038,440 73,119,826 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶5,801,032 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 38,877,160 40,333,722 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 172,446,611 182,160,844 19 Revenue less expenses Subtract line 18 from line 12 . 5,328,107 -7,622,133 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 631,485,553 615,842,769 103,911,245 21 Total liabilities (Part X, line 26) . 105,745,706 22 Net assets or fund balances Subtract line 21 from line 20 . 511.931.524 Signature Block 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 2020-03-02 Signature of officer Sign Here Katherine Cannon Controller/Assistant Treasurer Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Firm's address ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

| Form | 990 (20 | 18) | | | | | | Page 2 |
|------|--------------------|------------------|------------------------|--------------------|---------------------------|---|-----------------------|---------------|
| Pa | rt III | Statement of | of Program Servi | ce Accomplis | hments | | | |
| | | Check of Sched | ule O contains a resp | onse or note to a | any line in this Part III | | | |
| 1 | Briefly | describe the or | ganızatıon's mıssıon | | | | | |
| adva | nce the f | rontiers of kno | wledge and understa | nding through rig | jorous scholarship and | aginative and contributing citiz d creative effort Clark fosters nat cross disciplinary boundarie | a commitment to excel | |
| 2 | Did the | organization u | ındertake any sıgnıfıc | ant program serv | vices during the year | which were not listed on | | |
| | the pri | or Form 990 or | 990-EZ? | | | | . □Yes ☑ | No |
| | If "Yes, | " describe thes | se new services on Sc | hedule O | | | | |
| 3 | Did the | organization c | ease conducting, or r | nake significant i | changes in how it con | ducts, any program | | |
| | service | s? | | | | | . 🗆 Yes | ☑ No |
| | If "Yes, | " describe thes | e changes on Schedu | ile O | | | | |
| 4 | Section | n 501(c)(3) and | | ons are required | to report the amount | e largest program services, as of grants and allocations to o | | 5 |
| 4a | (Code | |) (Expenses \$ | 66,240,323 | including grants of \$ | 0) (Revenue \$ | 133,046,894) | |
| | See Add | litional Data | | | | | | |
| 4b | (Code | |) (Expenses \$ | 8,204,755 | including grants of \$ | 2,069,174) (Revenue \$ | 0) | |
| | See Add | litional Data | | | | | | |
| 4c | (Code | |) (Expenses \$ | 66,638,122 | including grants of \$ | 66,638,122) (Revenue \$ | 0) | |
| | See Add | litional Data | | | | | | |
| | See Ad | ldıtıonal Data T | able | | | | | |
| 4d | | - | es (Describe in Sched | • | | | | |
| | (Expen | ises \$ | 28,176,399 inc | luding grants of | \$ | 0) (Revenue \$ | 17,235,855) | |
| 4e | Total _I | program servi | ice expenses ▶ | 169,259,5 | 99 | | | |

Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😼 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Yes R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔧 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Yes 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Yes foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 • Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Yes 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Yes

Yes

20b

21

22

| orm | 990 (2018) | | | Page 4 |
|-----|---|-------------|----------|---------------|
| Par | Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| С | 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 | Yes | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | Yes | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒 | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| | 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? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. 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? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| Pa | Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | , Vos | ∐ Ne |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 6,873 | | Yes | No |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

10a

10b

11a

11b

12b

13b

13c

No

| Form | 990 (2018) | | | Page 6 |
|------|---|--------|---------|---------------|
| Pa | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI | • | onse to | lines |
| Se | ction A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 27 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 27 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? • | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| Ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 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 |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | e.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 12 | Did the organization have a written whistleblower policy? | 12 | Voc | |

14 14 Did the organization have a written document retention and destruction policy? Yes Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Yes Other officers or key employees of the organization . . . 15b No If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Nο b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16b Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ 17 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 ▶James E Collins 950 Main Street Worcester, MA 01610 (508) 793-7252

| 101111 330 (2 | 010) | | | | | | | | | | Page / |
|-------------------------|--|--|-----------------------------------|---------------------------|---------------------|---------------------------------|------------------------------|--------|--|--|--|
| Part VII | Compensation of Officer and Independent Contra | | Truste | es, | Key | En | nploy | ees | , Highest Comp | ensated Employ | ees, |
| | Check if Schedule O contains a | response or no | te to an | y line | ≘ ın t | hıs | Part VI | ١. | | | 🗆 |
| Section | A. Officers, Directors, Tru | ıstees, Key E | mploy | ees | , an | d F | lighe | st (| Compensated En | nployees | |
| year . | this table for all persons requir of the organization's current of | | · | | | | | | , , | | • |
| of compensa | tion Enter -0- in columns (D), (if the organization's current key | E), and (F) if no | compe | nsatı | on w | vas į | paid | | - ,, | | |
| • List the who received | organization's five current high direportable compensation (Box and any related organizations | est compensate | d emplo | yees | (oth | ner t | than a | n off | icer, director, truste | e or key employee) | 1 |
| • List all o | of the organization's former office compensation from the organization | | | | | | pensat | ed e | employees who rece | ived more than \$10 | 0,000 |
| | f the organization's former dir , more than \$10,000 of reportat | | | | | | | | | | e |
| compensated | in the following order individual demployees, and former such p | ersons | | | | | | | | | |
| ☐ Check tl | nis box if neither the organization | n nor any relate | ed organ | nizatio | on co | omp | ensate | d ar | ny current officer, di | rector, or trustee | Т |
| | (A) Name and Title | (B) Average hours per week (list any hours for related | than o | one bo oth a direct | ox, un off tor/t | t cho unles ficer rust | and a | on | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
| | | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099-MI3C) | (W- 2/1099- MISC) | related organizations |
| See Additiona | al Data Table | | | | | | | | | | |
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CIEE Council International Study Programs Inc

compensation from the organization ▶ 36

300 Fore Street Portland, ME 04101

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

Page 8

| (A) Name and Title | (B) Average hours per week (list any hours for related | than o | one b | ox, u in off tor/tr | che inles icer | and a | son | (D Repor compen from organizat 2/1099- | table sation the tion (W | ,_ | Repo compe from i organiza | E) rtable nsation related tions (W I-MISC) | - | Estim Estim amount o comper from organizat | ated of other sation the |
|--|--|-----------------------------------|-----------------------|---------------------------|----------------------|------------------------------|--------|---|-----------------------------------|-----------|-------------------------------------|---|----------|---|--|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099- | (MI3C) | | 2/1095 | -MISC) | | relai organiz | :ed |
| See Additional Data Table | | | | | | | | | | | | | | | |
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| 1b Sub-Total c Total from continuation sheets to P d Total (add lines 1b and 1c) | art VII , Section | Α. | | | | * | • | 3 84 | 9,929 | - 1 | | 0 | | | 609,698 |
| Total number of individuals (including of reportable compensation from the compensation from the compensation) | g but not limited | to thos | | | oove | | rece | · · · · · · · · · · · · · · · · · · · | | \$10 | 0,000 | - | | | |
| 3 Did the organization list any former | officer director | or trust | ee k | ev er | mpla | ovee (| or hu | ahest com | pensat | ed e | mplovee | on [| | Yes | No |
| line 1a? If "Yes," complete Schedule | | | | | | | | | • | • | • • | | 3 | Yes | |
| 4 For any individual listed on line 1a, is organization and related organization individual | ıs greater than 🕏 | 150,00 | 0? <i>If</i> | "Yes, | ," c | omplet | | | | | the | | _ | | |
| 5 Did any person listed on line 1a recei | | | | | | | · · | organizatio | n or II | • ndiv | · · Idual for | · | 4 | Yes | |
| services rendered to the organization | i?If "Yes," compi | ete Sch | edule | J fo | r su | ıch pei | rson | · · · | • | • | | | 5 | | No |
| Section B. Independent Contract Complete this table for your five high | | d inden | ender | nt co | ntra | ectors | that | received m | ore th | an ' | \$100 OOC |) of comi | nens | ation | |
| from the organization Report compe | | | | | | | | | | | | | | (0 | |
| Name a | and business addre | ess | | | | | | Fc | De ood serv | | otion of se | rvices | | Compe | |
| 9801 Washingtonian Blvd | | | | | | | | | .54 5611 | . 1003 | | | | - | .,5,5,500 |
| Gaithersburg, MD 20878 DelSignore Electrical Contractors, 849 West Boylston Street | | | | | | | | EI | ectrical | | | | | 1 | .,023,333 |
| Worcester, MA 01606 1 Calnan and Associates Inc, 3 Batterymarch Park Construction | | | | | | | | | | | | 769,519 | | | |
| Quincy, MA 02169 ACME Waterproofing Co Inc, 21 Nightingale Ave Quincy, MA 02169 | | | | | | | | w | aterpro | ofing | J | | | | 655,717 |
| CIFE Council International Study Programs Inc. | | | | | | | | S+ | udy abi | rnad | programs | | \dashv | | 538 320 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

(D)

(E)

(B)

538,320

Study abroad programs

| | | (2018) | . D | | | | | | | | | Page 9 |
|---|------------|---|-----------------|----------------|----------------------|----------------|---------------------------------------|-------------------|--|------------|-------------------------------|--|
| Part | VIII | | | resno | onse or note to any | line in th | ıs Part VIII | | | | | \square |
| | | Check if Schedul | ic o contains a | respe | or note to any | (A Total re | \) | Rela ex fur | (B) ated or tempt nction venue | Unn bus | c) elated iness enue | (D) Revenue excluded from tax under sections 512 - 514 |
| | 1 a | a Federated campaig | ns | 1a | 0 | | | 10 | venue | | | 312 314 |
| nts | ı | b Membership dues | [| 1b | 0 | | | | | | | |
| Gra not | ١. | c Fundraising events | | 1c | 0 | | | | | | | |
| ts, ' | ١, | d Related organizatio | ns | 1d | 0 | | | | | | | |
| <u> </u> | ١, | e Government grants (co | ontributions) | 1e | 5,724,560 | | | | | | | |
| tions, er Sim | 1 | All other contributions, and similar amounts in above | | 1f | 10,420,371 | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 9 | g Noncash contribution in lines 1a - 1f \$ | ons included | 2,3 | 338,67 <u>0</u> | | | | | | | |
| S E | | h Total. Add lines 1a | -1f | | • | 1 | 6,144,931 | | | | | |
| | | | | | Business | Code | · · · · · · · · · · · · · · · · · · · | | | | | |
| Program Service Revenue | 2a | Tuition and fees | | | | 611310 | 132,2 | 91,490 | 132,29 | 1,490 | | 0 0 |
| 34 | b | Housing | | | | 721310 | 9,3 | 72,103 | 9,37 | 2,103 | | 0 0 |
| <u>.</u> | c | Food services | | | | 722310 | 5,6 | 49,703 | 5,64 | 9,703 | | 0 0 |
| er vi | d | Geographic software | | | | 443120 | 2 | 53,095 | 25 | 3,095 | | 0 0 |
| ي ج | e | Campus store | | | | 453000 | 2 | 15,550 | 21 | 5,550 | | 0 0 |
| grar | | All able an arrangement | | | | | 1,3 | 35,052 | 1,33 | 5,052 | | 0 0 |
| Ŗ. | | All other program se Total. Add lines 2a-2 | | | 149,1 | .16,993 | | | | | | |
| | | Investment income (ii | - | | interest, and other | | 3,184,912 | | 0 | | 0 | 3,184,912 |
| | | similar amounts) . Income from investm | | | and proceeds | | 12,380 | | 0 | | 0 | 12,380 |
| | | D !! | ent of tax-exen | • | ona proceeds | | 221,430 | | 221,430 | | 0 | 0 |
| | | itoyaities i i i | (ı) Real | • | (II) Personal | | · · | | · · · | | | |
| | 6a | Gross rents | .,, | | . , , | 1 | | | | | | |
| | ь | Less rental expenses | | 6,406 6,881 | | <u>'</u> | | | | | | |
| | _ | : Rental income or | 10 | 9,525 | | | | | | | | |
| | C | (loss) | | 9,323 | | | | | | | | |
| | d | Net rental income o | r (loss) | | | 1 | 109,525 | | 0 | | 0 | 109,525 |
| | | | (ı) Securiti | es | (II) Other | | | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 5,42 | 9,681 | 22,553,601 | | | | | | | |
| | b | Less cost or other basis and | 4,77 | 2,224 | 18,406,844 | - | | | | | | |
| | c | sales expenses Gain or (loss) | 65 | 7,457 | 4,146,757 | † | | | | | | |
| | | Net gain or (loss) . | | | > | 1 | 4,804,214 | | 0 | | -793,524 | 5,597,738 |
| | 8a | Gross income from fi | _ | | | | | | | | | |
| nue | | contributions reporte | ed on line 1c) | | | | | | | | | |
| S | | See Part IV, line 18 | | а | | | | | | | | |
| œ | | Less direct expense | | b | 0 | | 0 | | | | 0 | 0 |
| Other Revenue | | : Net income or (loss) i Gross income from g | | | ents • | 1 | | | | | | |
| ō | | See Part IV, line 19 | | - | J | | | | | | | |
| | | | | а | 0 | | | | | | | |
| | | Less direct expense : Net income or (loss) | | b | 0 |] | 0 | | 0 | | 0 | 0 |
| | | Gross sales of invent | | CLIVIL | les > | 1 | | | | | | - |
| | | returns and allowand | | | J | | | | | | | |
| | | | | а | | | | | | | | |
| | | Less cost of goods s | | b | |] | 0 | | 0 | | 0 | 0 |
| - | C | Net income or (loss) Miscellaneous | | nvent | tory ► Business Code | | | | | | | 0 |
| - | 11 | •aEnergy incentives/g | | | 900099 | + | 241,145 | | 241,145 | | 0 | 0 |
| | | g,ec.idve3/g | | | | | • | | • | | | |
| | Ь | Workers Comp incer | ntives/rebates | | 900099 | , | 128,605 | | 128,605 | | 0 | 0 |
| | | | | | | | | | | | | |
| | c | ; | | | | | | | | | | |
| | | | | | | | | | | | | |
| | d | All other revenue . | | | | | 574,576 | | 574,576 | | 0 | 0 |
| | e | Total. Add lines 11a | -11d | | ▶ | | 944,326 | [| | | | |
| | 12 | Total revenue. See | Instructions | | | | 174,538,711 | | 150,282,749 | | -793,524 | 8,904,555 |
| | | | | | | | ,555,711 | 1 | 0,202,773 | | . 55,524 | Form 999 (2018) |

defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

21 Payments to affiliates

g Other (If line 11g amount exceeds 10% of line 25, column

section 4958(c)(3)(B) . .

9 Other employee benefits . .

a Management

f Investment management fees . .

12 Advertising and promotion

7 Other salaries and wages

10 Payroll taxes 11 Fees for services (non-employees)

b Legal .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

c Accounting .

13 Office expenses . .

14 Information technology .

20 Interest

expenses on Schedule O) a Study Abroad/Away

b Other food service

c Library acquisitions

e All other expenses

d Other expenses - Misc

2,262,745

156,667

275,862

154,056

0

0

0

0

0

88,758

19,440

664,488

18,455

31,427

67,240

186.663

327,975

2,062

55,369

7,066

0

Λ

0

95,630

1,017,479

5,801,032

Form 990 (2018)

| 10/11/950 (2010) | | | | rage 10 |
|--|--------------------------|------------------------------------|---|----------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c | olumns All other orga | anizations must com | olete column (A) | |
| Check if Schedule O contains a response or note to any | y line in this Part IX . | | | \square |
| 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) Fundraisingexpenses |
| Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 629,064 | 629,064 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 67,740,043 | 67,740,043 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 | 338,189 | 338,189 | | |
| 4 Benefits paid to or for members | 0 | 0 | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 3,296,100 | 1,000,827 | 1,925,623 | 369,650 |
| 6 Compensation not included above, to disqualified persons (as | 0 | 0 | 0 | 0 |

55,463,342

3,835,426

6,753,461

3,771,497

501,536

283,015

185,410

1,402,179

3,100,817

574,822

3,787,242

1,934,486

4,089,665

2,106,539

1,537,646

1,452,105

8,576,664

1,820,107

4,816,182

1,525,641

965,978

374,900

182,160,844

586,705

0

0

712,083

0

0

44,094,739

3,052,805

5,375,412

3,001,920

501,536

2,179,881

224,427

2,663,798

1,878,181

625,193

684,170

1,869,588

1,100,105

1,344,434

7,554,731

1,820,107

4,816,182

1,525,641

5,065,624

10,161,660

169,259,599

1,372

0

9,970

O

0

9,105,858

1,102,187

615,521

273,045

185,410

1,402,179

832,178

330,955

458,956

37,850

55,463

50,288

109,566

105,609

966,564

578,267

0

0

-4,195,276

-10,804,239

7,100,213

3,338,255

625,954

Page **11**

1.492.504

615.842.769

14,042,047

11.678.342

62,932,759

15.258.097

103.911.245

132.471.072

227,480,881

151.979.571

511,931,524

615,842,769

Form **990** (2018)

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31 32

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0 22

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1.838.123

631.485.553

14.078.281

10.485.969

66,121,899

15.059.557

105,745.706

129.238.509

245,305,288

151,196,050

525,739,847

631,485,553

Form 990 (2018)

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17 18

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34

Liabilities 22

Fund Balance

Assets or 30

Net

Intangible assets . . .

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

| | Beginning of year | | End of year |
|---|-------------------|---|-------------|
| 1 Cash-non-interest-bearing | 158,557 | 1 | 293,462 |
| 2 Savings and temporary cash investments | 47,834,652 | 2 | 30,245,171 |
| 3 Pledges and grants receivable, net | 5,745,569 | 3 | 5,095,050 |
| 4 Accounts receivable, net | 713,382 | 4 | 1,340,639 |
| 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 |

| | _ | Accounts receivable, net | • | | 7 10,002 | _ | 1,040,000 |
|--------|-----|--|--|---|-------------|-----------|-------------|
| | 5 | Loans and other receivables from current and for trustees, key employees, and highest compensations are listed to be supported by the compensation of the compensation | ited en | nployees Complete | 0 | 5 | 0 |
| S | 6 | Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L | fied pe n 4958 itions d (see in | rsons (as defined under (c)(3)(B), and of section 501(c)(9) structions) Complete | 0 | 6 | 0 |
| et | 7 | Notes and loans receivable, net | 6,704,485 | 7 | 6,742,030 | | |
| Assets | 8 | Inventories for sale or use | 315,791 | 8 | 755,787 | | |
| ⋖ | 9 | Prepaid expenses and deferred charges | 505,314 | 9 | 736,772 | | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | | | | | |
| | b | Less accumulated depreciation | 110,022,650 | 10 c | 109,450,613 | | |
| | 11 | Investments—publicly traded securities . | | | 87,450,438 | 11 | 105,581,883 |
| | 12 | Investments—other securities See Part IV, line | 11 . | | 364,659,548 | 12 | 349,488,176 |
| | 13 | Investments—program-related See Part IV, line | • | 5,537,044 | 13 | 4,620,682 | |
| | | | | | | | |

3a

3b

Yes

Yes (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 18007995

Software Version: v1.00

EIN: 04-2111203

Name: TRUSTEES OF CLARK UNIVERSITY

Form 990 (2018)

Form 000 Port III Line 4

Form 990, Part III, Line 4a:

Instruction and academic support, with program expenditures of \$66,240,323 Clark's fall 2018 enrollment consisted of 2,304 undergraduates and 818 graduate students Our motto - and mission - is "Challenge Convention, Change Our World", and our faculty members work to inspire their students to utilize their liberal arts based education to make a real difference in the communities in which they live and work. We also have strong graduate programs, which include masters' level degrees and eight PhD programs.

Form 990, Part III, Line 4b:

provided funding to students to support their research and LEEP projects in the amount of \$1,395,238

Research, with program expenditures of \$8,204,755 and grant contributions of \$6,807,624. Clark is committed to a program of research and has a very professionally active faculty, virtually all of whom are engaged in sponsored or unsponsored research and creative activity. This includes grants to organizations of \$673,936. Additionally, Clark

Form 990, Part III, Line 4c: Financial Aid, with expenditures/income offsets of \$66,638,122 Clark is committed to being affordable to those students able to meet the high academic expectations of our faculty. Approximately 89% of undergraduate students receive some level of financial assistance, which is distributed on the basis of both merit and financial need

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

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

healthy social environment

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 13,291,544 including grants of \$ 0) (Revenue \$ 15,237,355) Auxiliary Services includes providing high quality residence halls, food service, and campus store services to Clark students. There are program

expenditures of \$13,291,544 and offsetting revenue of \$15,237,355

) (Expenses \$ 14,884,855 including grants of \$ 0) (Revenue \$ 1,998,500)

(Code

Student Services programs support an environment for students that encourages them to become active, involved and responsible citizens in

Iglobal communities Resources are expended to provide support to students in achieving their non-academic goals and providing a balanced and

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

| | 1 2, | | | , | | , | (1) | (1) | |
|-------------------------------|---|-----------------------------------|-----------------------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| Jason M Barnett Trustee | 0 | x | | | | | 0 | 0 | 0 |
| Andrew Brandman Trustee | 0 | х | | | | | 0 | 0 | 0 |
| Ingrid Busson-Hall Trustee | 0 | х | | | | | 0 | 0 | 0 |
| Kevin Cherry | 2 | | | | | | | | |

| Ingrid Busson-Hall |
|--------------------|
| Trustee |
| Kevin Cherry |
| Trustee |
| Rebecca Colin |

Trustee Roy DiNicola

Trustee Mona Domosh

Trustee Eric Epstein

Trustee

Trustee

Trustee

Ross Gillman

Richard Freeland

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations from the

(W- 2/1099-

0

0

(W- 2/1099-

organization and

0

0

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

| | organizations below dotted line) | ndiwidual trustee or director | Institutional Trustee | 10 | sey employee | Highest compensated | Former | MISC) | MISC) | related organizations |
|----------------------------------|--|----------------------------------|-----------------------|----|--------------|---------------------|--------|-------|-------|--------------------------|
| Daniel Hirsch Trustee | 0 | × | | | | | | 0 | 0 | 0 |
| Ellen Hughes-Cromwick Trustee | 0 | × | | | | | | 0 | 0 | 0 |
| Nancie Julian Trustee | 0 | × | | | | | | 0 | 0 | 0 |
| Gary Labovich | 2 | v | | | | | | 0 | 0 | 0 |

| Nancie Julian | 2 | l _x | | | 0 | |
|-----------------|---|----------------|--|--|---|--|
| Trustee | 0 | | | | Ĭ | |
| Gary Labovich | 2 | | | | | |
| Trustee | 0 | _ ^ | | | 0 | |
| Lawrence Landry | 2 | l , | | | | |
| Trustee | 0 | ^ | | | | |

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for related

and Independent Contractors

Cynthia Michael-Wolpert

John O'Brien

Trustee Lee Plave

Joseph Poku

Trustee

Trustee

Vickie H Riccardo

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

| | , | | | | | , | | (11) 2 (4 000 | (14) 2/4 200 | |
|--------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| Paul Saltzman Trustee | 2 | × | | | | | | C | 0 | 0 |
| Ron Shaich Trustee | 2 | × | | | | | | C | 0 | 0 |
| Robert Stevenish Trustee | 0 | × | | | | | | C | 0 | 0 |
| Robert Stevenish II Trustee | 2 | × | | | | | | C | 0 | 0 |
| David Strassler Trustee | 2 | х | | | | | | C | 0 | 0 |

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414,156

142,202

49,456

15,604

0

40

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Sumner Tilton

Trustee Steven Swain

Trustee Wendi J Trilling

Trustee

Officer

Officer

David Angel

Katherine Cannon

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

and Independent Contractors

Frances Magee

Key Employee

Matthew Malsky

Key Employee

Pennie Turgeon

Key Employee

Yuko Aoyama

Key Employee

Robert Johnston

Director of Marsh Institute & Prof

| | for related organizations below dotted line) | Institutional Trustee | | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (Ñ- 2/1099- MISC) | organization and related organizations |
|-----------------------------|---|-----------------------|---|--------------|------------------------------|--------|----------------------|----------------------|--|
| Julie Dolan Officer | 40 0 | | x | | | | 316,301 | 0 | 49,802 |
| John Foley Officer | 40 | | х | | | | 170,846 | 0 | 16,945 |
| Davis Baird Key Employee | 40 | | | Х | | | 286,767 | 0 | 27,852 |
| Paula David Key Employee | 40 | | | Х | | | 252,854 | 0 | 35,906 |

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171,001

150,297

195,451

172,624

214,667

46,907

35,571

15,136

66,702

25,795

38,626

0

0

| Davis Baird | 40 | | , l | | 286,767 | |
|-----------------------|----|--|-----|--|---------|--|
| Key Employee | 0 | | ^ | | 200,707 | |
| Paula David | 40 | | Ų | | 252,854 | |
| Key Employee | 0 | | ^ | | 252,634 | |
| Jeffrey Hite Gillooly | 40 | | v | | 306,745 | |
| Key Employee | 0 | | ^ | | 300,743 | |

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and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other

week (list

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

person is both an officer

from the

129,328

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from related

compensation

38,428

39,530

20,666

15,848

| | any hours for related organizations below dotted line) | and individual or directo | Instituti | ã | key emplo | las 🐣 | organization (W- 2/1099- MISC) | N- 2/1099- (W- 2/1099- organi | |
|---|--|---------------------------|--------------|---|-----------|-------------|--|-----------------------------------|--------|
| | | al trustee or | cnal Trustee | | Moyee | compensated | | | |
| Jonathan Kappel Exec Director of Principal Gifts | 40 | | | | | х | 212,772 | 0 | 26,355 |
| Ronald Eastman Director of Clark Labs | 40 | | | | | × | 211,378 | 0 | 44,569 |
| Druggilla Eleace | 40 | | | | | | | | |

| Nonaid Edstillan | | | | × | 211,378 | |
|------------------------------------|----|--|--------|-----|---------|--|
| Director of Clark Labs | 0 | | | .,, | | |
| Priscilla Elsass | 40 | | | | | |
| | | | | X | 185,430 | |
| Dean Graduate School of Management | 0 | | | | · | |
| | | | \neg | | | |

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Former Key Employee

Former Key Employee

James Collins

| Director of Clark Labs | 0 | | | | | | |
|--|----|--|--|---|---------|---|--|
| Priscilla Elsass Dean Graduate School of Management | 40 | | | х | 185,430 | 0 | |
| Dean Graduate Scribbi of Management | 0 | | | | | | |
| Edward Carr | 40 | | | , | 470 440 | | |

| FIISCIIId EISASS | | | | l _x | 185,430 | n | |
|------------------------------------|----|--|--|----------------|---------|---|--|
| Dean Graduate School of Management | 0 | | | | 100,100 | | |
| Edward Carr | 40 | | | × | 178.449 | 0 | |
| Director IDCE | _ | | | ^` | 1,0,113 | | |

| Dean Graduate School of Management | 0 | | | | | | |
|------------------------------------|----|--|--|-----|---------|---|--|
| Edward Carr | 40 | | | | | | |
| | | | | l x | 178,449 | 0 | |
| Director IDCE | 0 | | | | · | | |
| | 40 | | | | | | |

| Edward Carr | 40 | | | × | | 178.449 | 0 | |
|---------------|----|--|--|----|---|---------|---|--|
| Director IDCE | 0 | | | '' | | , | | |
| Nancy Budwig | 40 | | | | x | 138.661 | 0 | |

| SCHED Form 990 990EZ) | | ort r a section | 2018 | | | | | |
|--|--|---|---|---|---------------------------------------|-------------------------------------|---|---|
| Department of | | | ► Go to | ► Attach to Form ! www.irs.gov/Form! | | | | Open to Public Inspection |
| nternal Reven Name of the RUSTEES OF | ne Service ne organiza : CLARK UNIVE | tion RSITY | | | | | Employer identific | <u> </u> |
| | | | | (41) | | | 04-2111203 | |
| Part I he organiz | | | | us (All organization e it is (For lines 1 thro | | | see instructions. | |
| 1 | | • | | ssociation of churches | | | (A)(i). | |
| 2 | A school de | scribed in se | tion 170(b)(| 1)(A)(ii). (Attach Sch | nedule E (Form 9 | 990 or 990-EZ)) | | |
| 3 □ | A hospital o | r a cooperati | ve hospital ser | vice organization desci | ribed in section | 170(b)(1)(A)(| iii). | |
| 4 🗆 | A medical r | | nization operat | ed in conjunction with | a hospital descri | ibed in section : | 170(b)(1)(A)(iii). E | enter the hospital's |
| 5 🗌 | | ition operated (iv). (Comple | | t of a college or unive | rsity owned or o | perated by a gov | ernmental unit descr | bed in section 170 |
| 6 🗌 | A federal, s | tate, or local | government o | governmental unit de | scribed in sectio | on 170(b)(1)(A | \)(v). | |
| 7 🗆 | - | | mally receives vi). (Complete | a substantial part of it Part II) | s support from a | governmental ι | ınıt or from the gener | al public described in |
| 8 🗆 | A communi | ty trust descr | ıbed ın sectio ı | 170(b)(1)(A)(vi) | (Complete Part I | I) | | |
| 9 🗆 | | | | escribed in 170(b)(1) ee instructions Enter | | | | lege or university or |
| P 🗆 | from activit | ies related to income and ເ | ıts exempt fur ınrelated busır | (1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III) | taın exceptions, | and (2) no more | than 331/3% of its s | upport from gross |
| ı 🗆 | | | | d exclusively to test fo | r public safety S | See section 509 | (a)(4). | |
| 2 🗆 | more public | ly supported | organizations : | d exclusively for the be described in section 5 the type of supporting | 09(a)(1) or se | ction 509(a)(2 |). See section 509(| |
| a 🗌 | Type I. A so | upporting org n(s) the powe | janization oper | ated, supervised, or co | ontrolled by its s | upported organi | zation(s), typically by | |
| ь 🗆 | manageme | nt of the supp | | pervised or controlled in ation vested in the sare and C. | | | | |
| с 🗌 | | | | supporting organizatio | | | | ated with, its |
| d 🗆 | Type III n | on-functional integrated | ally integrate he organizatio | ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and | ization operated fy a distribution | in connection wi requirement and | th its supported orga | |
| e 🗌 | Check this | oox if the org | anızatıon recei | ved a written determir | nation from the I | | pe I, Type II, Type II | II functionally |
| f Enter | | | on-functionally organizations | integrated supporting | organization | | _ | |
| | | | | upported organization(| | | . | |
| (i) N | lame of supp organization | | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | | anization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| | | | | | | | | |
| otal | | | | | | | | |
| | vork Reduc | tion Act Not | ce. see the I | nstructions for | Cat No 11285 | <u>.</u> 5F : | Schedule A (Form 9 | |

instructions

Page 2

| P | Support Schedule for (b)(1)(A)(ix) | Organizations | Described in Se | ections 170(b) | (1)(A)(iv), 17 | 0(b)(1)(A)(vi) |), and 170 |
|-----------|--|---|---|--|---------------------|--------------------|------------------|
| | (Complete only if you ch | necked the box o | n line 5, 7, 8, or | 9 of Part I or if | the organization | n failed to qualif | y under Part |
| | III. If the organization fa | | | | | | |
| S | ection A. Public Support | • | | | • | • | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | 12,855,694 | 14,799,651 | 13,756,185 | 24,128,374 | 16,144,931 | 81,684,835 |
| _ | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| _ | The value of services or facilities furnished by a governmental unit to | 0 | 0 | 0 | 0 | 0 | 0 |
| | the organization without charge Total. Add lines 1 through 3 | 12,855,694 | 14,799,651 | 13,756,185 | 24,128,374 | 16,144,931 | 81,684,835 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on | | | | | | 4,537,864 |
| | line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| | Public support. Subtract line 5 from line 4 | | | | | | 77,146,971 |
| <u></u> S | ection B. Total Support | | | | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a)2014 | (b) 2015 | (c)2016 | (d)2017 | (e)2018 | (f) Total |
| 7 | Amounts from line 4 | 12,855,694 | 14,799,651 | 13,756,185 | 24,128,374 | 16,144,931 | 81,684,835 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,570,242 | 2,296,567 | 2,285,208 | 2,847,124 | 3,306,817 | 13,305,958 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 458,800 | 250,340 | o | 0 | 0 | 709,140 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 95,699,933 |
| 12 | Gross receipts from related activities, | etc (see instructio | ns) | | | 12 | 1,087,958 |
| 13 | First five years. If the Form 990 is for | or the organization' | s first, second, thi | rd, fourth, or fifth | tax year as a sect | ion 501(c)(3) orga | nization, |
| | check this box and stop here | | | | | ▶□ | |
| S | ection C. Computation of Publi | | | | | | |
| 14 | Public support percentage for 2018 (li | ne 6, column (f) dı | vided by line 11, co | olumn (f)) | | 14 | 80 613 % |
| 15 | Public support percentage for 2017 Sc | hedule A, Part II, l | ıne 14 | | | 15 | 80 13 % |
| 16a | 33 1/3% support test-2018. If the | e organization did n | ot check the box o | on line 13, and line | e 14 is 33 1/3% or | | ox |
| b | and stop here. The organization qual 33 1/3% support test—2017. If th | | | | nd line 15 is 33 1/ | 3% or more, check | ► ✓ < this |
| 17a | box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization meets | t— 2018. If the orgon meets the "facts | janization did not o -and-circumstance | theck a box on line s" test, check this | box and stop her | ·e. Explain | ▶ □ |
| b | organization 10%-facts-and-circumstances ter 15 is 10% or more, and if the organiz Explain in Part VI how the organization | zation meets the "f | acts-and-circumsta | ances" test, check | this box and stop | here. | ▶□ |
| | 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

| Р | Support Schedule for | | | | | | |
|-----|---|--------------------|---------------------------|-----------------------|---------------------|-------------------|-----------------|
| | (Complete only if you c | | | | | | ler Part II. If |
| - C | the organization fails to ection A. Public Support | quality under t | ne tests listed | pelow, please co | omplete Part II. |) | |
| 30 | Calendar year | | 43.50/5 | | 413.004- | | (0) = |
| | (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 Gross receipts from activities that are | | | | | | |
| 3 | 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 The value of services or facilities | | | | | | |
| 5 | 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) | | | | | | |
| 36 | ection B. Total Support Calendar year | | I | I | 1 | | 1 |
| | (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and | | | | | | |
| b | income from similar sources Unrelated business taxable income | | | | | | |
| D | (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 | | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 | First five years. If the Form 990 is for | r the organization | ı 's fırst, second, tl | nird, fourth, or fift | :h tax vear as a se | ction 501(c)(3) c | rganization. |
| | check this box and stop here | , | , , | , , | , | (), () | • □ |
| Se | ection C. Computation of Public | Support Perce | ntage | | | | <u> </u> |
| 15 | Public support percentage for 2018 (lin | | | column (f)) | | 15 | |
| 16 | Public support percentage from 2017 S | chedule A, Part II | II, line 15 | | | 16 | |
| | ection D. Computation of Investi | | | | | 1 1 | |
| 17 | Investment income percentage for 201 | | | line 13, column (f | ·)) | 17 | |
| 18 | Investment income percentage from 2 | • | | | •• | 18 | |
| | 331/3% support tests—2018. If the | | • | on line 14, and lin | ne 15 is more than | | ne 17 is not |
| | | | | | | | ► □ |
| | more than 33 1/3%, check this box and s 33 1/3% support tests—2017. If the | | | | | | |
| b | · · · · · · · · · · · · · · · · · · · | - | | | • | | _ |
| | not more than 33 1/3%, check this box | and stop here. | The organization | qualifies as a publ | icly supported org | anızatıon | ▶⊔_ |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 1 | .9a, or 19b, check | this box and see | instructions | ▶ □ |

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

| ocne | edule A (Form 990 or 990-EZ) 2018 | | F | Page 5 |
|------|---|-------------|---------|-------------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | | | |
| | governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| C | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI | 11 c | | |
| S | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | 2 | | |
| | organization | - | | |
| S | ection C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of | | | |
| | each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | |
| | | | | <u> </u> |
| | ection D. All Type III Supporting Organizations | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | 103 | |
| | | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | | | |
| | | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | 3 | | |
| S | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction) | ons) | | |
| | The organization satisfied the Activities Test Complete line 2 below | • | | |
| | b | | | |
| | | | _L \ | |
| | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see | mstru | ctions) | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | 2a | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 21: | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | 2b | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of | 3a | | |
| | the supported organizations? <i>Provide details in Part VI</i> . b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its | | | |
| | supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard | 3h | | |

| Sched | ule A (Form 990 or 990-EZ) 2018 | | | Page 6 |
|-------|--|------------|---------------------------|--------------------------------|
| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting O | rgani | izations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. | | | |
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1 b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally-instructions) | ntegrat | ed Type III supporting or | ganızatıon (see |

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

See instructions

6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014.

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

Software ID: 18007995
Software Version: v1.00

EIN: 04-2111203

Name: TRUSTEES OF CLARK UNIVERSITY

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Instructions)

Facts And Circumstances Test

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493069010070

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

| | Section 501(c) (other than section 5 Section 527 organizations Complete | 01(c)(3)) organizations Complete Parts | I-A and C below | Do not complete Part I-B | |
|------|---|--|-----------------------|-----------------------------|--|
| | | e Part i-A only n Form 990, Part IV, Line 4, or Form 99 | 90-EZ. Part VI. lın | e 47 (Lobbyina Activitie | es), then |
| • | Section 501(c)(3) organizations that | have filed Form 5768 (election under se | ection 501(h)) Co | mplete Part II-A Do not o | complete Part II-B |
| | | have NOT filed Form 5768 (election un | | | |
| | e organization answered "Yes" or xy Tax) (see separate instructions | n Form 990, Part IV, Line 5 (Proxy Tax | () (see separate ii | istructions) or Form 99 | 0-EZ, Part V, line 35c |
| | Section 501(c)(4), (5), or (6) organiz | | | | |
| | me of the organization | · | | Employer ide | entification number |
| TRU | JSTEES OF CLARK UNIVERSITY | | | 04-2111203 | |
| Par | rt I-A Complete if the organ | nization is exempt under sectio | n 501(c) or is | | nization. |
| 1 | Provide a description of the organ "political campaign activities") | ization's direct and indirect political cam | npaign activities in | Part IV (see instructions | for definition of |
| 2 | Political campaign activity expend | itures (see instructions) | | > | \$ |
| 3 | Volunteer hours for political camp | aign activities (see instructions) | | | |
| Par | rt I-B Complete if the organ | nization is exempt under sectio | n 501(c)(3). | | |
| 1 | Enter the amount of any excise ta | x incurred by the organization under se | ction 4955 | > | \$ |
| 2 | Enter the amount of any excise ta | x incurred by organization managers ur | nder section 4955 | > | \$ |
| 3 | If the organization incurred a sect | ion 4955 tax, did it file Form 4720 for t | hıs year [?] | | ☐ Yes ☐ No |
| 4a | Was a correction made? | | | | ☐ Yes ☐ No |
| b | | | | | |
| Par | rt I-C Complete if the organ | nization is exempt under sectio | n 501(c), exce | pt section 501(c)(3 | 3). |
| 1 | Enter the amount directly expende | ed by the filing organization for section | 527 exempt funct | on activities | \$ |
| 2 | Enter the amount of the filing organization activities | anızatıon's funds contributed to other or | rganızatıons for se | ction 527 exempt | \$ |
| 3 | Total exempt function expenditure | es Add lines 1 and 2 Enter here and on | Form 1120-POL, | line 17b ► | \$ |
| 4 | Did the filing organization file For | m 1120-POL for this year? | | | ☐ Yes ☐ No |
| 5 | organization made payments For | employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere | ount paid from the | filing organization's fund | s Also enter the amount |
| | fund or a political action committe | ee (PAC) If additional space is needed, | provide informatio | n in Part IV | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | (, | (=, | (-, | filing organization's | contributions received |
| | | | | funds If none, enter -0- | and promptly and directly delivered to a |
| | | | | -0- | separate political |
| | | | | | organization If none, |
| | | | | | enter -0- |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 1 | | | | | |
| 5 | | | | | |
| _ | | | | | |
| 5 | | | | | |
| or F | Paperwork Reduction Act Notice, see t | he instructions for Form 990 or 990-EZ. | Cat | No 50084S Schedule C | (Form 990 or 990-EZ) 2018 |

Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2018 activity

1

5

Part IV

Return Reference

Schedule C, Part II-B, Line 1

(b)

Amount

(a)

No

Yes

5

including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Nο Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Yes Media advertisements? Nο Mailings to members, legislators, or the public? Nο Nο Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Nο Direct contact with legislators, their staffs, government officials, or a legislative body? Yes 16,741 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Nο Nο Other activities? Total Add lines 1c through 1i 16.741 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Nο b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year b Carryover from last year 2b 2c С Total 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

There were no paid lobbyists for FY19 A small portion of the President's and VP of Community and

Government Relations' time is spent meeting with and calling government officials

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

Open to Public

DLN: 93493069010070 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** TRUSTEES OF CLARK UNIVERSITY 04-2111203 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, 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" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2018

| Sched | lule D | (Form 990) 2018 | | | | | | | | | | | Page 2 |
|--------------|------------------|--|--|---------------|-----------|-----------|----------|-----------|------------|----------------|----------------|------------|---------------|
| Part | 111 | Organizations M | aintaining Collections o | of Art, His | storic | al Tre | easur | es, or | Other : | Similar Ass | ets (conti | nued) | |
| 3 | | the organization's acq (check all that apply) | uisition, accession, and other | r records, c | heck ar | ny of th | ne follo | owing th | at are a | sıgnıfıcant us | e of its coll | ection | |
| а | ✓ | Public exhibition | | | d | | Loan o | r excha | nge prog | rams | | | |
| b | ✓ | Scholarly research | | | e | | Other | | | | | | |
| c | ✓ | Preservation for future | e generations | | | | | | | | | | |
| 4 | Provid Part X | | organization's collections and | d explain ho | ow they | furthe | er the o | organiza | ation's ex | empt purpose | e in | | |
| 5 | | | anızatıon solicit or receive do nds rather than to be maintai | | | | | | | | ☐ Yes | ✓ N | o |
| Par | t IV | | odial Arrangements. ganızatıon answered "Yes | " on Form | n 990, | Part I | V, line | e 9, or | reporte | d an amoun | t on Form | n 990, | Part |
| 1a | | e organization an agent led on Form 990, Part : | :, trustee, custodian or other X? | ıntermedia | ry for c | ontribu | utions | or othe | r assets r | | ☐ Yes | □ N | o |
| b | If "Ye | es," explain the arrange | ement in Part XIII and comple | ete the follo | owing ta | able | | Γ | | Am | ount | | _ |
| С | | ning balance | · | | - | | | | 1c | | | | _ |
| d | Addıtı | ions during the year | | | | | | | 1d | | | | _ |
| e | Distri | butions during the year | r | | | | | | 1e | | | | |
| f | Endın | g balance | | | | | | | 1f | | | | |
| 2a | Did th | ne organization include | an amount on Form 990, Pa | rt X, line 21 | 1, for es | scrow o | or cust | todial ac | count lia | bility? | Yes | □м | 0 |
| b | | _ | ement in Part XIII Check her | | | | | | | | _ | | |
| | tν | | ds. Complete if the organ | • | | | | | | | | | |
| | | | (a)Currer | | (b)Prio | | | | | (d)Three years | | our year | rs back |
| 1a E | Beginn | ing of year balance . | 436 | 5,869,340 | 40 | 8,808,1 | 150 | 369 | 9,079,796 | 403,72 | 22,250 | 392, | 092,388 |
| b (| Contrib | outions | 1 | .,370,351 | | 9,430,1 | 109 | 7 | 7,800,049 | 3,56 | 50,695 | 2, | 129,236 |
| c l | Net inv | estment earnings, gair | ns, and losses | -336,747 | 3 | 87,823,7 | 793 | 50 | ,318,626 | -21,05 | 59,146 | 25, | 113,524 |
| d (| Grants | or scholarships | . 6 | 5,470,808 | | 5,956,7 | 784 | , | 5,685,496 | 5,21 | 10,579 | 4, | 713,627 |
| | | expenditures for facilition | | .,837,913 | 1 | 1,327,9 | 979 | 10 |),871,985 | 10,22 | 21,964 | 9, | 339,994 |
| f / | Admını | strative expenses . | | 2,022,648 | | 1,907,9 | 948 | 1 | 1,832,839 | 1,71 | 1,460 | 1, | 559,277 |
| g E | End of | year balance | 417 | 7,571,575 | 43 | 36,869,3 | 341 | 408 | 3,808,151 | 369,07 | 79,796 | 403, | 722,250 |
| 2 a | | de the estimated perce I designated or quasi-e | ntage of the current year end | d balance (I | lıne 1g, | colum | ın (a)) | held as | | | | | |
| b | Perma | anent endowment 🟲 | 34 % | | | | | | | | | | |
| С | Temp | orarily restricted endo | wment ▶ 51 % | | | | | | | | | | |
| | The p | ercentages on lines 2a | , 2b, and 2c should equal 10° | 0% | | | | | | | | | |
| 3a | | nere endowment funds nization by | not in the possession of the | organizatio | n that a | are hel | d and | adminis | tered for | the | | Yes | No |
| | - | related organizations | | | | | | | | | 3a(i) | Yes | No |
| | | elated organizations | | | · . · . | | | | | | 3a(ii) | | No |
| b | | • | lated organizations listed as | required on | Sched | ule R? | | | | | 3b | | |
| 4 | Descr | ribe in Part XIII the inte | ended uses of the organization | n's endown | ment fu | nds | | | | | | | |
| Par | t VI | Land, Buildings, | | | | | | | | | | | |
| | | | ganization answered "Yes | | | | | | | | | | |
| | Descri | ption of property | (a) Cost or other basis (investment) | (b) Cost or | otner b | asıs (oti | ner) | (C) Accu | mulated d | epreciation | (a) B | ook valu | |
| 1 a l | and | | 17,017,437 | | | | 0 | | | | | 17 | 7,017,437 |
| b E | 3uıldın | gs | 204,744,269 | | | | 0 | | | 120,494,624 | | 84 | 1,249,645 |
| c l | _easeh | old improvements | 1,424,498 | | | | 0 | | | 1,238,662 | | | 185,836 |
| 4 6 | -auinm | nent | 13.564.710 | | | | 0 | | | 6.897.259 | | F | 5.667.451 |

1,330,244

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

1,330,244

109,450,613

| | See Form 990, Part X, line 12. | · · · · · · · · · · · · · · · · · · · | d "Yes" on Form 990, Part IV, line 11b. |
|--|--|---------------------------------------|---|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| L) Financial 2) Closely-h | derivatives | 0 | |
| 3) Other | ips/alternative investments | 349,162,805 | F |
| 3) Other | | 325,371 | F |
| () | | | |
|)) | | | |
| ≣) | | | |
| =) | | | |
| G) | | | |
| ⊣) | | | |
| otal. (Column Part VIII | (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. | 349,488,176 | |
| | Complete if the organization answered 'Yes' on F | | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |
| 6) | | | |
| 7) | | | |
| 8) | | | |
| 9) | | | |
| | (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered | Yes' on Form 990, Part IV | , line 11d See Form 990, Part X, line 15 |
| 1) | (a) Description | n | (b) Book va |
| | | | |
| 7 1 | | | |
| | | | |
| 3) | | | |
| 3) | | | |
| 3) 4) 5) | | | |
| 3) 4) 5) | | | |
| 3) 4) 5) 6) | | | |
| 3) 4) 5) 5) 7) | | | |
| 3) 4) 5) 6) 7) 8) | nn (b) must equal Form 990. Part X. col (B) line 15) | | |
| 3) 4) 5) 6) 7) 8) 9) Fotal. (Column | onn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a | | ▶ 990, Part IV, line 11e or 11f. |
| 3) 4) 5) 6) 7) 8) 9) Fotal. (Column | | | 990, Part IV, line 11e or 11f. |
| Part X | Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability | answered 'Yes' on Form S | 990, Part IV, line 11e or 11f. |
| 3) 4) 5) 6) 7) 8) 9) 6otal. (Colum Part X . 1) Federal in | Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability | answered 'Yes' on Form S | 990, Part IV, line 11e or 11f. |
| 3) 4) 5) 6) 7) 8) 9) Fotal. (Colum Part X 1) Federal in See Additional | Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability acome taxes | answered 'Yes' on Form S | 990, Part IV, line 11e or 11f. |
| 3) 4) 5) 6) 7) 8) 9) 6otal. (Colum Part X . 1) Federal in ee Additiona 2) 3) | Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability acome taxes | answered 'Yes' on Form S | 990, Part IV, line 11e or 11f. |
| 3) 4) 5) 6) 7) 8) 6otal. (Colum Part X . 1) Federal in ee Additiona 2) 3) | Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability acome taxes | answered 'Yes' on Form S | 990, Part IV, line 11e or 11f. |
| 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal in see Additional 2) 3) 4) | Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability acome taxes | answered 'Yes' on Form S | 990, Part IV, line 11e or 11f. |
| 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal in see Additional 2) 3) 4) | Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability acome taxes | answered 'Yes' on Form S | 990, Part IV, line 11e or 11f. |
| 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal in see Additional 2) 3) 4) 5) | Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability acome taxes | answered 'Yes' on Form S | 990, Part IV, line 11e or 11f. |
| 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal in See Additional 2) 3) 4) 5) 6) 7) | Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability acome taxes | answered 'Yes' on Form S | 990, Part IV, line 11e or 11f. |
| 3) 4) 5) 6) 7) 8) 9) Fotal. (Colum Part X 1) Federal in | Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability acome taxes | answered 'Yes' on Form S | 990, Part IV, line 11e or 11f. |

Part XI

2

b

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2018

Page 4

-72,907,125

173,473,413

1,065,298

174,538,711

114,726,383

d e 3

b

4

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines **4a** and **4b**

Part XII

c 5

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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, line 2, Part

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4b

2a

2b

2c

2d

4a

2b

2c

2d

4a

4b

Explanation

2a

248,428

1,402,179

66,280,710

-5,944,597

-66.962.528

1,402,179

-336,881

2e

3

4c

2e

3

4c

5

248,428 114,477,955 67,682,889 182.160.844

Schedule D (Form 990) 2018

| Schedule D (Form 990) 2018 | Page 5 |
|-----------------------------|--------------------|
| Part XIII Supplemental Info | mation (continued) |
| Return Reference | Explanation |
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| | |

Schedule D (Form 990) 2018

Additional Data

Interest rate swap liability

China tax liability

| | | IVERSITY |
|---|----------------|----------|
| Form 990, Schedule D, Part X, - Other Liabilities | | |
| 1 (a) Description of Liability | (b) Book Value | |
| Annuities payable | 6,292,400 | |
| Perkins federal liability contra | 5,422,048 | |
| Conditional Asset Retirement Obligation | 1,065,931 | |
| PILOT liability | 934,174 | |
| Ed Health Self Insured IBNR | 312,000 | |
| Deferred compensation - President | 250,000 | |
| Capital lease obligation | 203,577 | |
| Custodial funds | 197,942 | |
| | | |

193,769

154,795

| 1 | (a) Description of Liability | (b) Book Value |
|--------------------------|------------------------------|----------------|
| FIN 48 liability | | 89,495 |
| Student health insurance | | 86,215 |
| Cash card liability | | 44,373 |

9,970

1,408

Form 990, Schedule D, Part X, - Other Liabilities

Student travel insurance

Misc tax liabilities and other

| pplemental Information | |
|----------------------------|---|
| Return Reference | Explanation |
| hedule D, Part III, Line 1 | The University houses certain collections of works of art, literary works and artifacts T hese collections are protected and preserved for public exhibition, education, research, a nd the furtherance of public service. They are neither disposed of for financial gain nor encumbered in any manner. Accordingly, these collections are not recorded or capitalized for financial statement purposes. |

| upplemental Information | |
|------------------------------|--|
| Return Reference | Explanation |
| Schedule D, Part III, Line 4 | Clark University has art and book collections that are used by students and faculty to enh ance curriculum. On occasion, these works have been accessed for scholarly research |

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| Supplemental Information | |
|----------------------------|--|
| Return Reference | Explanation |
| Schedule D, Part V, Line 4 | The University has adopted an endowment investment philosophy, which combined with the spe nding rate, attempts to provide a predictable stream of returns thereby making funds avail able to programs that are supported by its endowment, while at the same time seeking to ma intain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity or for donor-spec ified periods, as well as, board-designated funds. Under the University's Investment Polic y and spending rate, both of which are approved by the Board of Trustees, the endowment as sets are invested in a manner that is intended to produce an inflation-adjusted return in excess of the spending rate over a long period of time. The use of the distribution is for mission related activities including student scholarships, library acquisitions, research, academic support, student loans, and instruction |

| Supplemental Information | |
|----------------------------|--|
| Return Reference | Explanation |
| Schedule D, Part X, Line 2 | The University is required to assess uncertain tax positions and has determined that there were no such positions that are material to the consolidated financial statements |

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| Supplemental Information | |
|------------------------------|--|
| Return Reference | Explanation |
| Schedule D, Part XI, Line 2d | Reclass tuition remissions from contra revenue, -\$66,632,182 Reclass student loan program revenue, \$227,490 Reclass student loan program expenses, -\$187,773 Change in value of p ost-retirement health obligation in non-operating activity, -\$45,112 Settlement gain in po st-retirement health insurance liability, \$624,128 Change in value of the interest rate s wap, -\$558,099 Change in value of split interest and beneficial interest in outside trust , \$29,465 Change in annuity and unitrust obligation, -\$331,992 Reclass non-operating write-off to expense, -\$11,000 Endowment expense-other, -\$77,453 |

| oplemental Information | |
|----------------------------|---|
| Return Reference | Explanation |
| nedule D, Part XI, Line 4b | Reclass of rental property expense to revenue, -\$336,881 |

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| Supplemental Information | |
|--------------------------|--|
| Return Reference | Explanation |
| | Reclass non-operating write-off to expense, -\$11,000 Endowment expense-other, -\$77,453 R eclass of rental property expense to revenue, \$336,881 |

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| Supplemental Information | |
|-------------------------------|--|
| Return Reference | Explanation |
| Schedule D, Part XII, Line 4b | Reclass tuition reductions from contra-revenue to expense, \$66,439,782 Reclass aid for au xiliary from contra-revenue to expense, \$192,400 Elimination of related party activity from consolidated statement, -\$351,472 |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493069010070 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** TRUSTEES OF CLARK UNIVERSITY 04-2111203 Part I YES NO 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? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e No f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

| Schedule E (Form 990 or 990EZ) (2018) Page 2 | | |
|---|--|--|
| Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions) | | |
| Return Reference | Explanation | |
| Schedule E, Part I, Line 3 | Policy is printed in student handbooks, is available on the school website, and is referenced in all print media. The University also publicizes its non-discriminatory policy in all faculty and staff job ads. | |
| Schedule E, Part I, Line 6 | To provide financial assistance to our students, the University participates in the Title IV program for Campus Work Study, Supplemental Education Opportunity Grants and the Perkins Loan program | |

Schedule E (Form 990 or 990-EZ) (2018)

| efile GRAPHIC print | - DO NOT F | As Filed Data | s Filed Data - DLN | | | | |
|--|----------------|---|--|--|----------------|---|--|
| SCHEDULE F (Form 990) | | ment of | nt of Activities Outside the United S | | | | OMB No 1545-0047 |
| (1 01111 990) | ► Compl | lete if the organization answered "Yes" to Form 990, Part IV, line 14b, : | | | | 5, or 16. | 2018 |
| | _ | C- t | | to Form 990. | . | | Open to Public |
| Department of the Treasury | • | Go to www.irs | .gov/ rorm990 for 1 | nstructions and the latest ir | normation | 1. | Inspection |
| Internal Revenue Service Name of the organization | | | | | Т | Employer iden | ntification number |
| TRUSTEES OF CLARK UNI | /ERSITY | | | | | | |
| Part I General In | eformation. | am Achivitia | a Outside the I | Jnited States. Comple | to if the | 04-2111203 | promoted "Vas" to |
| | Part IV, line | | s Outside the t | onited States. Comple | ite ii tile | organization a | inswered tes to |
| 1 For grantmakers | Does the or | ganization ma | aintain records to | substantiate the amount | of its ar | ants and | |
| | | | | stance, and the selection | | | |
| to award the grant | s or assistant | ce? | | | | | ☑ Yes 🗌 N |
| 2 For grantmakers outside the United | | Part V the org | ganization's proce | dures for monitoring the | use of it | s grants and otl | her assistance |
| 3 Activites per Region | (The followin | g Part I, line 3 | table can be dupli | cated if additional space is | needed |) | |
| (a) Region | | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | program spe | vity listed in (d) is a service, describe ecific type of ce(s) in region | (f) Total expenditures for and investments in region |
| See Add'l Data | | | | - | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 3a Sub-total b Total from continuati Part I | on sheets to | | | | | | |
| | L | | 0 16 | | | | 5,144,4 |

Page 2

Schedule F (Form 990) 2018

| | and EIN (If | | | | disbursement | assistance | assistance | (book, FMV, |
|-----|-------------|---------------------|----------|-------|---------------|------------|------------|------------------|
| | applicable) | | | | | | | appraisal, other |
| | | Central America and | Research | 6,000 | wire transfer | 0 | | |
| | | the Caribbean | | | | | | |
| i l | | | | | | | | 1 |

East Asia and the Research 27,038 wire transfer Pacific

South America Research 11,834 wire transfer

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

Schedule F (Form 990) 2018

Page **3** 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

| Type of grant or assistance | (b) Region | (c) Number of | (d) Amount of | (e) Manner of cash | (f) Amount of | (g) Description | (h) Method of |
|-----------------------------|------------|---------------|---------------|--------------------|------------------------|---------------------------|---|
| ,, - | | recipients | cash grant | disbursement | non-cash assistance | of non-cash assistance | valuation (book, FMV, appraisal, other) |
| See Add'l Data | | | | | | | |
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| Sche | dule F (Form 990) 2018 | | Page 4 |
|------|---|--------------|---------------|
| Par | t IV Foreign Forms | | |
| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | ✓ Yes | □No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) | □Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471) | ☐Yes | ☑ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | ✓ Yes | □No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | ✓ Yes | □No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990) | ☐Yes | ☑ No |

Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;

amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting

Schedule F (Form 990) 2018

method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions). nt of CFDA title and number, award name and number, award year, and name of Federal agency If any of this information is not available, the passthrough entity shall provide the b est information available to describe the Federal award. The subrecipient is advised of re quirements imposed by

Page 5

governing laws, regulations, and provisions of contracts or grant ag reements and supplemental reguirements imposed by the pass-through entity The subrecipien t's activities are monitored to ensure awards are used for authorized purposes in complian ce with laws, regulations, and the provisions of contracts or grant agreements and perform ance goals are achieved. Assurance is ascertained that any subrecipient expending \$750,000 or more in Federal awards during the subrecipient's fiscal year must meet the audit regul rements of Uniform Grant Guidance (formerly OMB A-133) A management decision on audit fin dings must be issued within six months after receipt of the subrecipient's audit report an diensure that the subrecipient takes appropriate and timely corrective action. A determination is made as to whether subrecipient audits necessitate adjustment of the

pass-through entity's own records. Each subrecipient is required to permit the pass-through entity and auditors to have access to the records and financial statements as necessary for the pass- through entity to comply with this part POST-AWARD SUBRECIPIENT MONITORING The Principal Investigator (PI) or Program Director (PD) is responsible for monitoring the activities. The subrecipient should submit progress reports, technical reports and other deliverables to the PI/PD by specified due dates. The PI/PD is responsible for forwarding copies of the subrecipient's report(s) to the Office of Sponsored Programs and Research (OSPR) Subrecipient invoices submitted to the university must contain the following information invoice on subcontractor's letterhead, date of invoice, invoice number, period of performance coviered by the invoice, itemized description of services and backup documentation, current pe riod costs including cost sharing, cumulative project costs and subrecipient contact perso n with respect to invoice Invoice must be signed by an authorized official of the subcont ractor and must contain a certification that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the application and award documents. The PI/PD is responsible for reviewing and

approving invoices from subrecipient(s) for adherence to the budget and submitting invoices for payment in Smart Buy Plus Grant Acc ounting will review the subrecipient's invoice(s) for the following period of performance is within the contract period, appropriate invoice format and level of detail, signature by authorized subrecipient representatives, evidence of cost sharing, if applicable, and a vailability of funding. Grant Accounting is responsible for ensuring that subrecipients that expend \$750,000 or more of Federal funds each fiscal year submit an Audit Certification Letter along with a copy of subrecipient's audited financial statements. The following is required to close out a subrecipient award, receipt of final invoice, receipt of cost sha re documentation, if applicable, time and effort certifications, final progress and technical reports, annual audit certification letter. Grant

Accounting is responsible for tracking payments made to individuals or organizations and where payments are sent when outside of the US as required by the Schedules F and I - Form 990 EDUCATIONAL ASSISTANCE Educati onal assistance is awarded based on financial need and merit

Need based assistance is awa rded after review of the student's FAFSA, tax return information, W-2 statements, and other relevant financial documents. Students are required to maintain satisfactory academic priogress in order to continue to be eligible for need based assistance. Students' Grade Point Averages and earned units are reviewed each academic year to ensure satisfactory academic progress is achieved. Merit based educational assistance is awarded to students via Committee. Students who are awarded merit based assistance are required to maintain satisfacto.

ry academic progress in accordance with the terms of the assistance received. Need and mer it based educational assistance are funded directly to the student's accounts receivable balance to offset tuition, fees, and room and board. Any resulting refunds are issued to the student. Students are granted research awards by their academic departments and work with faculty advisors who monitor the research performed by the student

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Schedule F, Part | All instances in which Clark was a direct or indirect shareholder of a passive foreign investment company occurred through |
| IV, Line 4 | participation in limited partnerships. Forms 8621 were filed at the partnership level. No filings were required of Clark |

990 Schedule F, Supplemental Information

Return

| Reference | · |
|------------|--|
| IV, Line 5 | All instances in which Clark had an ownership interest in a foreign partnership occurred through its participation in limited partnerships. In four cases, Clark was required to file forms 8865. In all other cases, the partnership filed or the participation was below reporting thresholds. |

Explanation

Additional Data

Central America and the

East Asia and the Pacific

Carıbbean

Software ID: 18007995 Software Version: v1.00

EIN: 04-2111203

region)

Name: TRUSTEES OF CLARK UNIVERSITY

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of | (c) Number of | (d) Activities conducted | (e) If activity listed in (d) | (f) Tota |
|------------|----------------|---------------|----------------------------|-------------------------------|----------|
| | offices in the | employees or | ın region (by type) (ı e , | is a program service, | f |
| l l | region | agents in | fundraising, program | describe specific type of | |
| | | region | services, grants to | service(s) in region | |
| | | | recipients located in the | | |

0 Grantmaking

0 Grantmaking

tal expenditures for region

61,840

12,344

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (including Iceland and 124,126 0 |Grantmaking Greenland) 0 Grantmaking 10.271 North America (including Canada and Mexico, but not the United States)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America 0 |Grantmaking 24,584 Sub-Saharan Africa 2 Grantmaking 31,688

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the Conferences 3.925 0 Program Services Carıbbean 14,552 East Asia and the Pacific 0 Program Services Conferences

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (including Iceland and Conferences 85,604 0 Program Services Greenland) Middle East and North Africa 1,563 0 Program Services Conferences

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (ı e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) North America (including 0 | Program Services Conferences 17,360 Canada and Mexico, but not the United States) South America 0 Program Services Conferences 117,492

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South Asia Conferences 552 0 Program Services Conferences Sub-Saharan Africa 0 Program Services 4,145

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the 911 0 Program Services Instruction Carıbbean 946,012 East Asia and the Pacific 0 Program Services Instruction

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (including Iceland and 3 Program Services 847,703 Instruction Greenland) Middle East and North Africa 3 Program Services 8,613 Instruction

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 2.844 Russia and the newly 0 Program Services Instruction Independent States South Asia 35.964 2 Program Services Instruction

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (including Iceland and 0 Program Services Professional Development 4.858 Greenland) Central America and the Program Development 539 0 Program Services Carıbbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific 151.518 0 Program Services Program Development Europe (including Iceland and 4 Program Services Program Development 44,369 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (ı e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Middle Fast and North Africa Program Development 4.288 0 Program Services 1,912 North America (including 0 Program Services Program Development Canada and Mexico, but not the United States)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) 3,300 Russia and the newly 0 Program Services Program Development Independent States South America 8,203 0 Program Services Program Development

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Sub-Saharan Africa 4.013 1 Program Services Program Development East Asia and the Pacific 1 Program Services Student Recruitment 163,326

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region services, grants to service(s) in region region recipients located in the region) Europe (including Iceland and Student Recruitment 9.012 0 Program Services Greenland) Middle East and North Africa 4.072 0 Program Services Student Recruitment

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (ı e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) North America (including 0 | Program Services Student Recruitment 208 Canada and Mexico, but not the United States) South America 0 Program Services Student Recruitment 10,061

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America Student Recruitment 98.115 0 Program Services Sub-Saharan Africa 0 Program Services Student Recruitment 2,965

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (d) Activities conducted (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region region recipients located in the region) Central America and the 2.281.586 0 linvestments Carıbbean

(a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of disbursement or assistance cash grant non-cash non-cash valuation (book. FMV, appraisal, recipients assistance assistance other) 18 61.828 Electronic funds Research grants Europe ltransfer l(ıncludına

(including Iceland and Greenland)

Research grants Middle Fast and 3 41,182 Electronic funds 0

transfer

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (g) Description of assistance of cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Research grants 596 Electronic funds North America transfer (including Canada and Mexico, but not the United (States Research grants 10.000 Electronic funds South Asia transfer

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Research grants 43,395 |Electronic funds Sub-Saharan ltransfer Africa Scholarship 6,344 Electronic funds Central America ltransfer land the Carıbbean

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance of cash grant disbursement non-cash non-cash valuation (book, FMV, appraisal, recipients assistance assistance other) Scholarships 27,278 Check and East Asia and Electronic funds Ithe Pacific ltransfer 29 99.695 Check and Scholarships Europe Electronic funds (including ltransfer Iceland and (Greenland

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of (b) Region assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Scholarships 3,000 | Check Sub-Saharan Africa

DLN: 93493069010070 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number TRUSTEES OF CLARK UNIVERSITY 04-2111203 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) Undergraduate scholarships | 2027 | 47,448,371 | 0 | | |
| (2) Graduate scholarships | 1 | 12,000 | 0 | | |
| (3) Graduate remissions | 693 | 17,948,392 | 0 | | |
| (4) Undergraduate remissions | 145 | 1,086,953 | 0 | | |
| (5) Graduate awards | 230 | 543,145 | 0 | | |
| (6) Undergraduate awards | 332 | 701,183 | 0 | | |
| (6) | | | | | |
| (7) | | | | | |

| (5) Graduate awards | 250 | 575,175 | 0 | | |
|----------------------------------|------------------|-------------------------|-------------------------|---------------------------|------------------------|
| (6) Undergraduate awards | 332 | 701,183 | 0 | | |
| (6) | | | | | |
| (7) | | | | | |
| Part IV Supplemental Information | n Provide the in | formation required in I | Part I line 2: Part III | column (h): and any other | additional information |

| (5) Graduate awards | | 230 | 543,145 | U | | |
|----------------------------|--|--|--|---|---|--|
| (6) Undergraduate awards | | 332 | 701,183 | 0 | | |
| (6) | | | | | | |
| (7) | | | | | | |
| Part IV Supplemental | Information | on. Provide the in | nformation required in | Part I, line 2; Part III, | column (b); and any other | additional information. |
| Return Reference | Explanation | on | | | | |
| Schedule I, Part I, Line 2 | and name of award. The requiremen laws, regula \$750,000 of management appropriate Each subrecentity to conform the description invoice. Invoice Invoice Invoice Invoice in the description invoice following pevidence of Federal funda subrecipied a subrecipied as | of Federal agency If subrecipient is advited in subrecipient is advited in subrecipient is advited in subrecipient is required to make the subrecipient is required to subrecipient should be subrecipied and be subrecipied and be subrecipied and be subrecipied in subrecipient should be subrecipied and be subrecipied and subrecipient should be subrecipied and subrecipient subre | f any of this information is sed of requirements impolass-through entity. The silisions of contracts or granwards during the subreciping findings must be issued we action. A determination opermit the pass-through POST-AWARD SUBRECIPIUID submit progress reporticipient's report(s) to the Oon invoice on subcontract kup documentation, curred by an authorized official elements set forth in the allother is within the contract policible, and availability of submit an Audit Certification final invoice, receipt of contractions are provided by an authorized official elements and availability of submit an Audit Certification final invoice, receipt of contractions are provided by a submit an Audit Certification final invoice, receipt of contractions are provided by the student's the stud | seed by governing laws, rubrecipient's activities and tagreements and performent's fiscal year must me within six months after rendered as to whether sentity and auditors to hat IENT MONITORING. The tas, technical reports and office of Sponsored Program of the subcontractor and implication and award document on the period costs including of the subcontractor and implication and award document on Letter along with a cost share documentation on sible for tracking payment. The period costs including on the subcontractor and implication and award documentation on Letter along with a cost share documentation on sible for tracking payment. The period costs share documentation on sible for tracking payment. The period costs share documentation on sible for tracking payment. | through entity shall provide the legulations, and provisions of core monitored to ensure awards ai mance goals are achieved. Assured the audit requirements of Unceipt of the subrecipient's audit subrecipient audits necessitate a ave access to the records and fin Principal Investigator (PI) or Proof other deliverables to the PI/PD lams and Research (OSPR). Subravoice, invoice number, period ocost sharing, cumulative project must contain a certification that suments. The PI/PD is responsible in Smart Buy Plus. Grant Account format and level of detail, signated in the pilling is responsible for ensuring the py of subrecipient's audited finated, if applicable, time and effort contains made to individuals or organized. | e and number, award name and number, award year, best information available to describe the Federal ntracts or grant agreements and supplemental re used for authorized purposes in compliance with rance is ascertained that any subrecipient expending inform Grant Guidance (formerly OMB A-133). A report and ensure that the subrecipient takes idjustment of the pass-through entity's own records hancial statements as necessary for the pass-through orgram Director (PD) is responsible for monitoring the by specified due dates. The PI/PD is responsible for ecipient invoices submitted to the university must of performance covered by the invoice, itemized is costs and subrecipient contact person with respect to that all payments requested are for appropriate purposes let for reviewing and approving invoices from fining will review the subrecipient's invoice(s) for the lature by authorized subrecipient representatives, at subrecipients that expend \$750,000 or more of incial statements. The following is required to close out certifications, final progress and technical reports, anizations and where payments are sent when outside is awarded based on financial need and merit. Need their relevant financial documents. Students are required to Grade Point Averages and earned units are reviewed. |

each academic year to ensure satisfactory academic progress is achieved. Merit based educational assistance is awarded to students via Committee. Students who are awarded merit based assistance are required to maintain satisfactory academic progress in accordance with the terms of the assistance received. Need and merit based educational assistance are funded directly to the student's accounts receivable balance to offset tuition, fees, and room and board. Any resulting refunds are issued to the student. Students are granted research awards by their academic departments and work with faculty advisors who monitor the research performed by the student Schedule I (Form 990) 2018

Additional Data

(a) Name and address of

Ecotarium

222 Harrington Way Worcester, MA 01604 Princeton University

Princeton University Princeton, NJ 08544

Software ID: 18007995 **Software Version:** v1.00 **EIN:** 04-2111203 Name: TRUSTEES OF CLARK UNIVERSITY

(b) FIN

04-2105868

21-0634501

| Form 990.Schedule I, Part I | I, Grants and Other Assista | ance to Domestic Organ | nizations and Domestic G | overnments. |
|-----------------------------|-----------------------------|------------------------|--------------------------|-------------|

| (4) 4 444. 655 6. | (-) | (0) 1110 5000.011 | (a) / milounit of outline | (C) / mile and or mon | (1) | 1 |
|-------------------|-------|-------------------|---------------------------|-----------------------|------------------------|---|
| organization | | ıf applıcable | grant | cash | (book, FMV, appraisal, | ĺ |
| or government | | | | assistance | other) | ĺ |
| | | | | | | ĺ |

| organization | ıf applıcable | grant | cash | (book, FMV, appraisal, |
|---------------|---------------|-------|------------|------------------------|
| or government | | | assistance | other) |
| | | | | |
| | | | | |

501c3

501c3

(e) Amount of non- (f) Method of valuation (c) IRC section (d) Amount of cash

35,000

70,176



(h) Purpose of grant

(g) Description of

non-cash assistance

Research Research

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

| University of Connecticut 115 North Eagleville Road | 06-0772160 | 501c3 | 5,192 | 0 | | Resear |
|--|------------|-------|-------|---|--|--------|
| Storrs, CT 06269 | | | | | | |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Service Building Room 409 Durham, NH 03824

University of New Hampshire 02-6000937 501c3 33,658 Research

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance 65-0385507 501c3 8.248 Florida Atlantic University Research 777 Glades Road

Research

103,685

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Boca Raton, FL 33431 University of Arizona

University of Arizona Tucson, AZ 85721 74-2652689

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 54-6001802 501c3 22.168 Research

VA Institute Marine Science 1375 Greate Road Gloucester Point, VA 23062 University of Illinois 37-6000511 501c3 184.608 Research 420 NF Glen Oak Ave

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Number 401 Peoria, IL 61603

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Virginia Polytechnic Institute 54-6001805 501c3 57.328 Research and State University 300 Turner Street NW Blacksburg, VA 24061

Research

103.105

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

University of California Santa

Barbara UC Santa Barbara Santa Barbara, CA 93106 95-6006145

| efil | e GRAPHIC pr | int - DO NOT PROCESS | As Filed Data | a - | DLN: 934 | 9306 | 9010 | 070 |
|-------|---|---|-------------------------------|---|----------------------|------------|--------|------|
| Sch | edule J | Coi | mpensati | ion Information | OM | IB No | 1545-(| 0047 |
| (For | n 990) | For certain Officers | s, Directors, T | rustees, Key Employees, and High | est | | | |
| | | ► Complete if the orga | Compensa nization answ | ated Employees vered "Yes" on Form 990, Part IV, I | line 23. | 2(1 | 18 | ₹ |
| _ | | | ▶ Attach | to Form 990. | | | to Pul | |
| • | tment of the Treasury al Revenue Service | ► Go to <u>www.irs.gov</u> | <i>/ <u>FOFM1990</u> T</i> OF | instructions and the latest inform | ation. | | ectio | |
| | ne of the organiza | | | [[| mployer identificat | ion nu | ımber | |
| IKU | STEES OF CLARK UP | NIVERSITT | | | 04-2111203 | | | |
| Pa | rt I Questio | ons Regarding Compensati | on | | | | | |
| | | | | | | | Yes | No |
| 1a | | | | the following to or for a person listed y relevant information regarding these | | | | |
| | | or charter travel | $\overline{\mathbf{Z}}$ | Housing allowance or residence for pe | | | | |
| | _ | companions | | Payments for business use of persona | | | | |
| | | nification and gross-up payments | ⊻ | Health or social club dues or initiation | | | | |
| | ☐ Discretion | ary spending account | Ш | Personal services (e g , maid, chauffe | eur, cner) | | | |
| b | | kes in line 1a are checked, did the ill of the expenses described abov | | ollow a written policy regarding payme iplete Part III to explain | ent or reimbursement | 1 b | Yes | |
| 2 | | | | or allowing expenses incurred by all | 1-3 | 2 | Yes | |
| | directors, truste | es, officers, including the CEO/Ex | ecutive Director | r, regarding the items checked in line | ıa' | | | |
| 3 | | | | d to establish the compensation of the | • | | | |
| | _ | EO/Executive Director Check all t d organization to establish compe | | not check any boxes for methods CEO/Executive Director, but explain in | Part III | | | |
| | · | | | | | | | |
| | | ation committee ent compensation consultant | ✓ | Written employment contract Compensation survey or study | | | | |
| | | of other organizations | ▽ | Approval by the board or compensati | on committee | | | |
| | | - | _ | | | | | |
| 4 | During the year, related organiza | | 90, Part VII, Se | ction A, line 1a, with respect to the fili | ng organization or a | | | |
| а | _ | ance payment or change-of-contro | nl navment? | | | 4a | | No |
| ь | | r receive payment from, a suppler | | ified retirement plan? | | 4b | | No |
| c | • | r receive payment from, an equity | • | • | | 4c | | No |
| | If "Yes" to any o | of lines 4a-c, list the persons and p | provide the app | olicable amounts for each item in Part I | III | | | |
| | 0 | \ F04(-\/4\ F04(-\/20\ - | | and the same late lines E.O. | | | | |
| 5 | |), 501(c)(4), and 501(c)(29) o | _ | the organization pay or accrue any | | | | |
| , | | ontingent on the revenues of | | the organization pay or accrue any | | | | |
| а | The organization | 17 | | | | 5a | | No |
| b | Any related orga | anization? | | | | 5b | | No |
| | If "Yes," on line | 5a or 5b, describe in Part III | | | | | | |
| 6 | | ed on Form 990, Part VII, Section ontingent on the net earnings of | A, line 1a, did | the organization pay or accrue any | | | | |
| а | The organization | ۱۶ | | | | 6a | | No |
| b | Any related orga | | | | | 6b | | No |
| | • | 6a or 6b, describe in Part III | | | | | | |
| 7 | | ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes," | | the organization provide any nonfixed rt III | | 7 | Yes | |
| 8 | subject to the in | | | red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," des | scribe | | | |
| | ın Part III | | | | | 8 | | No |
| 9 | If "Yes" on line 8 53 4958-6(c)? | 3, did the organization also follow | the rebuttable | presumption procedure described in R | egulations section | 9 | | |
| For I | `` | ction Act Notice, see the Instr | uctions for Fo | orm 990 Cat No. 50 | 0053T Schedule 1 | | 990) | 2018 |

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. ch individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual | | | | | | ıvıdual | |
|--|--------------------------|-------------------------------------|---|--------------------------|-------------------------|------------|--|
| (A) Name and Title | (B) Breat | kdown of W-2 and/o compensation | | and other | (D) Nontaxable benefits | columns | Compensation in |
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | deferred compensation | | (B)(ı)-(D) | column (B) reported as deferred on prior Form 990 |
| See Additional Data Table | | | | | | | |
| | | | | | 1 | | |
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| Schedule J (Form 990) 2018 | Page 3 |
|--|--|
| Part III Supplemental Inform | nation |
| Provide the information, explanation, or | descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information |
| Return Reference | Explanation |
| Schedule 1 Part I | In FY15, the University entered into a deferred compensation agreement with President David Angel, Payment to President Angel is at the discretion of the Board of |

lwould be \$50k

Trustees and payable at the conclusion of six years from the date of the agreement. If the Board approves payment, the maximum amount attributable to FY19

| Return Reference | Explanation |
|------------------|--|
| | Jocelyne Bauduy, wife of President David Angel, travels on bona fide business trips in her position as Special Assistant to the President President David Angel is required to live in a house owned by the University The value of the house is estimated to be \$3,200 per month. No value was included in compensation. David Angel, Davis Baird and Jeff Gillooly have memberships at The Worcester Club for the purpose of University related entertaining. |

Sch

| Return Reference | Explanation |
|----------------------------|---|
| Schedule J, Part I, Line 3 | See Schedule O note for Part VI, Section B, Line 15 |

| Return Reference | Explanation |
|----------------------------|--|
| Schedule J, Part I, Line 7 | All bonuses listed in Schedule J are performance based |

Software ID: 18007995 **Software Version:** v1.00

EIN: 04-2111203

Name: TRUSTEES OF CLARK UNIVERSITY

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

| Form 990, Schedul | е J, | Part II - Officers, D | irectors, Trustees, K | ey Employees, and I | lignest Compensate | d Employees | | |
|--|------|-----------------------|---|---|--------------------------------|----------------|----------------------|---|
| (A) Name and Title | | | of W-2 and/or 1099-MISC compensation | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | column (B) reported as deferred on prior Form 990 |
| David Angel | (1) | 364,156 | 50,000 | 0 | 27,500 | 21,956 | 463,612 | 0 |
| Officer | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Katherine Cannon Officer | (1) | 142,202 | 0 | 0 | 14,155 | 1,449 | 157,806 | 0 |
| | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Julie Dolan Officer | (1) | 301,301 | 15,000 | 0 | 27,500 | 22,302 | 366,103 | 0 |
| | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| John Foley Officer | (1) | 170,846 | 0 | 0 | 16,652 | 293 | 187,791 | 0 |
| | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Yuko Aoyama Key Employee | (1) | 172,624 | 0 | 0 | 17,470 | 8,324 | 198,418 | 0 |
| | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Davis Baird Key Employee | (1) | 286,767 | 0 | 0 | 27,500 | 352 | 314,619 | 0 |
| | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Paula David Key Employee | (1) | 252,854 | o | 0 | 25,095 | 10,811 | 288,760 | 0 |
| | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jeffrey Hite Gillooly Key Employee | (1) | 306,745 | 0 | 0 | 27,500 | 19,407 | 353,652 | 0 |
| | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Matthew Malsky Key Employee | (1) | 150,297 | 0 | 0 | 14,940 | 196 | 165,433 | 0 |
| | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pennie Turgeon Key Employee | (1) | 195,451 | 0 | 0 | 19,523 | 47,179 | 262,153 | 0 |
| | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Frances Magee Key Employee | (1) | 171,001 | 0 | 0 | 17,774 | 17,797 | 206,572 | 0 |
| | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Edward Carr Director IDCE | (1) | 178,449 | 0 | 0 | 18,517 | 21,013 | 217,979 | 0 |
| | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ronald Eastman Director of Clark Labs | (1) | 211,378 | 0 | 0 | 21,818 | 22,751 | 255,947 | 0 |
| | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Priscilla Elsass Dean Graduate School of | (1) | 185,430 | 0 | 0 | 18,906 | 19,522 | 223,858 | 0 |
| Management | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Robert Johnston Director of Marsh Institute | (1) | 214,667 | 0 | 0 | 19,059 | 19,567 | 253,293 | 0 |
| & Prof | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jonathan Kappel Exec Director of Principal | (1) | 212,772 | 0 | 0 | 21,528 | 4,827 | 239,127 | 0 |
| Gıfts | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nancy Budwig Former Key Employee | (1) | 138,661 | 0 | 0 | 13,798 | 6,868 | 159,327 | 0 |
| - | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| James Collins Former Key Employee | (1) | 129,328 | 0 | 0 | 13,198 | 2,650 | 145,176 | 0 |
| | (11) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |

DLN: 93493069010070 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Open to Public Department of the Treasury Inspection Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number TRUSTEES OF CLARK UNIVERSITY 04-2111203 Part I **Bond Issues** (i) Pool (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (q) Defeased (h) On (e) Issue price behalf of financing ıssuer Yes No Yes No Yes No 50,255,000 | See Part VI Massachusetts Development 04-3431814 57583RUU7 04-07-2008 Χ Χ Χ Finance Agency Massachusetts Development 04-3431814 12-01-2011 20,098,799 | See Part VI Χ Х 57583UJY5 Χ Finance Agency 17,895,000 | See Part VI Massachusetts Development 04-3431814 PRIVATE00 10-01-2015 Χ Finance Agency Part ${
m I\hspace{-.1em}I}$ Proceeds C В D 15,115,000 6,220,000 2.670,000 2 1,016,137 3 50,334,445 20,099,208 17,895,000 5 6 7 273,558 253.048 152.148 8 78,412 9 10 5,616,353 3,025,805 11 14,229,806 14,717,047 12 13 2009 2013 2017 Yes No Yes No No Yes Yes No Were the bonds issued as part of a current refunding issue? Χ Χ Χ 14 Were the bonds issued as part of an advance refunding issue? Χ Χ 15 Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ **Private Business Use** Part III Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property 1 Χ Χ Χ Are there any lease arrangements that may result in private business use of bond-financed 2 Χ Χ Χ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E Schedule K (Form 990) 2018 Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Term of hedge

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government 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)

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Enter the percentage of financed property used in a private business use by entities other than

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

C

No

X

Χ

0 %

0 %

0 %

Χ

Yes

Х

Χ

No

Χ

Χ

Χ

Х

C

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Nο

Χ

Х

0 23 %

0 23 %

Х

0 %

В

Yes

Χ

Χ

Χ

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No

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3000 %

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Yes

Χ

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Barclay's

Yes

Χ

Χ

No

Χ

Χ

Χ

X

No

Х

Χ

0 %

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Х

Yes

Х

Х

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

04/07/2008 50,255,000 Massachusetts MDFA 2008 Rebate calculation performed 5/20/2019

Page 3

No

Nο

D

Yes

Yes

В

Nο

Explanation

No

Х

Χ

Х

Yes

Yes

No

No

Yes

Χ

Nο

Yes

No

Х

Х

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Yes

Х

Schedule K (Form 990) 2018

(GIC)?

period?

Part V

Part VI

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

Return Reference

Schedule K. Part IV. Line 2c-

Development Finance Agency

| Return Reference | Explanation |
|---|---|
| Schedule K, Part IV, Line 2c- 12/01/2011 20,098,799 Massachusetts Development Finance Agency | MDFA 2011 Rebate calculation performed 12/14/2018 |

| Return Reference | Explanation |
|---|--|
| Schedule K, Part IV, Line 2c- 10/01/2015 17,895,000 Massachusetts Development Finance Agency | MDFA 2015 Rebate calculation performed 9/11/2019 |

| Nala ad III I | C print - DO N | OT PROCES | S As | Filed Data - | | | | | DL | .N: 93 | 4930 | 6901 | 10070 |
|---|---|--|----------------------------------|--|--------------------------------|----------------------------|---|--------|--------------------|-----------------------|--------------|-----------------|--------------|
| chedule L Form 990 or 990 |)-EZ) ► Comple | ete if the org | anizatio | Ons with Ir | on Form 9 | 90, Part IV, li | nes 2 | 5a, 2 | 25b, 26 | 5, | 4B No | | |
| | | 27, 26a, | | tach to Form 99 | | | Юb. | | | | 2(|)13 | 8 |
| | | ⊳G o t | o <u>www.</u> | irs.gov/Form990 | for the late | st informatior | ٦. | | | | | | |
| epartment of the Tre ternal Revenue Serv | l l | | | | | | | | | L | pen) Insi | to PL Jectic | |
| Name of the org | | | | | | | Er | nploy | er ide | ntifica | | | |
| TRUSTEES OF CLAI | RK UNIVERSITY | | | | | | 04 | -211 | 1203 | | | | |
| Part I Exce | ss Benefit Tra | nsactions (| section 5 | 01(c)(3), section 5 | 501(c)(4), and | 501(c)(29) or | ganıza | ations | only) | | | | |
| | | | | on Form 990, Part | , | | | | | | 1.4 | \ C | |
| 1 (a |) Name of disqua | lified person | ۱, | b) Relationship be | rtween aisquai organization | lified person an | | ٠, | escript ansacti | | _ | es Corr | ected? No |
| | | | | | | | | | | | + ' | -3 | 110 |
| | | | | | | | | | | | | | |
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| Cor rep (a) Name of | Complete if the organization answered reported an amount on Form 990, Par | | red "Yes Part X, lı (d) Lo | (es" on Form 990-EZ, Part V, line 38a, or Form 990, line 5, 6, or 22 Loan to or from the organization? (e)Original principal amount due | | (g) | (g) In default? Approved b board or committee | | | (i)Written agreement? | | | |
| | | | 10 | From | | | 163 | No | Yes | No | 163 | | 10 |
| | | | | | | | | | | | | | |
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| otal | | | | • | \$ | | | | | | | | |
| | nts or Assista | nce Benefit | ing Int | terested Perso | · | | | | | | | | |
| P <mark>art III Gr</mark> a Con | nplete if the org | anızatıon an | swered | terested Persor "Yes" on Form 9 | ns. 990, Part IV, | 1 | | | | | | | |
| Part III Gra | nplete of the org | | swered betwee on and th | rerested Person "Yes" on Form 9 n (c) Amount 0 | ns. 990, Part IV, | line 27. (d) Type o | of assi | stanc | e | (e) Pu | rpose (| of assi | stance |
| P <mark>art III Gr</mark> a Con | nplete of the org | janization an b) Relationship terested perso | swered betwee on and th | rerested Person "Yes" on Form 9 n (c) Amount 0 | ns. 990, Part IV, | 1 | of assi | stanc | e | (e) Pu | rpose (| of assi | stance |
| P <mark>art III Gr</mark> a Con | nplete of the org | janization an b) Relationship terested perso | swered betwee on and th | rerested Person "Yes" on Form 9 n (c) Amount 0 | ns. 990, Part IV, | 1 | of assi | stanc | e | (e) Pu | rpose (| of assi | stance |
| | nplete of the org | janization an b) Relationship terested perso | swered betwee on and th | rerested Person "Yes" on Form 9 n (c) Amount 0 | ns. 990, Part IV, | 1 | of assi | stanc | e | (e) Pu | rpose o | of assi: | stance |

(3) Christopher Cannon

(4) Eric Epstein

(5) Jack Foley

Part V

(e) Sharing

organization's revenues? Yes

No

Nο

Nο

No

No

Page 2

| Complete if the organization a | nswered "Yes" on Forn | n 990, Part IV, line 28 | 8a, 28b, or 28c. |
|--------------------------------|-----------------------|-------------------------|--------------------------------|
| (a) Name of interested person | (b) Relationship | (c) Amount of | (d) Description of transaction |
| | between Interested | transaction | |

person and the

| | organization | | |
|---------------------|---------------------------------------|--------|--|
| | | | |
| (1) Jocelyne Bauduy | Employee is the wife of the President | · | Compensation for position of Special Assistant to the President's Office |
| (2) Alyssa Spencer | Employee is the | 38,254 | Compensation for the position of |

Vickie Riccardo

daughter of Trustee

K Cannon, Officer

Trustee and Director

Davidson Kempner

Employee is the son of

Officer of Clark, Trustee and Officer of Ionas Realty Corporation

Provide additional information for responses to questions on Schedule L (see instructions)

redemption of its interest in this partnership 182,000 Clark leases 939 Main Street from Nο Related Organization Jonas Realty Corp , of which Jack Foley is a Trustee The rental expense paid to Jonas Realty Corp in FY19 = \$182,000

Nο

Schedule L (Form 990 or 990-EZ) 2018

(6) Substantial contributor Substantial contributor, ownership interest in excess of 5% in Public Consulting Group for their employees One of Clark's substantial contributors has an ownership interest in excess of 5%

Supplemental Information

Return Reference

educational programs from Clark's Graduate School of Management

Explanation

in PCG

215,520 Public Consulting Group purchases

Assistant Director of Stewardship

managed by Davidson Kempner and paid management fees of approximately \$117,541 to the partnership As of July 24,2019, the University initiated a

48,599 Compensation for position of Mail

and Delivery Supervisor

117,541 Clark has an investment in funds

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493069010070 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number TRUSTEES OF CLARK UNIVERSITY 04-2111203 Part I Types of Property (b) (a) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Х 0 n/a Art—Historical treasures 3 Art—Fractional interests Χ 0ln/a 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 2,338,670 market value 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 . Real estate—Residential . Real estate—Commercial . 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 ▶ (_____ Other ▶ (______) 26 27 Other ▶ (______) 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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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 30a Nο b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

| Schedule M (Form 990) (2018) | Page 2 | | | | |
|--|---|--|--|--|--|
| Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete | | | | | |
| this part for any add | litional information. | | | | |
| Return Reference | Explanation | | | | |
| , | The University received one donation of artwork and one donation of books in FY19. Both are considered collections and were not recorded or capitalized for financial statement purposes. Independent appraisal of the artwork was \$15,000. There was no independent appraisal of the books. | | | | |
| | Schedule M (Form 990) (2018) | | | | |

| efile GRAPH | C print - DO NOT PROCE | SS As Filed Data - | | DLN | : 93493069010070 |
|---|---|--|--|----------------------------|---|
| SCHEDUL (Form 990 or EZ) | 990- Complete t | nental Information to For to provide information for responses t 990 or 990-EZ or to provide any addit Attach to Form 990 or 990- to www.irs.gov/Form990 | o specific questior ional information. -EZ. | ns on | OMB No 1545-0047 2018 Open to Public Inspection |
| Namel ชี่ะ the of garleation TRUSTEES OF CLARK UNIVERSITY 990 Schedule O, Supplemental Informatio | | nation | | mployer ident 4-2111203 | ification number |
| Return Reference | | Explanation | | | |
| Form 990, Header, Line B | nding 5/31/2019 due to a corre nd 7 Changes to the original r f \$68,311 Part IX, Line 5, Colu ase of \$65,207 Part IX, Line 7 | ity herein amend the originally filed form 9 ection in the allocation of compensation in return are as follows Part IX, Line 5, Colurumn B, decrease of \$3,104, Part IX, Line 5, Column A, increase of \$68,311 Part IX, ne 7, Column C, increase of \$65,207 Total | Part IX lines 5 a mn A, decrease o 5, Column C, decre Line 7, Column B, | | |

Return Explanation

Line 2

Form 990,
Part VI,
Section A.

Two of Clark's Trustees are related Robert Stevenish and Robert Stevenish II are father and son

Return Explanation

Form 990,
Part VI,
Section A,
Line 7a

Members of the Clark University Board of Trustees are responsible for the election of trus
tees for vacant positions. The Alumni Association recommends candidates to be the alumni trustees to the Board and the Board selects an alumni trustee annually

Return Reference

The Audit Committee of the Board of Trustees was authorized and requested to review the ad

Part VI, ministration's draft responses to the Form 990. This was completed at the February 13, 202.

Section B, Line 11b meeting of the committee. The Board has authorized submission to the Internal Revenue Se rvice with the approval of the Audit Committee. In addition, a draft of the 990 is posted on the trustee web page and each member is notified of the opportunity to review before su bmission.

990 Schedule O, Supplemental Information

Return Explanation

Reference

| Form 990, | Each trustee, senior administrator, and faculty member is required to complete annually a |
|------------|--|
| Part VI, | conflict of interest disclosure form. Faculty forms are reviewed by the Grants Office with |
| Section B, | in the Office of Academic Affairs Trustees and senior administrators' disclosures are rev |
| Line 12c | lewed by the Assistant Secretary of the Corporation and the Executive Vice President, who |
| | is also the Treasurer of the Board of Trustees |

Paturn

| Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, Line 15 | Periodically, the Chairman of the Board of Trustees requests the Executive Vice President to provide comparable institution compensation data. Data is obtained from a combination of information disclosed in the Chronicle of Higher Education and from salary surveys, including those available from the College and University Personnel Association (CUPA). These data are submitted directly without editing. The Board Chair advises the full Board of Tru |

Evolunation

data are submitted directly without editing. The Board Chair advises the full Board of Tru stees of the compensation level of the President. The University also engages a profession al compensation consultant and has established an Executive Compensation Committee. The Committee, which meets annually, is charged by the full Board of Trustees with establishing the President's compensation with the assistance of the consultant, who develops appropria te metrics and collects comparable institutional survey data.

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section C, Line 19 | Clark University's governing documents, conflict of interest policy and financial statemen ts are all considered public documents. The governing documents, including the provisions of Jonas Clark's will, the by-laws of the University and the Articles of Incorporation are available for viewing in Goddard Library and are also publicly available as a result of s everal public debt issuances through the Massachusetts Development Finance Agency (MDFA) Financial statements are similarly available and are also posted on the University's website and through Guidestar. The conflict of interest policy is available upon request from the Board of Trustees and the Office of Sponsored Programs and Research. |

Return Explanation
Reference

rance liability, \$624,128 Student loan activity-net, \$40,018

| Form 990, | Change in value of split interest agreement, -\$331,992 Change in value of interest rate s |
|---------------|--|
| Part XI, Line | wap, -\$558,099 Change in value of beneficial interest in outside trust, \$29,464 Change i |
| 9 | n post-retirement health obligation, -\$45,112 Settlement gain post-retirement health insu |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

DLN: 93493069010070 OMB No 1545-0047

> Open to Public Inspection

Employer identification number

| FRUSTEES OF CLARK UNIVERSITY | | | | | | | 04-21 | 11203 | | | | |
|---|------------------|---|-----------|-----------------------------|-------------------------------|-----------------|------------|--------------------------------------|---------------------------------|------------------------------|--------------------------------------|-------------------|
| Part I Identification of Disregarded Entities Comple | ete ıf the organ | ızatıon answe | ered "Yes | " on Form | 990, Part : | IV, line 3 | 33. | | | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | | (b) Primary ac | tivity | Legal domi or foreign | c) cıle (state country) | (d) Total in |) come | (e) End-of-year a | ssets D | (f) rect contro entity | olling | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organiz | zations Comple | ete if the orga | inization | answered | "Yes" on F | orm 990 | . Part IV | . line 34 be | ecause it had o | ne or mo | ore | |
| related tax-exempt organizations during the tax years. (a) Name, address, and EIN of related organization | ear. | (b) ary activity | Legal dor | nicile (state n country) | (d) Exempt Cod |) | Public ch | (e) narity status n 501(c)(3)) | (f) Direct control entity | | (g) fection 5 13) con entit | 512(b itrolled |
| (1) Jonas Realty Corp 950 Main Street Worcester, MA 01610 47-5234687 | Clark Univ | ne Trustees of versity and nprofit entities tion 501(c)(3) | | MA | 501(c)(3) | | 11c III FI | | Trustees of Clark University | | Yes Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for F | orm 990. | | Ca | t No 5013 | 5Y | | | | Schedule R (| Form 99 | 0) 20 | 18 |

| (g) are of encyear | Yes | Yes | Yes | Yes | Dispropi allocat | sproprti allocatio | prtiona ations? | tionate ions? | ionate ons? | ionate ons? | ionate ons? | rtionat tions? | ortional ations? | ortiona ations? | prtiona ations | prtion | oprtio cation | oprtio catio | catio | prtic | rtion | ortio | ortio | ortio | prtio | ortio | ortio | atio | rtic | rtio | rtion | tion | tion | rtion | rtio | ortio | ortio | rtio | rtio | orti | prt | prt | prt | pri ati | at | opr | at | cat | cat | cat | cal | ca | op | oca | ro oc | ro oc | roj | roj | oca | roj oca | oca | ca | pr | prt | orti | rtio | tio | on | ons | ns | 157 | 5? | ;7 | | | 6 | a | ar S | an S | | m Scl | m Sch | me Sch | me Sch | me Sch | m Sc | sm Sc | am Sc | an So | ar S | aı S | ā | | ? | 5? | าร | ins | ons | tio | orti | pri | cat | oca | ro oc | loc | loc | lo | pr llo | all | al | | | | ea | o ye | е -у | are of- | -0 | Sha d- as |
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| Form 9 | | | | | Yes | Yes | No | No | No | No | No | No | No | No | No. | | | - | - | | | r | | | | | | | | | r | • | N | N | | | | | | | | | | | | | | | | | | | | _ | | | | _ | <u>-</u> | <u>;</u> | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | <u>-</u> | _ |] | T | F | <u></u> | _ | N | N | ٩c | 0 | <u>o</u> | <u>-</u> | | | | | | | | | | | | | | | _ | | | 1 | _ | 2 | lo | <u> </u> | N | | | T | 7 | _ | 5 | 5 | 25 | 25 | 95 | e | Υe | Y | F | F | _ | _ | _ | _ | _ | _ | _ |
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| Schedule R (Form 990) 2018 | | Pag | je 3 |
|---|----------------|-----|-------------|
| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | ١ | Yes | No |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | 1a | | No |
| b Gift, grant, or capital contribution to related organization(s) | 1 b | | No |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| d Loans or loan guarantees to or for related organization(s) | 1d Y | res | |
| e Loans or loan guarantees by related organization(s) | 1e | | No |
| f Dividends from related organization(s) | 1f | | No |
| g Sale of assets to related organization(s) | 1 g | | No |
| h Purchase of assets from related organization(s) | 1h | | No |
| i Exchange of assets with related organization(s) | 1 i | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k Y | res | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 11 Y | res | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| o Sharing of paid employees with related organization(s) | 10 | | No |
| p Reimbursement paid to related organization(s) for expenses | 1 p | | No |
| q Reimbursement paid by related organization(s) for expenses | 1q | | No |

| k Lease of facilities, equipment, of other assets from related organization(s). | | |
|--|--|--|
| l Performance of services or membership or fundraising solicitations for related organization(s) \ldots . | | 11 Yes |
| $m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) | | 1m No |
| f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | 1n No |
| o Sharing of paid employees with related organization(s) | | 10 No |
| | | |
| p Reimbursement paid to related organization(s) for expenses | | 1p No |
| q Reimbursement paid by related organization(s) for expenses | | 1q No |
| | | |
| ${f r}$ Other transfer of cash or property to related organization(s) | | 1r No |
| f s Other transfer of cash or property from related organization(s) | | 1s No |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin | e, including covered relationships and tra | nsaction thresholds |
| (a) Name of related organization | (b) (c) Transaction Amount involved type (a-s) | (d) Method of determining amount involved |

(1)Jonas Realty Corp d 9,700,000 Original principal on four loans (2)Jonas Realty Corp 182,000 Negotiated rate-deemed fair market value Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| was not a related organization. See mistractions regarding exclusion | | | | | | | | | | | | | |
|--|--------------------------------|---|--|-----|--------------|------------------------------------|--|-----|----|---|-----------|---------------|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | | ganizations? | (f) Share of total Income | (g) Share of end-of-year assets | | _ | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | or ig ? | (k) Percentage ownership |
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
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Schedule R (Form 990) 2018 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation Schedule R, Part V, Line 11 Clark performed accounting services for Jonas Realty Corporation. The amount of the transaction is below the threshold for reporting on line 2

Schedule R (Form 990) 2018