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**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.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047 2019

DLN: 93493055003261

☐ Yes ☐ No

Form **990** (2019)

Cat. No. 11282Y

Open to Public

Form **990** 

Department of the

iterna	l Reve	nue Servic	е					Inspection
F	or th	e 2019	calendar year, or tax year be	ginning 06-01-2019 $$ , and ending 05	j-31-2020			
		pplicable:	C Name of organization TRUSTEES OF CLARK UNIVERSI	TV		D Employ	er identif	ication number
		change	TRUSTEES OF CLARK UNIVERSI	11		04-211	1203	
	me ch	-	Doing business as			—		
	tial ret	turn n/terminate	Clark University					
		d return		if mail is not delivered to street address) Room	n/suite	E Telephor	ne number	
		on pendin	950 Main Street			(508) 7	93-7499	
				country, and ZIP or foreign postal code				-
			Worcester, MA 01610			<b>G</b> Gross re	ceipts \$ 2	59,124,899
			F Name and address of prine	cipal officer:	H(a) Is	this a group re	turn for	
			David Fithian 950 Main Street		I	bordinates?		□Yes <b>☑</b> No
			Worcester, MA 01610		H(b) Are	e all subordinat	tes	☐ Yes ☐No
Ta	x-exer	npt status	:: 🗹 501(c)(3) 🗌 501(c)( )	◀ (insert no.)		:luded? 'No," attach a	list (see	
14/	obcit	- WI	vw.clarku.edu	4 (IIISelt IIO.)	l l	oup exemption	•	•
vv	ensit	.e. P wv	ww.clarku.euu			oup exemption	Harriber	
Forr	m of o	rganization	n: 🗹 Corporation 🔲 Trust 🔲 /	Association Other	L Year of fo	rmation: 1887	<b>M</b> State	of legal domicile:
. 1 011	11 01 01	gariizatioi	i. El corporation El Trusc El 7	ASSOCIATION LI OTHER P			MA	
Pa	art I	Sun	nmary					
	1 8	Briefly de	escribe the organization's missio	n or most significant activities:				
				indergraduate and graduate students to b			ng citizer	ns of the world, and
2	5	o advan	ce the frontiers of knowledge ar	d understanding through rigorous schola	rship and crea	tive effort.		
	-							
5	-							
	2	Check th	nis box $ ightharpoonup \square$ if the organization	discontinued its operations or disposed of	of more than 2	5% of its net a	ssets.	
5	3	Number	of voting members of the gove	rning body (Part VI, line 1a)		•	3	25
3	4	Number	of independent voting member	s of the governing body (Part VI, line 1b)			4	25
	5	Total nu	mber of individuals employed ir	calendar year 2019 (Part V, line 2a) .			5	2,591
3	6	Total nu	mber of volunteers (estimate if	necessary)			6	342
	7a	Total un	related business revenue from I	Part VIII, column (C), line 12			7a	-163,590
	ь	Net unre	elated business taxable income	from Form 990-T, line 39		•	7b	-199,946
						Prior Year		Current Year
O)	8	Contribu	itions and grants (Part VIII, line	1h)		16,144,	931	25,963,306
Ě	9	Program	service revenue (Part VIII, line	2g)		149,116,	993	164,140,320
Rəvenue	10	Investm	ent income (Part VIII, column (A	A), lines 3, 4, and 7d )		8,001,	506	9,390,489
_	11	Other re	evenue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e)		1,275,	281	1,453,483
	12	Total re	venue—add lines 8 through 11 (	must equal Part VIII, column (A), line 12)	ı	174,538,	711	200,947,598
	13	Grants a	and similar amounts paid (Part I	X, column (A), lines 1–3 )		68,707,	296	77,428,841
	14	Benefits	paid to or for members (Part IX	(, column (A), line 4)			0	C
S.	15	Salaries	, other compensation, employee	e benefits (Part IX, column (A), lines 5-10	))	73,119,	826	76,957,589
ıse	16a	Professi	onal fundraising fees (Part IX, c	olumn (A), line 11e)			0	C
Expenses	ь	Total fund	draising expenses (Part IX, column (	D), line 25) ▶5,895,402				
ವ	1			nes 11a–11d, 11f–24e)		40,333,	722	42,934,695
	18	Total ex	penses. Add lines 13–17 (must	equal Part IX, column (A), line 25)		182,160,		197,321,125
	1		•	3 from line 12		-7,622,		3,626,473
S					Beginni	ing of Current Y		End of Year
ğ Ç								
89	20	Total as	sets (Part X, line 16)			615,842,	469	609,464,924
Fund Balances	21	Total lia	bilities (Part X, line 26)			103,911,	245	99,952,634
Ţ.	22	Net asse	ets or fund balances. Subtract li	ne 21 from line 20		511,931,	224	509,512,290
	rt II		nature Block					
				amined this return, including accompany				
	ledge nowle		ei, it is true, correct, and compl	ete. Declaration of preparer (other than o	micer) is base	u on all inform	ation of V	vilich preparer has
		- I k						
		Ciana	ture of officer			2021-02-18 Date		
ign		▼ Signa	cure of officer			Date		
lere	•		elle Manning Executive VP & Treasure	r				
		17	or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check   if	PTIN	_
Paid	t					self-employed		
	pare	₹1	Firm's name			Firm's EIN ▶		
Jse	On	ly	Firm's address ▶			Phone 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 (2019)					Page <b>2</b>						
Pa	rt III Stateme	ent of Program Serv	ice Accomplis	hments								
	Check if S	chedule O contains a res	ponse or note to a	any line in this Part III		🗹						
1	Briefly describe th	ne organization's mission	:									
adva	nce the frontiers of	knowledge and understa	anding through rig	gorous scholarship and	aginative and contributing citiz d creative effort. Clark fosters nat cross disciplinary boundarie	a commitment to excellence in						
2	Did the organizati	ion undertake any signifi	cant program ser	vices during the year	which were not listed on							
	the prior Form 99	00 or 990-EZ?				. 🗌 Yes 🗹 No						
	If "Yes," describe	these new services on S	chedule O.									
3	Did the organizati	ion cease conducting, or	make significant	changes in how it con	ducts, any program							
	services?											
	If "Yes," describe	these changes on Sched	ule O.									
4	Section 501(c)(3)		ions are required	to report the amount	e largest program services, as of grants and allocations to of							
4a	(Code:	) (Expenses \$	70,832,492	including grants of \$	0 ) (Revenue \$	150,035,565 )						
	See Additional Data					_						
4b	(Code:	) (Expenses \$	11,674,829	including grants of \$	4,567,515 ) (Revenue \$	0)						
	See Additional Data					_						
4c	(Code:	) (Expenses \$	72,861,326	including grants of \$	72,861,326 ) (Revenue \$	0)						
	See Additional Data											
	See Additional Da	ata Table										
4d		ervices (Describe in Sche	•									
	(Expenses \$	28,483,765 in	cluding grants of	\$	0 ) (Revenue \$	15,262,322 )						
4e	Total program s	service expenses 🕨	183,852,4	12								

Pai	Checklist of Required Schedules	- 1	Vas	No.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>Yes</b> Yes	No_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
9	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 services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	]	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

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Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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	
.4a	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27	Yes	
8	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	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
4	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	
5а	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	
6	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
7	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
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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	• ;		<u> </u>
1 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   7,296		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

**1**c

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	5c 6a		No
b	solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were			
_	not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	<b>-</b>		Na
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No 
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	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?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

	()			· age
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 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	o" resp	onse to	lines <b>V</b>
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 25			
	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  25	; 		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	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	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
10-	Did the consideration have level about on horselve on efficience	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	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	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
b	taxable entity during the year?	16a		No
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶  MA			
18	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  Danielle Manning 950 Main Street Worcester, MA 01610 (508) 793-7455			
			orm QQ	n (201

<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (D)  Reportable compensation from the organization and any officer and a director/trustee)          (D)  Reportable compensation from the organization of the organization of the organization from th</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's force current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations.  List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations or the order in which to list the persons above.  (A)  Name and title  (B)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per box unless person is both an officer and a director/trustee)  Average hours per box unless person is both an officer and a director/trustee)  Average hours per box unless person is both an officer and a director/trustee)  Average hours per box unless person is both an officer and a director/trustee)  Average hours per box unless person is both an officer and a director/trustee)  Average hours per box unless person is both an officer and a director/trustee)  Average hours per box unless person is both an officer and a director/trustee)  Average hours per box unless person is both an officer and a director/trustee)  Average hours person person person per	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.  ■ List all of the organization which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

729,543

511,566

Form **990** (2019)

Pa	Section A. Officers, Direct	Tors, Trustees	, key	Emp	oye	es,	anu	nıgı	ne	st Compen	sate	a employees (	cont	inueu)	
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than o	ne b	ox, ι n of	t che unle: ficer	and a	son		(D) Reportable compensati from the organizatio	on on	(E) Reportable compensation from related organizations	,	Estima amount o compens from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099 MISC)	<b>}-</b>	(W-2/1099- MISC)		organizati relati organiza	ed
See	Additional Data Table														
									T				$\dashv$		
													$\dashv$		
													-		
									-				_		
								-	H				_		
													_		
								-					_		
	Sub-Total						<b>&gt;</b>								
	Total (add lines 1b and 1c)						<b>•</b>			4,481,44	6	I	0		687,204
2	Total number of individuals (including of reportable compensation from the			e liste	ed a	bove	e) who	rec	eiv	ed more tha	n \$10	00,000			
3	Did the organization list any <b>former</b> line 1a? If "Yes," complete Schedule						oyee,			est compens	ated	employee on	3	<b>Yes</b> Yes	No
4	For any individual listed on line 1a, is organization and related organization	ns greater than \$										the		163	
5	individual  Did any person listed on line 1a rece									ganization o	r indiv	· · · /idual for	4	Yes	
_	services rendered to the organization	· · ·	ete Scn	eauie	JTC	or su	icn pei	rson	_		•		5		No
1	ection B. Independent Contract  Complete this table for your five high		d indep	ender	nt co	ntra	ctors	that	re	ceived more	than	\$100,000 of con	npen	sation	
	from the organization. Report compe	nsation for the o										's tax year.			
		(A) and business addre	ess									(B) iption of services		(C Compen	sation
	xo Inc Affiliates									Food s	ervice	5		5	,839,138
Gaith	Washingtonian Blvd ersburg, MD 20878														
3 Bat	nan and Associates Inc, terymarch Park sy, MA 02169									Constr	uction			1	,140,377
	gnore Electrical Contractors, Vest Boylston Street									Electri	cal				835,974

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

849 West Boylston Street Worcester, MA 01606 All State Construction Inc, 449 Cooke Street Farmington, CT 06034 UMass Memorial Medical Group, Community Medical Group Admin

compensation from the organization ▶ 42

Worcester, MA 01605

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

Construction

Healthcare

		(2019)	- f F							Page <b>9</b>
Part	VII				respo	onse or note to anv	line in this Part VIII			🗆
		SHEEK II SCHOOL	·uic	o comamb a	1000	mise of flower to diffy	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10	1	.a Federated campa	igns		1a	0		revenue		512 - 514
Gifts, Grants illar Amounts		<b>b</b> Membership dues	s .	. [	<b>1</b> b	0				
6 m		<b>c</b> Fundraising even	ts .		1c	0				
ifts, ar A		<b>d</b> Related organizat	tions	; <u> </u>	1d	0				
mije 6		<b>e</b> Government grants	(con	tributions)	1e	7,676,377				
Contributions, Gifts, Grants and Other Similar Amounts		<b>f</b> All other contributio and similar amounts above		L	1f	18,286,929				
ntrib d Ott		g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	<b>1</b> g	6,256,393				
Contand		<b>h Total.</b> Add lines 1	la-1	f		•	25,963,306			
						Business Code	440 400 040	4.40.400.040		
4:	2	a Tuition and fees				611310	149,430,243	149,430,243	0	0
evenue	1	<b>H</b> ousing				721310	8,571,470	8,571,470	0	0
Program Service Revenue	، ا	C Food services				722310	5,049,413	5,049,413	0	0
n Ser		Geographic Software				443120	248,266	248,266	0	0
Yogra	•	e Campus Store				453000	178,473	178,473	0	0
_	f	f All other program	serv	ice revenue.			662,455	662,455	0	0
	g	J Total. Add lines 2	2a-2	f	•	164,140,320				
	3	Investment income similar amounts) .	(inc	luding divide	nds, i	nterest, and other	3,395,480	c	o	3,395,480
	l	Income from invest				ond proceeds	11,906	С	0	11,906
	5	Royalties				🕨	208,235	208,235	0	0
				(i) Rea		(ii) Personal				
	6	a Gross rents	6a	5	79,820					
	b	Less: rental	6b							
		expenses Rental income	OD	2	83,904	}	7			
	ľ	or (loss)	6с	2	95,916	5				
	۱ ا	<b>d</b> Net rental income	or (			<u> </u>	295,916	С	0	295,916
	<b> </b> _,	a Gross amount		(i) Securit	ies	(ii) Other	_			
	<b>'</b>	from sales of assets other than inventory	7a	9,5	63,500	54,313,000				
	ь	Less: cost or other basis and sales expenses	7b	9,4	34,603	48,458,794	ı			
	c	Gain or (loss)	7c	1	28,897	, 5,854,20 <del>0</del>	5			
	l	<b>d</b> Net gain or (loss)	•			• • •	5,983,103	С	-163,590	6,146,693
Other Revenue	8	a Gross income from fu (not including \$ contributions reported	d on	0 of line 1c).						
eve		See Part IV, line 18	•		8a	0				
a.	l	<b>b</b> Less: direct expen			8b	0				
the	<b>'</b>	<b>c</b> Net income or (los	s) fr	om fundraisi	ng ev	ents 🕨			0	0
	9a	Gross income from See Part IV, line 19			9a	0				
	l	<b>b</b> Less: direct expen			9b	0				
	۱ '	<b>c</b> Net income or (los	s) fr	om gaming a	activiti	ies <b>&gt;</b>	C	C	0	0
	10	aGross sales of inve returns and allowa	nto	ry, less	10a	0				
		<b>b</b> Less: cost of good:	s sol	ld	<b>10</b> b	0				
	Ľ	c Net income or (los			nvent		C	C	0	0
	1:	Miscellaneou <b>1a</b> Energy incentives				Business Code 900099	200,878	200,878	0	0
		b Insurance incentiv	/e/re	ebate		900099	94,941	94,941	0	0
		с								
		d All other revenue				<b>k</b>	653,513	653,513	0	0
		e Total. Add lines 1				•	949,332			
	1	<b>2 Total revenue.</b> Se	ee ir	structions .	•	• • • •	200,947,598	165,297,887	-163,590	
										Form <b>990</b> (2019)

	n 990 (2019)				Page <b>10</b>
Pa	Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co		_		ımn (A).
	Check if Schedule O contains a response or note to an		(B)	(C)	⊔ (D)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,981,297	1,981,297		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	75,268,710	75,268,710		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	178,834	178,834		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	3,410,103	1,824,016	1,188,089	397,998
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	58,210,888	46,016,028	9,677,785	2,517,075
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,960,385	3,130,707	658,429	171,249
9	Other employee benefits	7,470,791	5,905,702	1,242,048	323,041
10	Payroll taxes	3,905,422	3,087,258	649,292	168,872
11	Fees for services (non-employees):				
а	Management	524,146	524,146	0	0
b	Legal	406,559	28,601	364,750	13,208
c	Accounting	195,885	0	195,885	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
	Investment management fees	1,427,111	0	1,427,111	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,860,829	5,121,936	1,627,621	111,272
12	Advertising and promotion	663,059	101,139	559,121	2,799
13	Office expenses	3,261,628	2,353,585	454,938	453,105
14	Information technology	1,111,067	1,012,361	68,805	29,901
15	Royalties	916,424	688,858	144,002	83,564
	Occupancy	4,752,392	651,111	4,098,375	2,906
	Travel	1,684,635	1,492,856	51,395	140,384
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	1,081,505	781,611	154,733	145,161
20	Interest	1,377,579	1,272,657	102,590	2,332
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	9,116,507	8,037,326	998,054	81,127
	Insurance	595,844	470	588,308	7,066
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 expenses on Schedule O.)				
	a Study Abroad/Away	2,063,787	2,063,787	0	0
	<b>b</b> Other food service	4,314,614	4,314,614	0	0
	c Library Acquisitions	1,522,444	1,522,444	0	0
	d Other expense - Misc.	928,408	5,943,966	-5,129,971	114,413
	e All other expenses	130,272	10,548,392	-11,548,049	1,129,929
25	Total functional expenses. Add lines 1 through 24e	197,321,125	183,852,412	7,573,311	5,895,402
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).				

10a

10b

key employee, creator or founder, substantial contributor, or 35% controlled

entity or family member of any of these persons . . . . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 .

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

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Investments-program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Other assets. See Part IV, line 11 .

Accounts payable and accrued expenses

or family member of any of these persons

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Inventories for sale or use .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

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Assets

11

12

13

14

15

16

17

18 19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30

Part X Balance Sheet			
Check if Schedule O contains a response or note to any line in this Part IX .			🗆
	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1 Cash-non-interest-bearing	293,462	1	377,010

Page **11** 

6.872.365

994.242

837,596

107,125,409

93,534,299

332,914,958

3,668,104

1,402,743

609,464,924

14,327,559

11,829,991

58.488.163

15,306,921

99.952.634

135,006,427

374,505,863

509,512,290

609,464,924

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0

0

0 5

0 6

7

10c

11

12

13

15

16

17

18

19

20

24

25

26

27

28

29

30

31

32

33

0 21

0 22

0 23

0

6.742.030

755.787

736,772

109,450,613

105,581,883

349.488.176

4,620,682

1,492,204

615,842,469

14,042,047

11,678,342

62,932,759

15,258,097

103.911.245

132,470,772

379.460.452

511,931,224

615,842,469

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		· ·		·
2	Savings and temporary cash investments	30,245,171	2	54,354,674
3	Pledges and grants receivable, net	5,095,050	3	5,848,866
4	Accounts receivable, net	1,340,639	4	1,534,658
5	Loans and other payables to any current or former officer, director, trustee,			

242,221,003

135,095,594

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

Audit Act and OMB Circular A-133?

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

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. 3b

Yes Form 990 (2019)

Yes

### Additional Data

**Software ID:** 19009572

**Software Version:** v1.00

**EIN:** 04-2111203

Name: TRUSTEES OF CLARK UNIVERSITY

Form 990 (2019)

### Form 990, Part III, Line 4a:

Instruction and academic support, with program expenditures of \$70,832,492. Clark's fall 2019 enrollment consisted of 2,349 undergraduates and 1,149 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.

Research, with program expenditures of \$11,674,829 and grant contributions of \$9,077,682. 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 \$2,021,541.

Form 990, Part III, Line 4b:

Additionally, Clark provided funding to students to support their research and LEEP projects in the amount of \$1,353,471. There were also grants awarded through the CARES Act of \$921,220 and emergency relief assistance of \$271,283.

Form 990, Part III, Line 4c: Financial Aid, with expenditures/income offsets of \$72,861,326. Clark is committed to being affordable to those students able to meet the high academic expectations of our faculty. Approximately 91% 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 \$ 12,994,037 including grants of \$ 0) (Revenue \$ 13,799,356) Auxiliary Services includes providing high quality residence halls, food service, and campus store services to Clark students. There are program

expenditures of \$12.994.037 and offsetting revenue of \$13.799.356.

) (Expenses \$ 15.489.728 including grants of \$ 0) (Revenue \$

(Code: 1,462,966)

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) (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 person is both an officer week (list from the from related compensation

and Independent Contractors

Key Employee

Ronald Eastman

Robert Johnston

Priscilla Elsass

Associate Professor

Meredith Twombley

Key Employee

Jonathan Kappel

Director of Clark Labs

Director of Marsh Institute & Prof

Exec Director of Principal Gifts

	any hours	and	a dir	ecto	or/tr	ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
David Angel Officer	40			х				433,662	0	51,091	
Jeffrey Hite Gillooly	40				х			324,704	0	48,057	
Key Employee	0							324,704	0	+0,037	

Officer	0						
Jeffrey Hite Gillooly	40		Х		324,704	0	
Key Employee	0		^		324,704	3	
Davis Baird	40				202 644	0	
Key Employee	0		X		303,641	U	
Pennie Turgeon	40		Х		276,367	0	
Key Employee	0		^		2/6,36/	U	l

40

40

40

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40

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Key Employee	0				·		
Davis Baird	40		X		303,641	0	
Key Employee	0		^		303,011	•	
Pennie Turgeon	40		X		276,367	0	
Key Employee	0		^		270,307	9	
John LaBrie	40						

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50,131

74,777

54,860

48,794

39,401

32,159

26,989

42,354

0

0

0

0

0

0

290,627

247,423

219,337

220,646

219,773

199,312

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

	arry riours	and	a un	ecto	,,, ,,	usice,	,	(14 2 (4 2 2 2	(IV D/4 DOD	i i i i i i i i i i i i i i i i i i i
	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
Julie Dolan Officer	40			×				208,862	0	29,336
Paula David Key Employee	40				х			200,905	0	26,305
Yuko Aoyama Key Employee	40				х			193,238	0	28,111
Frances Magee	40				Х			180,431	0	28,420

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178,389

176,774

172,883

148,144

149,697

136,631

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18,220

17,595

18,608

21,867

16,202

13,927

40

40

40

40

40

40

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Yuko Aoyama
Key Employee
Frances Magee
Key Employee
Joseph Kalinowski

Asst VP Info Tech

John Foley

Jim Collins

Nancy Budwig

Former Key Employee

Katherine Cannon

Matthew Malsky

Key Employee

Officer

Officer

Officer

and Independent Contractors

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

, · · · · · · · · · · · · · · · · · · ·	1 6 ' 1 '	1		,	,	′ '	1 (1) 2 (1000	(1) 2/4000	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	2 0	х					0	0	0
Ingrid Busson-Hall	2	×					0	0	0

		l X	l			1 0	
Trustee	0						
Andrew Brandman	2	X				0	
Trustee	0	^					
Ingrid Busson-Hall	2	X				0	
Trustee	0	Λ					
Kevin Cherry	2						

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and Independent Contractors

Trustee Rebecca Colin

Trustee Roy DiNicola

Trustee Mona Domosh

Trustee Eric Epstein

Trustee

Trustee

Trustee

Ross Gillman

Richard Freeland

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

and Independent Contractors

Trustee

Trustee

Trustee John O'Brien

Trustee Lee Plave

Trustee Joseph Poku

Trustee

Cynthia Michael-Wolpert

Antonio Molestina

	any hours	and	a dir	ecto		ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Daniel Hirsch Trustee	0	X						0	0	0
Ellen Hughes-Cromwick Trustee	0	Х						0	0	0

Ellen Hughes-Cromwick		X			0	0	
Trustee	0	^			,	J	
Nancie Julian	2	X			0	0	
Trustee	0	,,			,	J	
Gary Labovich	2	×			0	0	
Trustee	0	, ,			,	·	
Lawrence Landry	2						

Nancie Julian	2							
Trustee	0	Х				0	0	
Gary Labovich	2	Х				0	0	
Trustee	0	Λ				9	ŭ	
Lawrence Landry	2	X				0	0	
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(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless amount of other compensation compensation person is both an officer week (list from the from related compensation

	any hours		a dir	ecto		ustee)	)	organization	organizations	from the	
	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	
Vickie H Riccardo Trustee	0	Х						0	0	0	
Paul Saltzman Trustee	20	х						0	0	0	
Ron Shaich Trustee	0	Х						0	0	0	
Robert Stevenish Trustee	0	х						0	0	0	
David Strassler	2										

0

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Trustee	0	Х				0	
Robert Stevenish	2	X	·	·	·	0	
Trustee	0	^				,	
David Strassler	2	×				0	

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and Independent Contractors

Trustee Steven Swain

Trustee Tony Tilton

Trustee Wendi J Trilling

Trustee Bruce Weiller

Trustee

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493055003261 TY 2019 Reasonable Cause Explanation Name: TRUSTEES OF CLARK UNIVERSITY **EIN:** 04-2111203 **Software ID:** 19009572 **Software Version:** v1.00 **Explanation:** Extension was necessary in order to compile all the necessary data to submit an accurate and complete filing

efile GRAPHIC print - DO NOT PROCESS				3493055003261				
SCI		ULE A	Dublic	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 10-EZ.	· a section	2019
		the Treasury	► Go to <u>www.irs</u>	s <u>.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	ne organiza F CLARK UNIVE					Employer identific	ation number
							04-2111203	
	rt I		for Public Charity Stat a private foundation because				See instructions.	
1	rgariiz		onvention of churches, or as	•	•		(A)(i)	
2		•	scribed in section 170(b)(					
3	$\overline{\mathbf{V}}$		or a cooperative hospital ser		,			
4		·	·	-			-	ntor the beenitelle
•	Ш	name, city,	esearch organization operat and state:	ea in conjunction with	a nospital descri	ped in <b>section</b> .	170(D)(1)(A)(III). E	nter the hospital's
5		(b)(1)(A)	ation operated for the benefi (iv). (Complete Part II.)	-				bed in <b>section 170</b>
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7			ation that normally receives ( <b>O(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in <b>sectio</b>	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. S					ege or university or a
10		from activit investment	ation that normally receives: dies related to its exempt fur income and unrelated busin dee <b>section 509(a)(2).</b> (Co	nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operate	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations through 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a	
а		<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B	ated, supervised, or coappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	pervised or controlled i ation vested in the sar				
c		Type III f	unctionally integrated. A programme or construct or const	supporting organizatio				ted with, its
d		Type III n	on-functionally integrate integrated. The organization in You must complete Pa	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization recei or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizations		-			
g	Provi	de the follow	ing information about the s	upported organization(	s).			
	(i) N	Name of supp organization		(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		
Tota			tion Act Notice, see the I				Schedule A (Form 9	

Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

	If the organization failed	to qualify unde	er the tests listed	l below, please o	complete Part III	[.)		
S	ection A. Public Support							
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	14,799,651	13,756,185	24,128,374	16,144,931	25,963,306	94,792,447	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0	
4	<b>Total.</b> Add lines 1 through 3	14,799,651	13,756,185	24,128,374	16,144,931	25,963,306	94,792,447	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,881,867	
6	Public support. Subtract line 5 from line 4.						86,910,580	
S	ection B. Total Support							
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	(or fiscal year beginning in) ► Amounts from line 4.	14,799,651	13,756,185	24,128,374	16,144,931	25,963,306	94,792,447	
7 8	Gross income from interest,	14,799,031	13,730,163	24,126,374	10,144,931	23,903,300	94,792,447	
8	dividends, payments received on securities loans, rents, royalties and income from similar sources	2,296,567	2,285,208	2,847,124	3,306,817	3,703,302	14,439,018	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	250,340	0	0	0	0	250,340	
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	<b>Total support.</b> Add lines 7 through						109,481,805	
12	10 Gross receipts from related activities,	etc. (see instruction	ons)			12	208,235	
	First five years. If the Form 990 is for						·	
							inzacion,	
_	check this box and stop here ection C. Computation of Publi	- C D						
	•	• •		1 (6)		<del> </del>		
14	Public support percentage for 2019 (li					14	79.384 %	
	Public support percentage for 2018 Sc					15	80.613 %	
16a	33 1/3% support test—2019. If the							
	and <b>stop here.</b> The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	on meets the "facts	s-and-circumstance	es" test, check this	box and stop her	r <b>e.</b> Explain	_	
b	in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
1							N 1 1	

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

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? 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. 3a 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? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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 7 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,"

8 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
```

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

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

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

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

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

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

	edule A (101111 330 01 330 E2) 2013			age 3	
Pa	rt IV Supporting Organizations (continued)				
_			Yes	No	
	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			
	A family member of a person described in (a) above?	11b			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c			
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 <b>Part VI</b> 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	-			
2	operated, supervised, or controlled the supported organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting				
	organization.	2			
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 <b>Part VI</b> how control or management of the	1			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).				
S	ection D. All Type III Supporting Organizations		v		
_			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?				
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 <b>Part VI</b> 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 <b>Part VI</b> 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)	ions):			
	The organization satisfied the Activities Test. Complete line 2 below.				
	b				
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)		
2	Activities Test. Answer (a) and (b) below.	ſ	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 <b>Part VI identify those supported organizations and explain</b> 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			
ı	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.	2b			
3	Parent of Supported Organizations. Answer (a) and (b) below.				
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a			
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard.	3h			

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
_		

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
		110 2013	Allibant for 2013
1 Distributable amount for 2019 from Section C, line 6		116 2015	Allount for 2013

details in <b>Part VI</b> ). See instructions		(	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
e From 2018.			

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. 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 2020. Add lines

#### **Additional Data**

Software ID: 19009572
Software Version: v1.00

**EIN:** 04-2111203

Name: TRUSTEES OF CLARK UNIVERSITY

Page 8

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).

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).

Facts And Circumstances Test

# **Political Campaign and Lobbying Activities**

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

DLN: 93493055003261

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

**SCHEDULE C** (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.

Inspection

		n Form 990, Part IV, Line 3, or Form 9		e 46 (Political Campaign	Activities), then
• S	ection 501(c)(3) organizations: Cor	mplete Parts I-A and B. Do not complete 501(c)(3)) organizations: Complete Parts	Part I-C.	Do not complete Bort I B	
	Section 527 organizations: Complet		I-A and C below.	Do not complete Fait 1-b.	
If the	e organization answered "Yes" o	n Form 990, Part IV, Line 4, or Form 9	90-EZ, Part VI, Iir	ne 47 (Lobbying Activitie	es), then
		t have filed Form 5768 (election under s			
		t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax			
	xy Tax) (see separate instruction		) (See Separate i	iistructions) or Form 330	J-EZ, Part V, lille 350
	Section 501(c)(4), (5), or (6) organia				
	ne of the organization			Employer ide	ntification number
IKU	STEES OF CLARK UNIVERSITY			04-2111203	
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is		ization.
1		nization's direct and indirect political can	npaign activities in	Part IV (see instructions	for definition of
2		litures (see instructions)			\$
3		paign activities (see instructions)			
Par		nization is exempt under sectio			
1	•	ax incurred by the organization under se		•	\$
2	,	ax incurred by organization managers ur			\$
3	•	tion 4955 tax, did it file Form 4720 for t			
3	-	,	•		☐ Yes ☐ No
4a					☐ Yes ☐ No
b Par	If "Yes," describe in Part IV. <b>t I-C</b> Complete if the orga	nization is exempt under sectio	n 501(c), exc	ent section 501(c)(3	1.
		<del>-</del>			-
1		ed by the filing organization for section	•		\$
2	function activities	anization's funds contributed to other or			\$
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and or	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 of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC). If additional space is needed,	unt paid from the ed to a separate p	filing organization's fund: olitical organization, such	s. Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, see	 the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C	(Form 990 or 990-F7) 2019

Schedule C, Part II-B, Line 1

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fil Form 5768 (election under section 501(h)).	ed				
oro	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(;	1)		(b)	
ctiv		Yes	No	4	mour	ıt
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		1		
С	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			- :	.7,397
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		No			
j	Total. Add lines 1c through 1i				1	7,397
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
С	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) 501(c)(6).				Yes	No
L	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members				501(c	)(6
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	_				
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
ŀ	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?					
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information					
				_		
ro nst	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); tructions), and Part II-B, line 1. Also, complete this part for any additional information.	Part II-	A, lines	1 an	d 2 (s∈	:e
	Return Reference Explanation					

There were no paid lobbyists for FY20. A small portion of the President's and Vice President for Community

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

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

## DLN: 93493055003261

OMB No. 1545-0047

### (Form 990)

Department of the Treasury

## **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 Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** TRUSTEES OF CLARK UNIVERSITY 04-2111203 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 1 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 . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . ☐ Yes ☐ No 6 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 ☐ 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 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 20 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 3 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? . . . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes 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. 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: 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:

 ${f c}$  Leasehold improvements

**d** Equipment .

Jene	Edule D (101111 990) 2019							Page Z
Par	t IIII Organizations Maintaining	Collections o	f Art, Histor	cal Trea	asures, or	Other Similar	Assets (co	ntinued)
3	Using the organization's acquisition, acc items (check all that apply):	ession, and other	·	any of the	e following th	at are a significan	t use of its c	collection
а	✓ Public exhibition		d		oan or excha	nge programs		
b	Scholarly research		е	□ o	ther			
С	Preservation for future generation	s						
4	Provide a description of the organization Part XIII.	's collections and	explain how th	ey further	the organiza	ation's exempt pur	pose in	
5	During the year, did the organization so assets to be sold to raise funds rather the						☐ Yes	☑ No
Pai	rt IV Escrow and Custodial Arra Complete if the organization X, line 21.		on Form 990	, Part IV	, line 9, or	reported an am	ount on Fo	rm 990, Part
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?						☐ Yes	□ No
b	If "Yes," explain the arrangement in Par	t XIII and comple	te the following	table:	Г		Amount	
c	Beginning balance	•	_		.	1c		
d	Additions during the year				[	1d		
e	Distributions during the year				[	1e		
f	Ending balance				[	1f		
2a	Did the organization include an amount	on Form 990, Par	t X, line 21, for	escrow o	custodial ac	count liability?	. 🗌 Yes	□ No
b	If "Yes," explain the arrangement in Par						_	
Pa	art V Endowment Funds.		<u> </u>		<u> </u>			
	Complete if the organization			•	<del></del>			
4	Basississ of very belone	(a) Curren	t year <b>(b)</b> I 571,575	rior year 436,869,34		ars back (d) Three 3,808,150	years back (e 59,079,796	403,722,250
	Beginning of year balance	<u> </u>	816,086	1,370,35		9,430,109	7,800,049	3,560,695
	Contributions		331,792	-336,74			50,318,626	-21,059,146
	Net investment earnings, gains, and losse	~	724,954	6,470,80		5,956,784	5,685,496	5,210,579
	Grants or scholarships		724,934	0,470,80		5,930,764	3,063,490	3,210,379
	Other expenditures for facilities and programs		260,537	11,837,91			10,871,985	10,221,964
	Administrative expenses	<u> </u>	097,655	2,022,64		1,907,948	1,832,839	1,711,460
g	End of year balance	. 410,	636,307	417,571,57	'5 436	5,869,341 40	08,808,151	369,079,796
2	Provide the estimated percentage of the		balance (line 1	g, column	(a)) held as	:		
а	Board designated or quasi-endowment	15 %						
b	Permanent endowment ► 37 %							
С	Temporarily restricted endowment ►	48 %						
	The percentages on lines 2a, 2b, and 2c	•						
3а	Are there endowment funds not in the p organization by:	ossession of the o	organization tha	t are held	and adminis	tered for the		Yes No
	(i) unrelated organizations						3a(	
	(ii) related organizations						3a(i	
b 4			•				. 3b	<u> </u>
4	Describe in Part XIII the intended uses of		i s endowment	runas.				
Pal			on Form 990 (b) Cost or other			See Form 990, mulated depreciation		10. ) Book value
	(IIIV							
<b>1</b> a	Land	0		17,059,	765			17,059,765
b	Buildings	0		207,279,8	368	126,646,94	7	80,632,921

0

0

0

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

1,424,498

13,768,011

2,688,861

109,792

6,634,070

2,688,861

107,125,409

1,314,706

7,133,941

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Fo	orm 000 Part IV li	no 11h	Soo Form 000 [	Dart V lin	0.12
	(a) Description of security or category	(b) Book value	ne IID.	(c) Metho Cost or end-of-	d of valuat	ion:
(1) Financia	(including name of security)  I derivatives	0		Cost of end-of	year mark	et value
(3) Other _	held equity interests	0				
	hips/alternative investments	332,552,670			F	
(B) Other (C)		362,288			F	
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	332,914,958				
Part VIII	<b>Investments—Program Related.</b> Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, li	ne 11c.	See Form 990,	Part X, lir	ne 13.
	(a) Description of investment	<u> </u>		(b) Book value	(c) Me	thod of valuation: end-of-year market
(1)						value
(2)						
(3)			+			
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•			
Part IX		rm 990 Part IV lin		Soc Form 000 Day	+ V line 1	
	(a) Description	1111 990, Farc 1V, III	ie iiu.	See 1 01111 330, Fai	( X, IIIIe 1.	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
	mn (b) must equal Form 990, Part X, col.(B) line 15.)					
Part X	Other Liabilities.					V II 05
1.	Complete if the organization answered 'Yes' on Fo  (a) Description		<u>ie 11e c</u>	or 11f.See Form	990, Part	(b) Book value
	income taxes al Data Table					0
(2)	(a) Data 10010					
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)	the feetnate to the	.a.ni=-±:	► Price financial state	monto that	15,306,921
•	or uncertain tax positions. In Part XIII, provide the text of 's liability for uncertain tax positions under FIN 48 (ASC 74		-			

2

e

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

Schedule D (Form 990) 2019

-78,950,929

199,804,391

1,143,207

200,947,598

123,608,660

239,708

123,368,952

73,952,173

197.321.125

Schedule D (Form 990) 2019

Page 4

а Net unrealized gains (losses) on investments . . . . Donated services and use of facilities . . . . . . b 

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

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.

3 4 b

Add lines **4a** and **4b** . . . . . . . C 5

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 IX, line 25:

Subtract line 2e from line 1 . . . . . . . . . . .

Supplemental Information

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

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 . . .

Donated services and use of facilities . .

Prior year adjustments . . . . . . Other losses . . . . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Total expenses and losses per audited financial statements . . . . . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

4a 4b

> 2a 2b

> 2c

2d

4a

4b

Explanation

2a

2b

2c

2d

1,427,111

-283,904

-4.677.847

-74,273,082

0

2e

3

239,708

1,427,111

72,525,062

2e

3

4c

5

4c

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

## **Additional Data**

**Software ID:** 19009572 **Software Version:** v1.00

EIN: 04-2111203

Name: TRUSTEES OF CLARK UNIVERSITY

## Supplemental Information

Return Reference	Explanation
Schedule 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 f or 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.

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.				

ipplemental 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.				

<u>Su</u>

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2d	Reclass tuition remissions from contra revenue,-\$72,861,326. Reclass student loan program revenue, -\$1,182,786. Reclass student loan program expenses, \$1,217,396. Change in value of post-retirement health obligation in non-operating activity, \$5,535. Change in value of the interest rate swap, -\$976,070. Change in value of split interest and beneficial intere

st in outside trust, -\$89,461. Change in annuity and unitrust obligation, -\$342,174. Endow

ment expense - other, -\$44,196.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4b	Reclass of rental property expense to revenue, -\$283,904.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2d	Endowment expense-other, -\$44,196. Reclass of rental property expense to revenue, \$283,904.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4b	Reclass tuition reductions from contra-revenue to expense, \$72,712,730. Reclass aid for au xiliary from contra revenue to expense, \$148,596. Elimination of related party activity fr om consolidated statement, -\$336,264.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493055003261 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, 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 information. Inspection Department of the Treasury Namel Retherosganization **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, 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? 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," 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 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: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . . 5g Νo 5h No 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? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . . 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. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

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 Pell, Direct Lending, Campus Work Study and Supplemental Education Opportunity Grants. The Perkins Loan program is no longer active as the authority for schools to make new Federal Perkins Loans ended on September 30, 2017. The University continues to service existing Perkins balances. In addition, the University was awarded a CARES Act: Higher Education Emergency Relief Fund grant from the Department of Education of \$1.9 million in March, 2020 to pay for some of the additional costs incurred related to the closing of campus due to COVID-19.

Page 2

Schedule F (Form 990 or 990-F7) (2019)

Schedule E (Form 990 or 990EZ) (2019)

SCHEDULE F	Statement of Activities Outside the United States			s	OMB No. 1545-0047		
(Form 990) Department of the Treasury		<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.</li> <li>► Attach to Form 990.</li> <li>► Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>			5.	2019 Open to Public Inspection	
nternal Revenue Service					Empl	oyer iden	tification number
RUSTEES OF CLARK UNI	/ERSITY					11203	
	<b>nformation</b> Part IV, line		Outside the U	<b>Jnited States.</b> Comple	ete if the organ	ization a	nswered "Yes" on
-		-		substantiate the amoun	<del>-</del>	nd	
•	•	• ,	•	stance, and the selectior 			☑ Yes ☐ No
2 For grantmakers outside the United		Part V the orga	anization's proce	edures for monitoring the	use of its gran	ts and otl	her assistance
3 Activites per Region	. (The followin	ng Part I, line 3 t	table can be dupli	icated if additional space is	s needed.)		
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region		(e) If activity lister program service, specific typ service(s) in the	describe e of	(f) Total expenditures for and investments in the region
See Add'l Data							
3a Sub-total b Total from continuati Part I	on sheets to						
141621			14	1			13,725,35!

Cat. No. 50082W Schedule F (Form 990) 2019

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

Schedule F (Form 990) 2019	Page <b>2</b>
Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the Complete IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space	
organization section grant cash grant cash of no	mount (h) Description (i) Method of valuation (book, FMV, appraisal, other)
East Asia and the Research 36,544 wire transfer Pacific	0
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	as tax-
3 Enter total number of other organizations or entities	·

Part III can be du				(-) M	(6) A 6	() December	(I-) Mathadas
Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	( <b>g</b> ) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
See Add'l Data							

Sched	dule F (Form 990) 2019		Page <b>4</b>
Par	TIV 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)	<b>☑</b> 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)		
	Instructions for Forms 3520 and 3520-A, don't life with Form 990)	Yes	<b>☑</b> 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)		
	Corporations. (See Instructions for Form 3471)	Yes	<b>☑</b> 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).	<b>☑</b> 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)		
	(See Instructions for Form 6865)	<b>✓</b> 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	<b>☑</b> No

Schedule F (Form 990) 2019

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 method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

## Return Reference

Return Reference	Explanation				
Schedule F, Part I, Line 2	PRE-AWARD SUBRECIPIENT MONITOR: Federal awards are identified by informing each subrecipie int 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 pass-through entity shall provide the best information available to describe the Federal award. The subrecipient is advised of requirements imposed by governing laws, regulations, and provisions of contracts or grant agreements and supplemental requirements imposed by the pass-through entity. The subrecipient is 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 anne goals are achieved. Assurance is ascertained that any subrecipient spending \$750,000 or more in Federal awards during the subrecipient's fiscal year must meet the audit requirements of fundame (of memory) (VMB A-133). A management decision on audit findings must be issued within six months after receipt of the subracipient's audit report and ensure 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 to comply with his 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, eichnical reports and other deliverables to the PIPD by spends due dates. The PIPD is responsible to the five five five progress and the received in the control of performance over early by the invitories in the subcordination of the subcordination of the subcordination and additional accordance with the subcordination accordance with the agreements set forth in the application and award docume its. The PIPD is responsible for reviewing and approving invoices from subrecipient for the subcordination of the subcordination of the progress and in accordance with the agr				

## **Additional Data**

Europe (including Iceland and

Greenland)

Form 900 Schedule E Part T - Activities Outside The United States

**Software ID:** 19009572 **Software Version:** v1.00

**EIN:** 04-2111203

Name: TRUSTEES OF CLARK UNIVERSITY

26,131

Form 990 Schedule F Part 1 - Activities Outside The Officed States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
East Asia and the Pacific	0	0	Grantmaking		16,130			

1 Grantmaking

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 agents in fundraising, program describe specific type of region service(s) in region region services, grants to recipients located in the reaion) North America (including 0 |Grantmaking 5,286 Canada and Mexico, but not the United States) South America 0 |Grantmaking 7,938

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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia 0 | Grantmaking 1,493 Sub-Saharan Africa 0 Grantmaking 53,298

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 region agents in service(s) in region region services, grants to recipients located in the region) Central America and the 0 | Program Services Conferences 6,384 Caribbean Conferences 56,717 East Asia and the Pacific 0 Program Services

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 region agents in service(s) in region region services, grants to recipients located in the region) Europe (including Iceland and 1 |Program Services Conferences 48,946 Greenland) Middle East and North Africa Conferences 7,794 0 Program Services

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 agents in fundraising, program describe specific type of region service(s) in region region services, grants to recipients located in the reaion) North America (including 1 | Program Services Conferences 8,986 Canada and Mexico, but not the United States) South America 0 Program Services Conferences 3,640

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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia 0 Program Services Conferences 1,500 Sub-Saharan Africa 0 Program Services Conferences 2,902

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 region agents in service(s) in region region services, grants to recipients located in the region) Central America and the 0 | Program Services 912 lInstruction Caribbean 863,157 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 region agents in service(s) in region region services, grants to recipients located in the region) Europe (including Iceland and 6 Program Services 1.309.137 lInstruction Greenland) Middle East and North Africa 8.244 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 agents in fundraising, program describe specific type of reaion service(s) in region region services, grants to recipients located in the reaion) North America (including 1 Program Services 10,052 lInstruction Canada and Mexico, but not the United States) Russia and the newly 0 Program Services Instruction 7,418 independent 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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America Instruction 300 1 Program Services South Asia 0 Program Services Instruction 25,500

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 region agents in service(s) in region region services, grants to recipients located in the region) Sub-Saharan Africa 0 | Program Services 2.253 lInstruction Central America and the 0 Program Services Program development 792 Caribbean

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 region agents in service(s) in region region services, grants to recipients located in the region) East Asia and the Pacific 1 | Program Services 15,569 Program development Europe (including Iceland and 2 Program Services Program development 6,758 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 in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region service(s) in region region services, grants to recipients located in the reaion) Middle Fast and North Africa 0 | Program Services Program development 3,128 1,845 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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 4,457 0 Program Services Program development Sub-Saharan Africa 0 Program Services Program development 4,857

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 region agents in service(s) in region region services, grants to recipients located in the region) Central America and the 0 | Program Services 783 Student recruitment Caribbean 1,607,287 East Asia and the Pacific 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 in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of reaion service(s) in region region services, grants to recipients located in the reaion) Europe (including Iceland and 0 Program Services 98,407 Student recruitment Greenland) North America (including 0 Program Services Student recruitment 5.706 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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 0 Program Services 623 Student recruitment South Asia 0 Program Services Student recruitment 182,030

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 region agents in service(s) in region region services, grants to recipients located in the region) Sub-Saharan Africa 0 | Program Services 18,900 Student recruitment Central America and the 0 Investments 9,300,095 Caribbean

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (e) Manner of cash (f) Amount of (g) Description of (h) Method of (d) Amount of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Research grants lelectronic funds Central America ltransfer and the Caribbean 12 Research grants 37,403 |check and electronic| lEurope lfunds transfer (including Iceland and (Greenland

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 (g) Description of (h) Method of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Research grants 566 lelectronic funds Middle East and ltransfer North Africa Research grants 18,281 electronic funds Sub-Saharan ltransfer 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 (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Scholarships 500 lelectronic funds Central America ltransfer and the Caribbean Scholarships 7,286 check and electronic East Asia and lfunds transfer the Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (e) Manner of cash (g) Description of (h) Method of (d) Amount of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) Scholarships 18 check and electronic Europe lfunds transfer (includina Iceland and Greenland) Scholarships check and electronic Middle East and lfunds transfer 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 (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) 16,815 check and electronic Scholarships South America lfunds transfer Scholarships 3,251 |check and electronic | Sub-Saharan lfunds transfer Africa

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. 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. ▶ Attach to Form 990.

Open to Public

DLN: 93493055003261

OMB No. 1545-0047

Department of the Treasury		► Go to <u>wu</u>	► Attach to Form w.irs.gov/Form990 for		on.		Inspection
Internal Revenue Service   Name of the organization TRUSTEES OF CLARK UNIVERSIT						Employer identific	ation number
						04-2111203	
Part I General Inform  1 Does the organization main		and Assistance	the grants or assistance	the grantoes' eligibility	for the grants or assistance		
the selection criteria used t						e, and	☑ Yes ☐ No
2 Describe in Part IV the orga							
			ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	: 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of secti</li><li>3 Enter total number of other</li></ul>		-					6 1
For Paperwork Reduction Act Notic	e, see the Instructio	ns for Form 990.		Cat. No. 50055	 5P	Sch	nedule I (Form 990) 2019

Part III Grants and Other Assistance Part III can be duplicated if add			nization answered "Yes"	on For	m 990, Part IV, line 22.		•
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amoun cash grai	1 ,		(e) Method of valuation FMV, appraisal, other		(f) Description of noncash assistance
(1) Undergraduate scholarships	2105	51,213,777	0				
(2) Graduate scholarships	20	147,296	0				
(3) Graduate remissions	931	20,499,803	0				
(4) Undergraduate remissions	92	948,574	0				
(5) Graduate awards	213	835,854	0				
(6) Undergraduate awards	1472	1,623,406	0				
(6)							
(7)							
Part IV Supplemental Informa	neign Dravida the inf	ormation required in l	Dart I lina 2. Dart III	colum	on (b), and any other	addition	al information

(6)						
(7)						
Part IV Supplemental	Information.	Provide the in	formation required in	Part I, line 2; Part III,	column (b); and any other	additional information.
Return Reference	Explanation					
Schedule I, Part I, Line 2	and name of Fedaward. The subre requirements im laws, regulations \$750,000 or more management deappropriate and Each subrecipient entity to comply activities. The su forwarding copie contain the follow description of se invoice. Invoice and in accordanc subrecipient(s) following: period evidence of cost Federal funds ea a subrecipient avannual audit cert of the US as requibased assistance to maintain satis each academic y	deral agency. If recipient is advis aposed by the p. s., and the provious or in Federal avecision on audit timely correction is required to with this part. Use of the subrection in the subrection of the subrect	any of this information is sed of requirements impossed of requirements imposass-through entity. The sisions of contracts or grarwards during the subrecip findings must be issued we action. A determination permit the pass-through POST-AWARD SUBRECIP uld submit progress reportipient's report(s) to the Con: invoice on subcontract kup documentation, curred by an authorized official ements set forth in the action of the budget and submitting is within the contract policially in the contract policial invoice, receipt of committed in the contract policial invoi	s not available, the passised by governing laws, rubrecipient's activities and agreements and perforient's fiscal year must movithin six months after renis made as to whether sis entity and auditors to have the first monitorial reports and office of Sponsored Progrator's letterhead, date of interprise of the subcontractor and application and award docing invoices for payment eriod, appropriate invoices funding. Grant Accountification and award docing invoices for payment eriod, appropriate invoices funding. Grant Accountification and award docing invoices for payment eriod, appropriate invoices funding. Grant Accountification and substantial payments are documentation on sible for tracking payments. FAFSA, tax return informations is achieved. Merit begress is achieved. Merit begress is achieved.	through entity shall provide the legulations, and provisions of core monitored to ensure awards a mance goals are achieved. Assured the audit requirements of Unceipt of the subrecipient's audit subrecipient audits necessitate a lave access to the records and fin Principal Investigator (PI) or Proother deliverables to the PI/PD i ams and Research (OSPR). Subranoice, invoice number, period ocost sharing, cumulative project must contain a certification that tuments. The PI/PD is responsible in Smart Buy Plus. Grant Account format and level of detail, signate of subrecipient's audited finally, if applicable, time and effort cenents made to individuals or orgitation, W-2 statements, and other deads assistance is a seed educational assistance is a	e and number, award name and number, award year, best information available to describe the Federal intracts or grant agreements and supplemental re used for authorized purposes in compliance with irance is ascertained that any subrecipient expending inform Grant Guidance (formerly OMB A-133). A report and ensure that the subrecipient takes adjustment of the pass-through entity's own records. In a statements as necessary for the pass-through or gram Director (PD) is responsible for monitoring the by specified due dates. The PI/PD is responsible for recipient invoices submitted to the university must of performance covered by the invoice, itemized to costs and subrecipient contact person with respect to tall payments requested are for appropriate purposes le for reviewing and approving invoices from inting will review the subrecipient's invoice(s) for the ature by authorized subrecipient representatives, at subrecipients that expend \$750,000 or more of nicial statements. The following is required to close out ertifications, 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 in Grade Point Averages and earned units are reviewed awarded to students via Committee. Students who are

## **Additional Data**

148 State Street 10th Floor Boston, MA 02109 The University of Arizona

University of Arizona Tucson, AZ 85721

**Software ID:** 19009572 **Software Version:** v1.00 **EIN:** 04-2111203

501c3

Name: TRUSTEES OF CLARK UNIVERSITY

Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.		
(a) Name and address of organization or government	(b) EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Public Consulting Group	04-2942913		1,265,239	0			Employment training

413,221

Research

74-2652689

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) University of Illinois 37-6000511 501c3 207.275 Research 420 NE Glen Oak Ave Number 401

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

Number 401 Peoria, IL 61603 Virginia Polytechnic Institu

Virginia Polytechnic Institute and State University
300 Turner Street
Blacksburg, VA 24061

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government University of California Santa 95-6006145 50163 33 289 Research

Florida Atlantic University	65-0385507	501c3	16.551	0		Research
UC Santa Barbara Santa Barbara, CA 93106						
Barbara				-		
offiversity of camorrila Santa	JJ 0000143	] 30103	33,203	0		I KC3Carcii

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

777 Glades Rd Boca Raton, FL 33431

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 if applicable arant cash non-cash assistance or assistance assistance other) or government 501c3 6.496 Research Princeton University 21-0634501 Princeton University Princeton, NJ 08544

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	19305	5003	261
Sch	edule J	Col	mpensati	ion Information	10	1B No.	1545-0	0047
(For	n 990)		Compensa	rustees, Key Employees, and High	est	20	110	<u> </u>
		➤ Complete if the orga		rered "Yes" on Form 990, Part IV, I to Form 990.	line 23.	ZU	11)	•
•	tment of the Treasury	► Go to <u>www.irs.gov</u>		instructions and the latest informa	ation.	pen i		
	al Revenue Service ne of the organiza	lation		l e	Employer identifica		ectio Imber	
	STEES OF CLARK UN				-			
Pa	rt I Questi	ons Regarding Compensati	on		04-2111203			
	- Quiusun	one regulating compensati	<del></del>				Yes	No
<b>1</b> a				the following to or for a person listed y relevant information regarding these				
		or charter travel	lacksquare	Housing allowance or residence for pe	ersonal use			
	_	companions		Payments for business use of persona				
		nification and gross-up payments	<b>Y</b>	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ц	Personal services (e.g., maid, chauffe	eur, chef)			
b				follow a written policy regarding paym ve? If "No," complete Part III to explai		<b>1</b> 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 on Line	· la?			
3				d to establish the compensation of the	2			
		EO/Executive Director. Check all t d organization to establish compe		CEO/Executive Director, but explain in	Part III.			
	✓ Compensa	ation committee	<b>✓</b>	Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
		of other organizations	$\overline{\mathbf{Z}}$	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	Receive a sever	ance payment or change-of-contro	ol pavment? .			4a	Yes	
b		r receive payment from, a suppler				4b	100	No
С	Participate in, o	r receive payment from, an equity	·-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and p	provide the app	licable amounts for each item in Part I	III.			
	Only E01(a)(2	), 501(c)(4), and 501(c)(29) o	raanizations	must complete lines E.O				
5			_	the organization pay or accrue any				
		ontingent on the revenues of:						
а	The organization	1?				5a		No
b						5b		No
	•	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	1?				6a		No
b						6b		No
_	•	6a or 6b, describe in Part III.	A 10 4 10 5					
7	payments not d	escribed in lines 5 and 6? If "Yes,"	' describe in Pa	the organization provide any nonfixed rt III		7	Yes	
8	subject to the ir	nitial contract exception described	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," des		8		No
9				presumption procedure described in R		9		
For F	Paperwork Redu	iction Act Notice, see the Instr	uctions for Fo	orm 990. Cat. No. 50	053T Schedule J	(Forn	990)	2019

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compen: 30. Part	sation fro VII.	om the organization	on row (i) and fro	m related organiza	tions, described i	n the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	tal amou	ınt of Fo	rm 990, Part VII, Se	ection A, line 1a, ap				
(A) Name and Title	(	( <b>B)</b> Breal	kdown of W-2 and/o compensation	or 1099-MISC	(C) Retirement and other	( <b>D)</b> Nontaxable benefits	columns	(F) Compensation in
	(i) comp	Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
	_							
	+-							

Page 3

Schedule 1 (Form 990) 2019

Schedule J (Form 990) 2019

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 Schedule J, Part I, Line 1a 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.

The University's Board of Trustees has formed an Executive Compensation Committee which is charged with establishing the President's compensation and Schedule J, Part I, Line 3 approving the President's written employment contract. The Committee engages independent compensation consultants and reviews comparable industry data when determining the President's compensation.

Schedule J, Part I, Line 4 Paula David received a severance payment of \$160,297. In addition, the University contributed \$16,030 to her 403b plan and an additional \$3,304 toward her

health insurance. Pennie Turgeon received a severance payment of \$102,300 and a contribution of \$10,200 to her 403b plan.

The University entered into a deferred compensation agreement with President David Angel. Payment to President Angel is at the discretion of the Board of Trustees

Schedule J, Part I, Line 7 and payable at the conclusion of six years from the date of the agreement. If the Board approves payment, the maximum amount attributable to FY20, would be

l\$50k.

**Software ID:** 19009572 **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, Schedule	e J,	Part II - Officers, D	Pirectors, Trustees, K	ey Employees, and	Highest Compensate	d Employees		
(A) Name and Title		(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MIS( (ii) Bonus & incentive	C compensation (iii) Other reportable	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on
			compensation	compensation				prior Form 990
<b>1</b> David Angel Officer	(i)	383,662	50,000	0	28,000	23,091	484,753	0
	(ii)	0	0	0	0	0	0	0
1Jeffrey Hite Gillooly Key Employee	(i)	322,704	2,000	0	28,000	20,057	372,761	0
Rey Employee	(ii)	0	0	0	0	0	0	0
<b>2</b> Davis Baird Key Employee	(i)	301,641	2,000	0	28,000	22,131	353,772	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> Pennie Turgeon Key Employee	(i) (ii)	174,098 	0	102,269	27,618 	47,159	351,144	0
<b>4</b> John LaBrie	(i)	240,627	50,000	0	25,418	29,442	345,487	0
Key Employee	(ii)	0	0	0	0	0	0	0
<b>5</b> Ronald Eastman Director of Clark Labs	(i)	247,422	0	0	25,384	23,410	296,216	0
Director of Clark Labs	(ii)	0	0	0	0	0	0	0
<b>6</b> Robert Johnston Director of Marsh Institute	(i)	219,337	0	0	19,138	20,263	258,738	0
& Prof	(ii)	0	0	0	0	0	0	0
<b>7</b> Priscilla Elsass Associate Professor	(i)	220,646	0	0	21,551	10,607	252,804	0
Associate Professor	(ii)	0	0	0	0	0	0	0
<b>8</b> Jonathan Kappel Exec Director of Principal	(i)	217,773	2,000	0	21,911	5,078	246,762	0
Gifts	(ii)	0	0	0	0	0	0	0
<b>9</b> Meredith Twombley Key Employee	(i)	197,312	2,000	0	20,223	22,131	241,666	0
key Employee	(ii)	0	0	0	0	0	0	0
<b>10</b> Julie Dolan Officer	(i)	193,862	15,000	0	16,154	13,183	238,199	0
Officer	(ii)	0	0	0	0	0	0	0
<b>11</b> Paula David Key Employee	(i)	42,441	0	158,464	20,262	6,043	227,210	0
Rey Employee	(ii)	0	0	0	0	0	0	0
<b>12</b> Yuko Aoyama Key Employee	(i)	193,238	0	0	19,471	8,641	221,350	0
Key Employee	(ii)	0	0	0	0	0	0	0
13Frances Magee	(i)	178,431	2,000	0	18,090	10,330	208,851	0
key Employee	(ii)	0	0	0	0	0	0	0
<b>14</b> Joseph Kalinowski Asst VP Info Tech	(i)	176,388	2,000	0	16,708	1,512	196,608	0
7.650 77 21110 7.651	(ii)	0	0	0	0	0	0	0
<b>15</b> John Foley Officer	(i)	174,774	2,000	0	17,034	561	194,369	0
o meen	(ii)	0	0	0	0	0	0	0
<b>16</b> Jim Collins Officer	(i)	170,883	2,000	0	15,908	2,700	191,491	0
Officer	(ii)	0	0	0	0	0	0	0
17Nancy Budwig Former Key Employee	(i)	148,144	. 0	0	14,634	7,233	170,011	0
. s.mer Key Employee	(ii)	0	0	0	0	0	0	0
<b>18</b> Katherine Cannon Officer	(i)	147,697	2,000	0	14,523	1,678	165,898	0
Onicei	(ii)	0	n	0	ol	0	0	0
19Matthew Malsky	(i)	136,631	0	0	13,569	358	150,558	0
Key Employee	(ii)	0	0	0	0	0	0	0
		l	<u>.                                    </u>		<u> </u>		<u>.                                    </u>	<u>.                                    </u>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Supplemental Information on Tax-Exempt Bonds** 

OMB No. 1545-0047

DLN: 93493055003261

**Employer identification number** 

14,717,047

No

Χ

Χ

2017

Yes

Χ

Χ

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(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.

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

TRI	JSTEES OF CLARK UNIVERSITY					04-21	11202							
В	art I Bond Issues							04-21	11203					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue price		(f) Description of purpose	(g) De	feased	beh	On alf of uer		Pool ncing	
								Yes	No	Yes	No	Yes	No	
A	Massachusetts Development Finance Agency	04-3431814	57583RUU7	04-07-2008	50,255,000	See P	Part VI.		Х		Х		Х	
В	Massachusetts Development Finance Agency	04-3431814	57583UJY5	12-01-2011	20,098,799	See P	Part VI.		Х		Х		Х	
С	Massachusetts Development Finance Agency	04-3431814	PRIVATE00	10-01-2015	17,895,000	See P	Part VI.		Х		Х		Х	
D	Massachusetts Development Finance Agency	04-3431814	PRIVATE00	04-03-2020	10,750,000	Refur	nd MDFA11 (OID: 12/01/2011)		Х		Х		Х	
P	art II Proceeds					1		1						
					Α		В	С				D		
1	Amount of bonds retired				16,610	0,000	8,268,799		3,400,	.000			0	
2	Amount of bonds legally defease				1,068	3,043	11,830,000			0 0			0	
3	Total proceeds of issue				50,334	1,445	20,099,208		17,895,	000		10,7	750,000	
4	Gross proceeds in reserve funds	5				0	0			0			0	
5	Capitalized interest from procee	eds				0	0			0				
6	Proceeds in refunding escrows .					0	0			0				
7	Issuance costs from proceeds			273,5		,558 253,048		152,	148	3 0				
8	g Credit enhancement from proceeds				78,41		0			0				
9	Working capital expenditures fro	om proceeds				0 0		0			0			
10	Capital expenditures from proceeds				0 5,616,353			3,025,805				0		

16 Does the organization maintain adequate books and records to support the final allocation of 17 **Private Bu** Part 🎹

11

12

13

14

15

rt III Private Business Use								
		A		В		ā T	Г	D
	Yes	No	Yes	No	Yes	No	Yes	No
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		×		X		×
Are there any lease arrangements that may result in private business use of bond-financed		X		Х		X		Х

2009

No

Yes

Χ

Χ

Χ

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

Were the bonds issued as part of a current refunding issue of tax-exempt

bonds (or, if issued prior to 2018, an advance refunding issue)? . . .

bonds (or, if issued prior to 2018, a current refunding issue)? . . . . Were the bonds issued as part of an advance refunding issue of taxable

Cat. No. 50193E

0

0

0

14,229,806

No

Χ

2013

Yes

Χ

Χ

Χ

Schedule K (Form 990) 2019

10,750,000

No

2020

Yes

Χ

Χ

Χ

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

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 nongualified bonds of

Are there any management or service contracts that may result in private business use of

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

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

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

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

Private Business Use (Continued)

hedge with respect to the bond issue?

Was the hedge superintegrated? . . . . . .

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

Page 2

No

Χ

Χ

0 %

0 %

0 %

Χ

No

Χ

Χ

Χ

Χ

D

Yes

Χ

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Yes

Χ

Χ

Schedule K (Form 990) 2019

D

В

No

Х

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0 %

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Yes

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Yes

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No

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No

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C

Schedule K (Form 990) 2019

Part II

За

b

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6

8a

Part IV

b

C

Arbitrage

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

Yes

Χ

Χ

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

Yes

Χ

Refund MDFA00 (OID: 11/2/00), Refund MDFA02A (OID: 11/26/2002), Refund MDFA02B (OID: 11/26/2002), Construct & equip library.

No

Χ

Χ

Yes

No

Explanation

В

No

Yes

No

C

Nο

Yes

Χ

Page 3

No

D

D

No

Yes

Yes

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Part VI

Agency

**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

Massachusetts Development Finance

Schedule K, Part I, Column f-04/07/2008 50,255,000

Return Reference	Explanation
	Refund MDFA98 (OID: $11/10/98$ ), Finance the construction, renovation and/or equipping of certain facilities of the institution and to pay the costs of issuing the bonds.

Return Reference	Explanation
	Refund MDFA05 (OID: 11/03/2005), Capital repairs and improvements to the campus, acquisition of technology and data network equipment for use on campus, and payment of issuance costs.

Ma Fir

Return Reference	Explanation
Schedule K, Part IV, Line 2c-	4/7/2008 \$50,255,000 Massachusetts Development Finance Agency - Clark has engaged AMTEC to perform the
04/07/2008 50,255,000	arbitrage rebate computations for MDFA series 2008. Their computations covered the period from April 7, 2008 thru
Massachusetts Development	April 7, 2020, with future valued to April 7, 2021 computation date. The report dated June 18, 2020 provided that
Finance Agency	the issue qualified for the Eighteen Month Spending Exception from rebate.

Return Reference	Explanation
Schedule K, Part IV, Line 2c- l2/01/2011 20,098,799 Massachusetts Development	12/01/2011 \$20,098,799 Massachusetts Development Finance Agency - Clark has engaged AMTEC to perform the arbitrage rebate computations for the MDFA Series 2011. Their computations covered the period from December 1, 2011 thru July 1, 2020, with no future value date as the bonds have been redeemed. The report, dated July 24, 2020 provided their calculation and conclusion that no rebate liability existed and reporting to the IRS was not required at this time.

Return Reference	Explanation
	10/01/2015 \$17,895,000 Massachusetts Development Finance Agency - Clark has engaged AMTEC to perform the arbitrage rebate computations for the MDFA Series 2015. Their computations covered the period from August 27,
	2015 thru August 27, 2020, with future valued to August 31, 2021. The report, dated September 23, 2020, provided
inance Agency	their calculation and conclusion that no rebate liability existed and reporting to the IRS was not required at this time.

Μa

Return Reference	Explanation
Schedule K, Part IV, Line 2c- 04/03/2020 10,750,000	04/03/20 \$10,750,000 Massachusetts Development Finance Agency - Clark has engaged AMTEC to perform the
Massachusetts Development Finance Agency	arbitrage rebate computations for the MDFA Series 2020. The first value report is scheduled for March 31, 2021.

efi	le GRAPHIC prir	nt - DO NOT PROCE	SS As Filed Da	ta -							DLN: 9	34930	550032	61
		e full content of th	nis document, plea	ase select landscape m	ode (11" x 8	.5") when	printing.							
	hedule K		Sunnlem	ental Information	on Tay-F	vemnt	Ronds			-	OMB N	lo. 1545	5-0047	
(Fo	orm 990)	<b>▶</b> Con		ation answered "Yes" to F		-		scriptions,			7	<b>N1</b>	Q	
				lanations, and any additio	nal informatio	•		<b>,</b>				<u>U1</u>		
	rtment of the Treasury nal Revenue Service		►Go to www	Attach to Form <b>♦</b> irs.gov/Form990 for instr.		a latest inf	ormation					n to Pu spection		
Nam	e of the organization		P do to <u>www</u>	ioi ilisti	detions and th	e latest lill	oi illacioni.		Em	oloyer ide	ntification			_
TRU	STEES OF CLARK UN	IIVERSITY							04-	2111203				
Pa	rt I Bond Iss	sues							I					—
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued (	e) Issue price	(f)	Description o	f purpose	(g) De	efeased	(h) O	n	(i) Pool	_
											behalf issue		financing	J
									Yes	No		-	Yes N	
Pa	rt II Proceeds	5							1.00	110	.00		100   1	<u> </u>
						Α		В		С			D	
1	Amount of bonds	retired												
2														_
3	Total proceeds of	issue												_
4	Gross proceeds in	reserve funds												_
5	Capitalized interes	st from proceeds												
6	Proceeds in refund	ding escrows												
7	Issuance costs fro	om proceeds												_
8	Credit enhanceme	ent from proceeds												_
9					,									_
10		res from proceeds										-		_
11	Other spent proce	eds										-		_
12		oceeds												_
13		l completion												_
					Yes	No	Yes	No	Yes	N	0	Yes	No	_
14	Were the bonds is bonds (or, if issue	ssued as part of a curre ed prior to 2018, a curre	nt refunding issue of to ent refunding issue)? .	ax-exempt										_
15		ssued as part of an adva ed prior to 2018, an adv		f taxable ?										
16	Has the final alloc	ation of proceeds been	made?											
17		ition maintain adequate		support the final allocation o	f									_
Pa		Business Use			•	•	_ <b>-</b>	•					'	_
						A		В		С			D	
1		tion a partner in a partr xempt bonds?		of an LLC, which owned prope	Yes Yes	No	Yes	No	Yes	N	o	Yes	No	—
2	Are there any leas		nay result in private bu	usiness use of bond-financed										
For		tion Act Notice, see t				t No 50193	3F				Schedule	K (For	m 990\ 2	<u></u>

bond-financed property?

Are there any management or service contracts that may result in private business use of

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

Private Business Use (Continued)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . . Rebate not due yet? . . . . . . .

hedge with respect to the bond issue?

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

Term of hedge . . . . . . . . . Was the hedge superintegrated? . . . . . . 

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

Schedule K (Form 990) 2019

Part Ⅲ

Part IV

а

b

C

Arbitrage

3a

b

Page 2

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

	bond inflanced property:	,			
)	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				
	Are there any research agreements that may result in private business use of bond-financed property?				
l	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				
	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	•			
	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.				

Α

No

В

No

Yes

Yes

В

No

Yes

C

No

Yes

C

No

Yes

4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government				
6	Total of lines 4 and 5				
	Described band form and the material constitution and the second constitution and the				

Α

Yes

	a section 501(c)(3) organization or a state or local government				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.				
6	Total of lines 4 and 5				
7	Does the bond issue meet the private security or payment test?				
8a	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				

No

a	(GIC)?			
b	Name of provider			

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

D No

Page 3

No

D

Yes

No

Yes

Nο Yes

Yes No 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 if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2019

period?

Arbitrage (Continued)

Term of GIC . . . . . . . . . .

the GIC satisfied? . . . . . . . .

requirements of section 148? . . .

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** 

Yes

No

Part II  Loans to and/or From Interday (a) Name of the amount of tax, if any, on line 2, a complete if the organization answere the amount of tax, if any, on line 2, a complete if the organization answere the amount of tax incurred by the organization answere the amount of tax, if any, on line 2, a complete if the organization answere the amount on Form 990, (a) Name of (b) Relationship (c) Purpose	(section 501 (b)	8c, or Form 99 ch to Form 99 for inst	s" on Form 99 00-EZ, Part V, 0 or Form 99 ructions and 501(c)(4), and IV, line 25a or etween disqual organization	90, Part IV, lin, line 38a or 4 0-EZ. the latest inf d section 501(c) 25b, or Form solified person and	En 04 0(29) 0 990-E	nploy -2111 organ Z, Par (c) Do	ver ide 1203 ization rt V, lin escript ansacti	entificates only) ne 40b. cion of on	20 Deen to Inspirition n	1545-00 19 to Publication umber
Part II  Loans to and/or From Interded Application answered Complete if the amount of tax, if any, on line 2, a ported an amount on Form 990, (c) Purpose (a) Name of (b) Relationship (c) Purpose (c) Propose (c	(section 501 (b)	answered "Yes 8c, or Form 99 ch to Form 99 cm990 for inst  (c)(3), section Form 990, Part Relationship be	s" on Form 99 00-EZ, Part V, 0 or Form 99 ructions and 501(c)(4), and IV, line 25a or etween disqual organization	90, Part IV, lin, line 38a or 4 0-EZ. the latest inf d section 501(c) 25b, or Form solified person and	En 04 0(29) 0 990-E	nploy -2111 organ Z, Par (c) Do	ver ide 1203 ization rt V, lin escript ansacti	entificates only) the 40b. tion of on	Open (Inspirition n	to Publ ection umber
Department of the Treasury Internal Revenue Service  Name of the organization TRUSTEES OF CLARK UNIVERSITY  Part I Excess Benefit Transactions (somplete if the organization answered 1 (a) Name of disqualified person  2 Enter the amount of tax incurred by the organization answered to the organization answered an amount on Form 990, (a) Name of (b) Relationship (c) Purpose	Section 501  (section 501  (b)	(c)(3), section form 990, Part Relationship be	501(c)(4), and IV, line 25a or etween disqual organization	d section 501(c) 25b, or Form diffied person and	En 04 0(29) 0 990-E: d (	-2111 organ Z, Par (c) Do tra	I203 izatior rt V, lir escript ansacti	entifica as only) ne 40b. tion of on	Open (Inspirition n	to Publ ection umber
Part I Excess Benefit Transactions (: Complete if the organization answere:  1 (a) Name of disqualified person  2 Enter the amount of tax incurred by the organization answere: 3 Enter the amount of tax incurred by the organization answere: 4958	(section 501 ed "Yes" on I	(c)(3), section form 990, Part Relationship be	501(c)(4), and IV, line 25a or etween disqual organization	d section 501(c) 25b, or Form diffied person and	990-E	-2111 organ Z, Par (c) Do tra	I203 izatior rt V, lir escript ansacti	entifica as only) ne 40b. tion of on	Insp ition n	ection umber
Part I Excess Benefit Transactions (: Complete if the organization answere:  1 (a) Name of disqualified person  2 Enter the amount of tax incurred by the organization answere: 3 Enter the amount of tax incurred by the organization answere: 4958	(section 501 ed "Yes" on I	(c)(3), section form 990, Part Relationship be	501(c)(4), and IV, line 25a or etween disqual organization	d section 501(c) - 25b, or Form of the person and t	990-E	-2111 organ Z, Par (c) Do tra	I203 izatior rt V, lir escript ansacti	entifica as only) ne 40b. tion of on	Insp ition n	ection umber
Part I Excess Benefit Transactions (:	d "Yes" on I	Relationship be	qualified perso	25b, or Form	04 0(29) ( 990-E	-2111 organ Z, Par (c) Do tra	I203 izatior rt V, lir escript ansacti	is only) ne 40b. ion of on	. (d	) Correct
Part I Excess Benefit Transactions (a)  Complete if the organization answered  (a) Name of disqualified person  2 Enter the amount of tax incurred by the organization answered by the amount of tax, if any, on line 2, and a second by the organization answered by the organization and the organization answered by the organization and the organization answered by th	d "Yes" on I	Relationship be	qualified perso	25b, or Form	)(29) ( 990-E	organ Z, Par (c) De tra	izatior rt V, lii escript ansacti	ne 40b. ion of on	(d	
Complete if the organization answere  1 (a) Name of disqualified person  2 Enter the amount of tax incurred by the organization answere type of the complete if the organization answere reported an amount on Form 990, (a) Name of (b) Relationship (c) Purpose	d "Yes" on I	Relationship be	qualified perso	25b, or Form	)(29) ( 990-E	organ Z, Par (c) De tra	izatior rt V, lii escript ansacti	ne 40b. ion of on	(d	
Complete if the organization answere  1 (a) Name of disqualified person  2 Enter the amount of tax incurred by the organization answere type of the complete if the organization answere reported an amount on Form 990, (a) Name of (b) Relationship (c) Purpose	d "Yes" on I	Relationship be	qualified perso	25b, or Form	990-E.	Z, Par (c) De tra	rt V, lin	ne 40b. ion of on	(d	
2 Enter the amount of tax incurred by the organization answereported an amount on Form 990, (a) Name of (b) Relationship (c) Purpose	ganization r	Relationship be	etween disqual organization qualified perso	ons during the	d (	(c) Do	escript ansacti	ion of on	(d	
2 Enter the amount of tax incurred by the organization answer reported an amount of Form 990, (a) Name of (b) Relationship (c) Purpose	ganization r	managers or dis	qualified perso	ons during the y		tra	ansacti	on		
4958	·				year u	nder :	section	1		
4958	·				year u	nder :	section	1		
4958	·				year u	nder	section	1		
4958	·				year u	nder	section	1		
4958	·				year u	nder	section	1		
4958	·				year u •	nder :	sectior	า		
4958	·				year u •	nder :	section	1		
Part II Loans to and/or From Inter Complete if the organization answereported an amount on Form 990,  (a) Name of (b) Relationship (c) Purpose	above, reim	bursed by the o	rganization .				<b>•</b>			
Part II Loans to and/or From Inter Complete if the organization answereported an amount on Form 990,  (a) Name of (b) Relationship (c) Purpose	above, reim	bursed by the c	rganization .					\$ ——		
Complete if the organization answereported an amount on Form 990,  (a) Name of (b) Relationship (c) Purpose			. 9		•			\$		
Complete if the organization answereported an amount on Form 990,  (a) Name of (b) Relationship (c) Purpose	rested Pe	rsons								
(a) Name of (b) Relationship (c) Purpose			, Part V, line 3	8a, or Form 99	0, Par	t IV,	line 26	; or if	the org	anization
					-					
nterested person with organization of loan			1, ,					(h) (i) Writt		
	orga	organization? principal amount		due	default? Approv					
								ittee?		
	То	From			Yes	No	Yes	No	Yes	No
Total		J	<b>&gt;</b> \$							
Part III Grants or Assistance Benefit										
Complete if the organization an	ıswered "Y	es" on Form 9	990, Part IV,							
			rpose o	f assista						
interested perso organizat										
Substantial Contributor     Substantial contri			1 265 230	PCG is subcon	tracto	ron	DI	0300 0	o Dart	\ <u>\</u>
ownership interes			1,203,233	grant from the				ease se	e rait	V
of 5% Public Cons				of Labor	•					
Group.										
		1					- 1			

\$1,265,239

(b) Relationship

between interested

person and the

(a) Name of interested person

of

lorganization's

(d) Description of transaction

Page 2

	organization			rever	ues?
				Yes	No
(1) Christopher Cannon	Employee is son of officer, K. Cannon	34,970	Compensation for position of custodian/utility		No
(2) Jocelyne Bauduy	Employee is wife of the President	28,012	Compensation for position of Special Assistant to the President's Office.		No
(3) Alyssa Spencer	Employee is the daughter of Trustee Vickie Ricardo	40,112	Compensation for the position of Assistant Director of Stewardship.		No
(4) Eric Epstein	Trustee and Director Davidson Kempner	,	Clark had an investment in funds managed by Davidson Kempner that was fully redeemed as of July 24,2019. Clark paid management fees of approximately \$60,000 to the partnership.		No
(5) Jack Foley	Officer of Clark, Trustee of Jonas Realty Corp	<b>,</b>	Clark leases 939 Main Street from Related Organization Jonas Realty Corporation of which Jack Foley is a Trustee. The rental expense paid to Jonas Realty Corp in FY20 was \$182,000.		No
(6) Jack Foley	Officer of Clark, Treasurer and board member of the Community Development Corporation	,	Mr. Foley is Treasurer and a board member of the Community Development Corporation, to whom Clark has guaranteed a line of credit up to \$500,000 related to restoration of the Main South neighborhood. The balance of the line of credit outstanding as of the end of FY20 was \$78,650.		No
Part V Supplemental Inform	mation ation for responses to questions on Scheo	dule L (see instruc	tions).		
Return Reference		Explana	· · · · · · · · · · · · · · · · · · ·		
L Schedule L, Part III	Clark has entered into a subcontract ag			ices and	i
	1				

provide support for a federal grant from the Department of Labor. One of Clark's substantial contributors has an ownership interest in excess of 5% in PCG. The amount paid under the agreement for FY20 was

(c) Amount of

transaction

DLN: 93493055003261 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶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 **Employer identification number** Name of the organization TRUSTEES OF CLARK UNIVERSITY 04-2111203 Part I Types of Property (a) (b) (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 . . Art—Historical treasures **3** Art—Fractional interests 4 Books and publications 5 Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 23 6,256,393 Market value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . 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 29 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 isn't 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page <b>2</b>
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
is reporting in Part I, colu complete this part for an	ımn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	Schedule M (Form 990) (2019)

efile GRAPH	IIC print - D	O NOT PROCESS As Filed Dat	a -		DLN: 93493055003261			
SCHEDUL (Form 990 or EZ)	· 990-	Complete to provide informatio Form 990 or 990-EZ or to p ► Attach to	emental Information to Form 990 or 990-EZ  te to provide information for responses to specific questions on rm 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Go to <a href="mailto:www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.					
Name Brtheof TRUSTEES OF CLA 990 Schedul	ARK UNIVERSITY	mental Information		04-211120	identification number 3			
Return Reference			Explanation					
Form 990, Part III, Line 4a	bal pandemie	0, the World Health Organization declare c. At that time, the University moved to a e academic year. All instruction and stud	n online learning platform for the re	J				

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part III, Line
4d
In March 2020, the World Health Organization declared the outbreak of COVID-19 to be a glo
bal pandemic. At that time, housing and meal operations were significantly curtailed with
the exception of those required to support a small number of international students who we
re unable to get home due to pandemic-related travel restrictions.

990 Schedule O, Supplemental Information

Return Explanation

Form 990, Part VI,	The Audit Committee of the Board of Trustees was authorized and requested to review the ad ministration's draft responses to the Form 990. This was completed at the XX XX XXXX meeti
Section B,	ng of the committee. The Board has authorized submission to the Internal Revenue Service w
Line 11b	ith 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 submissio
	n.

## 990 Schedule O, Supplemental Information

Return Reference  Form 990, Part VI, Part VI, Conflict of interest disclosure form. Faculty forms are reviewed by the Grants Office with	
,	
	is also the Treasurer of the Board of Trustees

Return Explanation

Form 990,
Part VI,
Section B.

The University's Board of Trustees has formed an Executive Compensation Committee which is charged with establishing the President's compensation and approving the President's writ ten employment contract. The Committee engages independent compensation consultants and re

views comparable industry data when determining the President's compensation.

990 Schedule O, Supplemental Information

Line 15

990 Schedule O, Supplemental Information

Return Reference	Explanation							
Form 990, Part VI,	Clark University's governing documents, conflict of interest policy and financial document							
Section C.	s 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							
Line 19	available for viewing in Goddard Library and are also publicly available as a result of se							

Section Line 19 veral public debt issuances through the Massachusetts Development Finance Agency (MDFA). F inancial statements are similarly available and are also posted on the University's websit e and through Guidestar. The conflict of interest policy is available upon request from th

e Board of Trustees and the Office of Sponsored Programs and Research.

Return Explanation

990 Schedule O, Supplemental Information

Reference	
Form 990,	Change in value of split interest agreement, -\$342,174. Change in value of interest rate s
Part XI, Line	wap, -\$976,070. Change in value of beneficial interest in outside trust, -\$89,461. Student

loan activity-net, \$34,610. Change in post-retirement health obligation, \$5,535.

SCHEDULE R
(Form 990)

Related

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

Department of the Treasury

Internal Revenue Service

## **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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493055003261

Open to Public Inspection

Schedule R (Form 990) 2019

Name of the organization RUSTEES OF CLARK UNIVERSITY							Employer ide	ntificatio	on number		
Part I Identification of Disregarded Entities. Complete	e if the organ	nization answ	ered "Yes	" on Form	990, Part	IV, line 3	04-2111203 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activit		(c ctivity Legal domi or foreign		(d) Total inco	ome End-of-ye	) ar assets	Direct co	<b>(f)</b> Direct controlling entity	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year		ete if the orga	anization	answered	"Yes" on I	orm 990,	, Part IV, line 3	4 becaus	se it had one o	r more	
(a)  Name, address, and EIN of related organization		<b>(b)</b> Primary activity		c) nicile (state n country)	(d) Exempt Cod	) le section	(e) Public charity statu (if section 501(c)(3	s [	<b>(f)</b> Direct controlling entity	Section (13) co	g) n 512(b) ontrolled tity?
(1)Jonas Realty Corp 950 Main Street Worcester, MA 01610 47-5234687	Clark Universimilar nor	e Trustees of ersity and nprofit entities cion 501(c)(3).	r	4A	501(c)(3)		11c III FI	Truste Univer	ees of Clark rsity	Yes Yes	No

Cat. No. 50135Y

	nizations Taxable as a F streated as a partnership	during the tax	year.							,				
(a) Name, address, and EIN o related organization		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomin income(relunrelate excluded fax undsections 5514)	ated, total inco d, rom er		Disprop	h) ortionate otions?	(i) Code V-UBI amount in bo 20 of Schedule K- (Form 1065	Gene x man par	(j) eral or naging tner?	(k) Percent owners	tage	
					1 .,			Yes	No		Yes	No		
												+		_
									-			+		
												$\Box$		
												$\perp \perp \downarrow$		
Part IV Identification of Related Organ	nizations Taxable as a C	Corporation o	r Trus	<b>t.</b> Complet	e if the or	ganization a	nswered "Y	es" on I	orm s	<u> </u> 990, Part I	 V, lin∈	34		
Part IV Identification of Related Organ because it had one or more relate  (a) Name, address, and EIN of related organization	nizations Taxable as a C d organizations treated as (b) Primary activity	c a corporation  (c)  Leg dom (state or	or trus gal icile foreign	st during th	e if the org ne tax yea (d) t controlling entity	ganization a r.  (e) Type of entity (C corp, S corp or trust)	nswered "Y  (f)  Share of tot income	al Share	(g) e of endyear assets	-of- Perc	V, line (h) entage ership	S (1	(i) ection 51 13) contro entity?	rolled?
<b>(a)</b> Name, address, and EIN of	d organizations treated as	a corporation (c	or trus c) gal nicile r foreign ntry)	st during th	(d) t controlling	(e) Type of entity (C corp, S corp	(f) Share of tot	al Share	(g) e of end year	-of- Perc	( <b>h)</b> entage	S (1	entity?  Yes I	rolled
because it had one or more relate  (a)  Name, address, and EIN of related organization	d organizations treated as  (b)  Primary activity	a corporation (c Leg dom (state or	or trus c) gal nicile r foreign ntry)	st during th	(d) t controlling	(e) Type of entity (C corp, S corp	(f) Share of tot	al Share	(g) e of end year	-of- Perc	( <b>h)</b> entage	S (1	entity?  Yes I	rolled? Po
because it had one or more relate  (a)  Name, address, and EIN of related organization  (1)Charitable Remainder Trust (19)  950 Main Street	d organizations treated as  (b)  Primary activity	a corporation (c Leg dom (state or	or trus c) gal nicile r foreign ntry)	st during th	(d) t controlling	(e) Type of entity (C corp, S corp	(f) Share of tot	al Share	(g) e of end year	-of- Perc	( <b>h)</b> entage	S (1	entity?  Yes I	rolled? Po
because it had one or more relate  (a)  Name, address, and EIN of related organization  (1)Charitable Remainder Trust (19)  950 Main Street	d organizations treated as  (b)  Primary activity	a corporation (c Leg dom (state or	or trus c) gal nicile r foreign ntry)	st during th	(d) t controlling	(e) Type of entity (C corp, S corp	(f) Share of tot	al Share	(g) e of end year	-of- Perc	( <b>h)</b> entage	S (1	entity?  Yes I	rolled? Po
because it had one or more relate  (a)  Name, address, and EIN of related organization  (1)Charitable Remainder Trust (19)  950 Main Street	d organizations treated as  (b)  Primary activity	a corporation (c Leg dom (state or	or trus c) gal nicile r foreign ntry)	st during th	(d) t controlling	(e) Type of entity (C corp, S corp	(f) Share of tot	al Share	(g) e of end year	-of- Perc	( <b>h)</b> entage	S (1	entity?  Yes I	rolled ? <b>No</b>
because it had one or more relate  (a)  Name, address, and EIN of related organization  (1)Charitable Remainder Trust (19)  950 Main Street	d organizations treated as  (b)  Primary activity	a corporation (c Leg dom (state or	or trus c) gal nicile r foreign ntry)	st during th	(d) t controlling	(e) Type of entity (C corp, S corp	(f) Share of tot	al Share	(g) e of end year	-of- Perc	( <b>h)</b> entage	S (1	entity?  Yes I	rolled? Po
because it had one or more relate  (a)  Name, address, and EIN of related organization  (1)Charitable Remainder Trust (19)  950 Main Street	d organizations treated as  (b)  Primary activity	a corporation (c Leg dom (state or	or trus c) gal nicile r foreign ntry)	st during th	(d) t controlling	(e) Type of entity (C corp, S corp	(f) Share of tot	al Share	(g) e of end year	-of- Perc	( <b>h)</b> entage	S (1	entity?  Yes I	rolled ? <b>No</b>

(1)Jonas Realty Corp

(2)Jonas Realty Corp

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . .

Name of related organization

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(b)

Transaction

type (a-s)

Amount involved

9,700,000

182,000

Lease of facilities, equipment, or other assets to related organization(s) . . .

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

No

No

No

No

No

No

No No

No No

1k Yes

11

1m

1n

10

1r

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(d)

Method of determining amount involved

Negotiated rate - deemed fair market value.

Original principal on four loans.

Yes

Page 3

Pa	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.		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	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)	<b>1</b> b		No
_	Cift grant or capital contribution from related organization(s)	10		No

1 During the tax year, did the orgranization 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	[7	1a	No	<u> </u>
<b>b</b> Gift, grant, or capital contribution to related organization(s)	[1	<b>1</b> b	No	<u> </u>
c Gift, grant, or capital contribution from related organization(s)	[	1c	No	)
d Loans or loan guarantees to or for related organization(s)	[7	1d \	Yes	_
e Loans or loan guarantees by related organization(s)	[7	1e	No	<del>,</del>
f Dividends from related organization(s)	[:	1f	No	)
g Sale of assets to related organization(s)	ī	<b>1</b> g	No	<del>,</del>

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 exc	clusion for certain inv	/estment p	partnerships.										
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	egal Predominant micile income ate or reign unrelated, untry) excluded from	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		<b>(k)</b> Percentage ownership
			sections 512- 514)	Yes	No			Yes	No		Yes	No	
									<u> </u>	Schedul	e R (Forn	n 99	0) 2019

Schedule R (Form 990) 2019 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 reporting threshold for reporting on line 2.