DLN: 93493131020481

2019

OMB No. 1545-0047

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

		nue Service	1								
A F	or the	e 2019 c	alendar year, or tax year begin	ning 07-01-2019 , and endi	ing 06-3	0-2020	_				
		pplicable:	C Name of organization STERLING AND FRANCINE CLARK AR	Т			D Employ	er identif	ication number		
		change	INSTITUTE				04-216	3004			
	me cha tial ret	-	Doing business as				—				
		n/terminated									
		return	Number and street (or P.O. box if ma	il is not delivered to street address)	Room/su	ite	E Telephon	E Telephone number			
		on pending	225 SOUTH STREET	,			(413) 4	(413) 458-2303			
			City or town, state or province, count								
			WILLIAMSTOWN, MA 012672878	G Gross re	G Gross receipts \$ 73,663,504						
			F Name and address of principal	officer		H/-> 1			3,003,301		
			SCOTT SCHWEIGHAUSER	officer.			this a group re	turn for			
			225 SOUTH STREET				ubordinates? re all subordinat	·ec	□Yes ☑No		
			WILLIAMSTOWN, MA 012672878	3			cluded?	.03	☐ Yes ☐No		
I lax	<-exen	npt status:	☑ 501(c)(3) ☐ 501(c)() ◄ (i	nsert no.) 4947(a)(1) or [527	If	"No," attach a l	ist. (see	instructions)		
J W	ebsit	e:▶ WW	VW.CLARKART.EDU			H(c) G	roup exemption	number	>		
K Forn	n of or	rganization	: 🗹 Corporation 🔲 Trust 🔲 Assoc	ciation ☐ Other ►		L Year of f	ormation: 1950		of legal domicile:		
								MA			
Pa	ırt I	Sum	mary								
			scribe the organization's mission or	most significant activities:							
ψ.	5	SEE SCHE	DULE O								
Ĕ.											
Governance	_										
š	2	Check thi	is box \blacktriangleright \square if the organization disc	continued its operations or disp	osed of m	nore than :	25% of its net a	ssets			
<u> </u>			of voting members of the governing					3	22		
	4	Number o	of independent voting members of	the governing body (Part VI, lin	ne 1b) .			4	22		
Activities &			nber of individuals employed in cal-		-		_	5	177		
₹			mber of volunteers (estimate if nece	•	•			6	60		
5											
4			related business revenue from Part	* **			•	7a	71,768		
	ь	Net unrel	lated business taxable income from	Form 990-T, line 39		<u> </u>		7b	-419,870		
							Prior Year		Current Year		
g,	8	Contribut	tions and grants (Part VIII, line 1h)		•		6,254,8	369	23,028,289		
E.	9	Program	service revenue (Part VIII, line 2g)				1,592,5	522	1,595,066		
Ravenue	10	Investme	ent income (Part VIII, column (A), li	19,027,4	165	1,974,372					
<u> </u>	11	Other rev	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 73,526								
	12	Total rev	enue—add lines 8 through 11 (mus	st egual Part VIII. column (A). lii	ne 12)		26,948,3	382	26,673,561		
			nd similar amounts paid (Part IX, co				366,5	500	275,239		
			paid to or for members (Part IX, co	0	0						
			,	, ,,			0.265				
88			other compensation, employee ber		•		8,265,6		8,437,132		
9	16a	Professio	onal fundraising fees (Part IX, colum	nn (A), line 11e)	•		66,4	148	79,051		
Expenses	b	Total fundr	raising expenses (Part IX, column (D), li	ne 25) ▶ <u>1,341,638</u>							
ш	17	Other exp	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e)			21,276,6	506	18,962,537		
	18	Total exp	enses. Add lines 13–17 (must equa	al Part IX, column (A), line 25)			29,975,:	167	27,753,959		
	19	Revenue	less expenses. Subtract line 18 fro	m line 12			-3,026,7	785	-1,080,398		
\$ &						Beginr	ning of Current Y	ear	End of Year		
ž Š											
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)				590,626,7	701	592,810,685		
절	21	Total liab	oilities (Part X, line 26)				87,229,2	267	85,992,243		
žΞ	22	Net asset	ts or fund balances. Subtract line 2	1 from line 20			503,397,4	134	506,818,442		
Pa	rt II	Sian	ature Block					·			
			erjury, I declare that I have exami	ned this return, including accor	npanying	schedules	and statements	s, and to	the best of my		
			ef, it is true, correct, and complete.	Declaration of preparer (other	than offic	cer) is base	ed on all informa	ation of v	which preparer has		
any k	nowie	eage.									
		*****	*				2021-05-10				
Sign		Signati	ure of officer				Date				
Here	:	SCOTT	COMMETCHANISED TREASURED								
			SCHWEIGHAUSER TREASURER or print name and title								
		17	Print/Type preparer's name	Preparer's signature	In	ate	Tr	PTIN			
D-:-			The propuler a nume	Sparer o signature		021-05-07	Check 📙 if 🛭	200849882	2		
Paid		-	Firm's name ADELSON & COMPANY F				self-employed Firm's EIN ► 20-	5711220			
Pre		ا	Firm's name					J/11238			
Use	On	ly ြ	Firm's address 🕨 100 NORTH STREET	Phone no. (413)	443-6408						
			PITTSFIELD, MA 01201								
May +	h = TD	C 4:	this return with the preparer show						/es □No		

Form	990 (2019)					Page 2
Pa	statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	edule O contains a resp	onse or note to a	any line in this Part III		🗆
1		organization's mission:		•		
SEE	SCHEDULE O FOR THE	ORGANIZATION'S MIS	SSION STATEME	NT.		
2	Did the organization					
	the prior Form 990 o	🗌 Yes 🗹 No				
	If "Yes," describe the	ese new services on Sc	hedule O.			
3	Did the organization	cease conducting, or r	nake significant	changes in how it cond	ucts, any program	
	services?	🗌 Yes 🗹 No				
	If "Yes," describe the	ese changes on Schedu	le O.			
4	Section 501(c)(3) ar		ons are required	to report the amount	e largest program services, as mea of grants and allocations to others	
4a	(Code:) (Expenses \$	4,677,817	including grants of \$	257,239) (Revenue \$)
	See Additional Data					
4b	(Code:) (Expenses \$	16,027,210	including grants of \$	18,000) (Revenue \$	1,568,449)
	See Additional Data					
4c	(Code:) (Expenses \$	1,232,446	including grants of \$) (Revenue \$	26,617)
	See Additional Data					
4d	Other program servi	ces (Describe in Sched	ule O.)			
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)
4e	Total program ser	vice expenses ▶	21,937,4	73		

Part	Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥦	2	Yes	
	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		No
	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
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I 🥦	6		No
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆	7		No
	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	
	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
	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	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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 🥦	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
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	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		No
	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 📆	12a	Yes	
	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	12b		No
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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	
	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		No
	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		No
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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

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

Nο

Nο

19

20a

20b

21

Yes

orm	990 (2019)			Page 4
Pai	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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 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	Yes	
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, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
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	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u>. ;</u>	Ve =	⊔
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 107		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

01111	Chatananta Barandina Othan IDC Filings and Tan Compliance (continued)			rage 3
	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			
b	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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	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
Ea	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
	, , , ,			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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
g	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	Sponsoring organizations maintaining donor advised funds. 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:			
а	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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	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.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	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

OHIII	330 (2013)			Page						
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" resp	onse to	lines V						
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 22									
	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 22									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes							
3	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? .									
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	Yes							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Yes							
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes							
9	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									
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code								
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		No						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
	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									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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?									
а	The organization's CEO, Executive Director, or top management official	15a	Yes							
b	Other officers or key employees of the organization	15b	Yes							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b								
	ction C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed▶ MA , NY									
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: NOBIN T SHER CHIEF FINANCIAL OFFICER STERLING FRANCINE CLARK ART WILLIAMSTOWN, MA 01267 (413) 458-2									
		F	orm 99	0 (201						

 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. Isist 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. 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. 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. (A)	Form 990 (2019)											Pag	ge 7
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 furrent key employees, if any. See instructions for definition of "key employee." 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	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 organi	year.		•						, ,		-	n's ta	Κ
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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 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 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 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 nor any related organization nor any related organization nor any related organization nor any neither the organization nor any nei													
■ 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) 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		, ,	related	ated	
	See Additional Data Table												
													—
													—

J & M GEARY CONSTRUCTION INC

30 UNION AVENUE SOUTH 2ND FLOOR CRANFORD, NJ 07016

TRANSPORT CONSULTANTS INTERNATIONAL INC

compensation from the organization \triangleright 7

40 MAIN STREET SUITE 200 NORTH ADAMS, MA 01247

Part VII Section A. Officers, Direct	ors, Trustees	, Key I	Empl	loye	es,	and	High	nest Con	npensate	ed Employees	(cont	inued)	
(A) Name and title	(B) Average hours per week (list any hours		ne bo	ox, u n off	t che inles ficer	ss pers	son	Repo compe fror organ	(D) (E) portable Reportable compensation from relate anization (W 2/1000		on amount of other d compensation from the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		/1099- (SC)	(W-2/1099- MISC)		organizati relati organiza	ed
See Additional Data Table													
											+		
											+		
											\top		
1b Sub-Total	rt VII, Section			•		•		1.4	153,016	15,00	10		249,629
Total number of individuals (including of reportable compensation from the compensation)	but not limited	to thos			bove	e) who	rece			<u> </u>	.		<u>·</u>
												Yes	No
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, k	ey e	mplo •	yee,	or hig	ghest con	npensated	employee on	3		No
4 For any individual listed on line 1a, is organization and related organizations individual										n the	4	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization?									tion or ind	ividual for	5	100	No No
Section B. Independent Contractor													
Complete this table for your five higher from the organization. Report compen	sation for the c									n's tax year.	npens		
	(A) nd business addre	SS								(B)		(C Compen	sation
SECURITAS SECURITY SEVICES PO BOX 403412									SECURITY S	SERVICES		1,	.294,963
ATLANTA, GA 30384 LOUIS C ALLEGRONE INC										CAULKING, AND			598,252
150 PITTSFIELD ROAD LENOX, MA 01240									REPAIRS				
MASTERPIECE INTERNATIONAL LTD								,	ART TRANS	PORTATION			482,078
39 BROADWAY RM 1410 NEW YORK, NY 10006 J & M GEARY CONSTRUCTION INC									CONSTRUC	TION			238,363

c 1	Sub-Total	15,000		249,629								
2												
			Yes	No								
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual											
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											
	individual	4	• Yes									
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual services rendered to the organization? If "Yes," complete Schedule J for such person		5	No								
Se	Section B. Independent Contractors											
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.											
	(A) (B)	1		(C)								

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

Form **990** (2019)

238,363

174,705

CONSTRUCTION

PACKING, PHOTOS AND TRANSPORT OF ART

		(2019)								Page 9
Part	VIII				recno	onse or note to any	line in this Part VIII			П
		Check ii Sched	uie (O CONTAINS A	respo	inse of flote to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campa	igns		1a			revenue	l	512 - 514
tributions, Gifts, Grants Other Similar Amounts		b Membership dues	5.	. [1b	1,151,074				
3ra nou		c Fundraising even		. [1c	<u>·</u>				
IS, (d Related organizat		Ŀ	1d					
Gifts, nilar A		e Government grants		Ļ	1e	192,750				
ıs,		f All other contributio		L						
tio S as		and similar amounts	s not	included	1 f	21,684,465				
휼		g Noncash contributio lines 1a - 1f:\$	ns ind	cluded in						
Contributions, and Other Sim				L	1g	169,366				
<u>ت</u> =	┸	h Total. Add lines 1	1a-1f	·	•	>	23,028,289			
						Business Code	1,568,449	1,568,449		
au	2a	MUSEUM PROGRAMS				900099	1,500,115	1,300,113		
Program Service Revenue	b	EDUCATIONAL PROGR	RAMS	i		900099	26,617	26,617		
æ										
ųce	٥	:								
Ser	d									
an	"									
'ogr	e	•								
Ξ	f	All other program	servi	ice revenue						
		Total. Add lines 2				1,595,066				
	_	Investment income					1			
	ı	similar amounts)				•		3		1,711,788
	l	Income from invest Royalties		t of tax-exer			1.000	4,066		
			Ė	(i) Rea		(ii) Personal	1	· ·		
		Curre weeks	ا ۽ ا							
		Gross rents Less: rental	6a				-			
	ויי	expenses	6b							
	c	Rental income or (loss)	6c							
	۱ ,	Net rental income		loss)			┪			
				(i) Securi	ties	(ii) Other				
	7a Gross amount from sales of 7a 46,592,515				92 515					
		assets other than inventory h Less: cost or		,,,,,,						
	ь									
		other basis and sales expenses	7b	46,3	29,931					
		Gain or (loss)	7c	2	:62,584					
		l Net gain or (loss)	\Box					,		262,584
0)	8a	Gross income from fu	ndrai			-				
u u		(not including \$ contributions reported	d on I	of ine 1c).						
eve		See Part IV, line 18	•		8a					
a.	ı	Less: direct expen			8b					
Other Revenue	۱ ۹	Net income or (los	s) fr	om fundraisi	ng ev	ents 🕨				
	9a	Gross income from								
	_	See Part IV, line 19			9a					
	l	Less: direct expen			9b	ine				
	`	Net income or (los	5) 111	om gaming a	activit	les >				
	10	aGross sales of inve								
	١.	returns and allowa			10a	731,780 660,012	_			
		Less: cost of good:			10b	<u>'</u>	71,768	3	71,768	
	j	Net income or (los Miscellaneo			invent	ory ► Business Code	1		·	
	11	La					7			
	ŀ	·								
	(
		All other revenue								
		Total. Add lines 1				•				
	12	2 Total revenue. Se	ee in	structions .			26,673,561	1,599,132	71,768	1,974,372
										Form 990 (2019)

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c		=		mn (A). □
Check if Schedule O contains a response or note to an Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,000	18,000	3 - · · · · · · · · · · · · · · · · · ·	
2 Grants and other assistance to domestic individuals. See Part IV, line 22	257,239	257,239		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	842,822		508,121	334,701
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	5,765,657	4,391,659	1,083,928	290,070
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	449,152	339,337	85,242	24,573
9 Other employee benefits	920,134	640,817	215,157	64,160
10 Payroll taxes	459,367	308,928	109,249	41,190
11 Fees for services (non-employees):				
a Management	179,886	172,304	7,582	
b Legal	21,321		21,321	
c Accounting	60,894		60,894	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	79,051			79,051
f Investment management fees	951,806		951,806	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,820	25,596	14,224	
12 Advertising and promotion	264,519	254,106	10,413	
13 Office expenses	387,242	193,081	133,181	60,980
14 Information technology	246,547	125,748	120,799	
15 Royalties	10,874	10,874		
16 Occupancy	2,409,795	1,968,264	385,899	55,632
17 Travel	123,190	76,174	37,201	9,815
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	572,811	204,855	77,243	290,713
20 Interest	2,974,723	2,974,723		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,958,872	6,587,024	296,101	75,747
23 Insurance	336,993	222,180	114,813	
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 EXHIBITIONS AND OTHER P	1,399,119	1,399,119		
b SECURITY SERVICES	1,273,022	1,271,471	69	1,482
c OTHER CONTRACTED SERVIC	480,987	254,134	213,329	13,524
d PRINTING AND PUBLICATIO	155,523	145,699	9,824	
e All other expenses	114,593	96,141	18,452	
25 Total functional expenses. Add lines 1 through 24e	27,753,959	21,937,473	4,474,848	1,341,638
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).				

Form 990 (2019)

Assets

11

12

13

14

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16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30 254.641.046

58,341,448

3,193,043

313.021

186,893

161.876

424.175

324,085

202,830,766

43,745,024

332.850.031

4,140,182

2,441,061

84.788.206

87,229,267

374.811.492

128,585,942

503,397,434

590,626,701

590,626,701

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10c

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32

33

Page 11

12,037,464

133,032

83,378

153,195

431.710

316,006

196,299,598

372.869.262

7,637,317

1,503,896

84.488.347

85.992.243

361.084,318

145,734,124

506,818,442

592,810,685

Form 990 (2019)

592,810,685

check in benediate of contains a response of note to any line in this factor			
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing		1	
2 Sayings and temporary cash investments	2.457.605	2	2.849.723

, ,	
Pledges and grants receivable, net	
Accounts receivable, net	
Loans and other payables to any current or former officer, director, trustee,	

10a

10b

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

Inventories for sale or use Prepaid expenses and deferred charges .

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

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Tax-exempt bond liabilities . . .

Accounts payable and accrued expenses .

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 <a> \square and

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

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,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

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

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

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

Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

Form **990** (2019)

No

Additional Data

Software ID: Software Version:

EIN: 04-2163004 Name: STERLING AF

Name: STERLING AND FRANCINE CLARK ART INSTITUTE

Form 990 (2019)

Form 990, Part III, Line 4a:

Form 990, Part III, Line 4a:
SEE SCHEDULE O FOR RESEARCH AND ACADEMIC PROGRAMS ACCOMPLISHMENTS.

Form 990, Part III, Line 4b: SEE SCHEDULE O FOR MUSEUM PROGRAM ACCOMPLISHMENTS. Form 990, Part III, Line 4c: SEE SCHEDULE O FOR EDUCATIONAL PROGRAM ACCOMPLISHMENTS.

(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 any hours and a director/trustee) organization organizations from the

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

	1 (11)	1	u un			45000)		(14, 2,4,000	(14/ 3/4000		
	for related organizations below dotted line)	rganizations or direction of the stitution of the stituti		Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations			
O ANDREAS HALVORSEN CHAIR	4.00	Х		х				o	0	0	
ROBERT G SCOTT VICE CHAIR & PRESIDENT	4.00	х		x				0	0	0	
SCOTT SCHWEIGHAUSER TREASURER	4.00	Х		х				0	0	0	
MAUREEN FENNESSY BOUSA	1.00							0	0	0	

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TREASURER

MAUREEN FENNESSY BOUSA

TRUSTEE

SANDRA L BURTON

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

ERIC L COCHRAN

MICHAEL GOVAN

DIANE HALVORSEN

DENA HARDYMON

PATRICK J LANDERS

......

and Independent Contractors

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

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

	any hours	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	
ELIZABETH B LEE TRUSTEE	1.00	Х						0	0	0	
MARTHA BERMAN LIPP TRUSTEE	1.00	х						0	0	0	
MICHAEL R LYNCH	1.00	¥						0	0	0	

TRUSTEE						
MARTHA BERMAN LIPP	1.00	X			0	
TRUSTEE		^			J	
MICHAEL R LYNCH	1.00	X			0	
TRUSTEE		,,			, and the second	
DORIS FISCHER MALESARDI	1.00	×			0	
TRUCTEE		^			l ĭ	

1.00

1.00

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and Independent Contractors

FRANK MARTUCCI

SANDRA M NILES

.........

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

JESSIE PRICE

AMY ENGEL SCHARF

WILLIAM C SCHMIDT

PAUL NEELY

11(05)22			l				
MICHAEL R LYNCH	1.00	X			0	0	
TRUSTEE		Λ.				•	
DORIS FISCHER MALESARDI	1.00	¥			0	0	
TRUSTEE		^				0	
FRANK MARTHOOT	1.00						

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

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

	ally llouis	included in the control of the contr						Organization	(IV 2/4 000	i i ii ii
	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
DENISE LITTLEFIELD SOBEL TRUSTEE	1.00	х						0	0	0
HELGE WEINER-TRAPNESS TRUSTEE	1.00	х						0	0	0
MAUD MANDEL EX-OFFICIO	1.00 40.00	Х						0	0	0
OLIVIER MESLAY DIRECTOR & EX-OFFICIO	40.00	Х		X				356,908	15,000	38,016
LAWRENCE SMALLWOOD	40.00									

8,989

37,084

13,139

41,549

40,340

32,242

0

0

0

0

0

0

192,760

196,921

176,914

150,830

145,390

115,036

Χ

Х

Х

Χ

DEPUTY DIRECTOR & CLERK

...... CHIEF ADVANCEMENT OFFICER

THOMAS WOODWARD

ESTHER S BELL

CHIEF CURATOR

KATHLEEN MORRIS

VICTORIA SALTZMAN

ANNE LEONARD

PHOTOGRAPHS

MARX DIRECTOR OF COLLECTIO

DIRECTOR OF COMMUNICATIONS

MANTON CURATOR OF PRINTS, DRAWINGS, &

and Independent Contractors

40.00

40.00

40.00

40.00

40.00

.

and Independent Contractors
(A)

WILLIAM POWERS

DIRECTOR OF FACILITIES

Name and Title

	hours per week (list any hours for related organizations below dotted line)
	40.00
••••	

(B)

Average

than one box, unless person is both an officer and a director/trustee) Institutiona employee

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

(C)

Position (do not check more

compensation from the organization (W-2/1099-MISC) 118,257

(D)

Reportable

Reportable compensation from related organizations (W- 2/1099-MISC)

(E)

amount of other compensation from the organization and related organizations

38,270

Estimated

efil	e GR/	APHIC prin	1t - DO NO	OT PROCESS	As Filed Data -			DLN: 9349313102048:		
		ULE A			harity Status	s and Pub	lic Suppo	ort	OMB No. 1545-0047	
(For 990F	m 99 E Z)	0 or	Cor	mplete if the org	ganization is a secti 4947(a)(1) nonexer ▶ Attach to Form 9	on 501(c)(3) o npt charitable	rganization or trust.		2019	
•		the Treasury	•		gov/Form990 for in			rmation.	Open to Public Inspection	
Name STERL	e of th ING AN	nte Service he organiza ID FRANCINE C						Employer identifica	ation number	
INSTI								04-2163004		
	rt I				s (All organizations t is: (For lines 1 throu			iee instructions.		
_	n garnz		•		•	5 ,	,	(A)(:)		
1		·		,	ociation of churches d			(A)(I).		
2)(A)(ii). (Attach Sch	,	, ,			
3	Ш	·	•	•	ce organization descri			-		
4		A medical r name, city,		anization operated	d in conjunction with a	a hospital describ	oed in section 1	1 70(b)(1)(A)(iii). Er	nter the hospital's	
5				ed for the benefit lete Part II.)	of a college or univers	sity owned or op	erated by a gov	ernmental unit describ	ped in section 170	
6		A federal, s	tate, or loca	ıl government or g	governmental unit des	cribed in sectio	n 170(b)(1)(A)(v).		
7		section 17	O(b)(1)(A))(vi). (Complete I	Part II.)		-	nit or from the genera	I public described in	
8		A communi	ty trust desc	cribed in section	170(b)(1)(A)(vi). (Complete Part II	.)			
9		non-land gr	ant college	of agriculture. Se	e instructions. Enter t	he name, city, a	nd state of the o	,		
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11		An organiza	ation organiz	zed and operated	exclusively to test for	public safety. Se	ee section 509	(a)(4).		
12	✓	more public	ly supporte	d organizations de		09(a)(1) or sec	tion 509(a)(2)	s of, or to carry out the See section 509(a 12e, 12f, and 12g.		
a	✓	Type I. A so	supporting on n(s) the pov	rganization opera	ted, supervised, or co	ntrolled by its su	pported organiz	ration(s), typically by of the supporting organ		
b		Type II. A manageme	supporting nt of the sup	organization supe	ion vested in the sam			rganization(s), by have the supported organ		
С		Type III f	unctionally	integrated. A su				nd functionally integrated in the contract of	ted with, its	
d		functionally	integrated.	The organization		y a distribution r		th its supported organ an attentiveness requ		
е		Check this	, box if the or	ganization receive	•	ation from the IR	S that it is a Ty	pe I, Type II, Type III	functionally	
f	Enter					-		<u>1</u>		
g	Provi	de the follow	ing informat	tion about the sup	ported organization(s					
	_		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No			
(A) W	/ILLIAM	IS COLLEGE		042104847	2	Yes		0	0	
Tota	<u> </u>		1					0	(
		work Reduc	tion Act No	tice, see the Ins	structions for	L Cat. No. 11285	I F	 Schedule A (Form 99		

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

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) 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						
L	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				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(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.) Total support. (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 stop here						▶ ⊔
	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	HSGRUCHONS	. 📂 📖

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of

Schedule A (Form 990 or 990-EZ) 2019

5a

6

7

8

10a

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

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

amendment to the organizing document).

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

the organization had excess business holdings).

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

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

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

Page 4

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

No

No

No

No

No

No

No

No

			res	NO
1	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	Yes	
2	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			

	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	Yes	
2	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		No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below.	22		No

2	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	No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below.	3a	No
b	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.	- 1.	

	below.	3a	No
b	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	
c	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	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		

D	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	
c	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	
4a	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	No
b	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	

c 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

(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

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

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

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

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

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

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

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

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

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

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

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

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

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

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

cnec	dule A (Form 990 or 990-E2) 2019		F	age 5
Par	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		No
b	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		No
	ction B. Type I Supporting Organizations			
	Store D. Type I cupper unit of game automotion		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	· · · · · · · · · · · · · · · · · · ·	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		No
Se	ction C. Type II Supporting Organizations			
			Yes	No
L	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
50				
<u> </u>	ction D. All Type III Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's		103	
•	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
	Thamtained 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 investment policies and in directing the use of the organization's income or assets at all times during the tax	3		
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
	ction E. Type III Functionally-Integrated Supporting Organizations			
L	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and the second	ons):		
a				
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
,		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2-		
	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	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b		

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	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
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 Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to who details in Part VI). 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)	(iii) Distributable Amount for 2019				
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions if any for years prior to 2019	2. Underdicteibutions if any for years prior to 2010				

7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in Part VI). 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 Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			

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 Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

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

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. See instructions.		
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 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

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

d Excess from 2018.

e Excess from 2019.

Additional Data

Software ID: Software Version:

EIN: 04-2163004

Name: STERLING AND FRANCINE CLARK ART

Page 8

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

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

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493131020481

Schedule D (Form 990) 2019

Cat. No. 52283D

2019

OMB No. 1545-0047

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

Department of the Treasury

(Form 990)

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

cciii	ar revenue service		
	me of the organization RLING AND FRANCINE CLARK ART		Employer identification number
	TITUTE		04-2163004
Ρā	rt I Organizations Maintaining Donor Adv		r Accounts.
	Complete if the organization answered "Yo	es" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(a) Donor advised funds	(b) runus and other accounts
,	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advis-	ore in writing that the assets held in donor ad	
	organization's property, subject to the organization's e	xclusive legal control?	· · · · · · · · · · · · · · · · · · ·
ì	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor, or for any other purpose o	
Pa	rt II Conservation Easements. Complete if the organization answered "You	es" on Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the orga	·	
	Preservation of land for public use (e.g., recreation		historically important land area
	☐ Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		is united massive saladare
<u>.</u>	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the for	
_	easement on the last day of the tax year. Total number of conservation easements	ı	Held at the End of the Year
a L	Total acreage restricted by conservation easements		26
b	Number of conservation easements on a certified histor		26
C	Number of conservation easements and a certified fistor Number of conservation easements included in (c) acqu	` '	2c 2d
d	structure listed in the National Register		
•	Number of conservation easements modified, transferr tax year ▶	ed, released, extinguished, or terminated by t	the organization during the
Ļ	Number of states where property subject to conservati	on easement is located >	
;	Does the organization have a written policy regarding t	the periodic monitoring, inspection, handling o	of violations,
	and enforcement of the conservation easements it hold	ls?	☐ Yes ☐ No
•	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing co	onservation easements during the year
,	Amount of expenses incurred in monitoring, inspecting \$ \\$, handling of violations, and enforcing conserv	vation easements during the year
3	Does each conservation easement reported on line 2(d		
	and section 170(h)(4)(B)(ii)?		Yes No
	balance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financial state	
ar	t III Organizations Maintaining Collections Complete if the organization answered "Yo		er Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	r public exhibition, education, or research in f	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pul following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line 1		▶\$
	i)Assets included in Form 990, Part X		
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS	ical treasures, or other similar assets for final	
а	Revenue included on Form 990, Part VIII, line 1	, ,	▶ \$
b	Assets included in Form 990, Part X		<u> </u>
	, 25555 meladed in Form 550, Fare A		· · · · · · · · · · · · · · · · · · ·

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

1a Land

e Other .

b Buildings . . .

 ${f c}$ Leasehold improvements **d** Equipment . . .

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

Sche	edule D (Form 990) 2019					Page 2
Par	rt IIII Organizations Maintaining C	Collections of Art, H	istorical Treas	ures, or Oth	er Similar Assets (continued)
3	Using the organization's acquisition, access items (check all that apply):	sion, and other records,	check any of the f	ollowing that ar	e a significant use of its	s collection
а	✓ Public exhibition		d 🗸 Loa	n or exchange p	rograms	
b	Scholarly research		e 🗌 Oth	er		
С	Preservation for future generations					
4	Provide a description of the organization's Part XIII.	collections and explain h	now they further th	ne organization's	s exempt purpose in	
5	During the year, did the organization solici assets to be sold to raise funds rather than					es 🗹 No
Pa	Irt IV Escrow and Custodial Arrang Complete if the organization an X, line 21.		m 990, Part IV,	line 9, or repo	rted an amount on I	Form 990, Part
1 a	Is the organization an agent, trustee, custo	odian or other intermedi	ary for contributio	ns or other asse	ts not	
	included on Form 990, Part X?				· · · · · · □ Y €	es 🗌 No
b	If "Yes," explain the arrangement in Part X	III and complete the fol	lowing table:		Amount	
C	Beginning balance			1c		
d	Additions during the year			1d		
е	Distributions during the year \ldots . \ldots			1e		
f	Ending balance			1f		
2a	Did the organization include an amount on	Form 990, Part X, line 2	21, for escrow or c	ustodial accoun	: liability? 🗌 \Upsilon e	es 🗌 No
h	TO INC. III. I I I I I I I I I I I I I I I I					
U	If "Yes," explain the arrangement in Part X	III. Check here if the ex	planation has bee	n provided in Pa	rt XIII □	
	art V Endowment Funds.			·	rt XIII 🗀	
		swered "Yes" on Forn	n 990, Part IV,	line 10.		(a) Farm reads
Pa	Endowment Funds. Complete if the organization an	swered "Yes" on Form	n 990, Part IV, (b) Prior year	line 10. (c) Two years ba	ck (d) Three years back	(e) Four years back
Pa	Complete if the organization and Beginning of year balance	swered "Yes" on Forn	n 990, Part IV,	line 10.	ck (d) Three years back 594 97,570,012	(e) Four years back 102,052,017
₽a 1a b	Endowment Funds. Complete if the organization and Beginning of year balance	(a) Current year	m 990, Part IV, (b) Prior year 107,385,457	ine 10. (c) Two years ba 103,361,	ck (d) Three years back 97,570,012 255,000	
1a b c	Beginning of year balance Contributions	(a) Current year 110,863,760 15,068,990	m 990, Part IV, (b) Prior year 107,385,457 431,000	line 10. (c) Two years ba 103,361,	ck (d) Three years back 97,570,012 255,000	102,052,017
1a b c	Endowment Funds. Complete if the organization and Beginning of year balance	(a) Current year 110,863,760 15,068,990	m 990, Part IV, (b) Prior year 107,385,457 431,000	line 10. (c) Two years ba 103,361,	ck (d) Three years back 594 97,570,012 500 255,000 788 9,266,766	102,052,017
1a b c d	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities	(a) Current year 110,863,760 15,068,990 1,587,483	m 990, Part IV, (b) Prior year 107,385,457 431,000 7,039,022	line 10. (c) Two years ba 103,361, 30, 7,889,	ck (d) Three years back 594 97,570,012 500 255,000 788 9,266,766	102,052,017
1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs	(a) Current year 110,863,760 15,068,990 1,587,483	m 990, Part IV, (b) Prior year 107,385,457 431,000 7,039,022	line 10. (c) Two years ba 103,361, 30, 7,889,	ck (d) Three years back 594 97,570,012 500 255,000 788 9,266,766 525 3,730,084	102,052,017
1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses	(a) Current year 110,863,760 15,068,990 1,587,483 4,169,435	m 990, Part IV, (b) Prior year 107,385,457 431,000 7,039,022 3,991,719	(c) Two years ba 103,361, 30, 7,889, 3,896,	ck (d) Three years back 594 97,570,012 500 255,000 788 9,266,766 525 3,730,084	102,052,017 -522,344 3,959,661
1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	(a) Current year 110,863,760 15,068,990 1,587,483 4,169,435	m 990, Part IV, (b) Prior year 107,385,457 431,000 7,039,022 3,991,719	(c) Two years ba 103,361, 30, 7,889, 3,896,	ck (d) Three years back 594 97,570,012 500 255,000 788 9,266,766 525 3,730,084	102,052,017 -522,344 3,959,661
1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cure of	(a) Current year 110,863,760 15,068,990 1,587,483 4,169,435	m 990, Part IV, (b) Prior year 107,385,457 431,000 7,039,022 3,991,719	(c) Two years ba 103,361, 30, 7,889, 3,896,	ck (d) Three years back 594 97,570,012 500 255,000 788 9,266,766 525 3,730,084	102,052,017 -522,344 3,959,661
1a b c d e f g	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cuborate designated or quasi-endowment Permanent endowment	(a) Current year 110,863,760 15,068,990 1,587,483 4,169,435	m 990, Part IV, (b) Prior year 107,385,457 431,000 7,039,022 3,991,719	(c) Two years ba 103,361, 30, 7,889, 3,896,	ck (d) Three years back 594 97,570,012 500 255,000 788 9,266,766 525 3,730,084	102,052,017 -522,344 3,959,661
1a b c d e f g a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cuborate designated or quasi-endowment Permanent endowment 100.000 % Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should be a second companies.	110,863,760 15,068,990 1,587,483 4,169,435 123,350,798 arrent year end balance	m 990, Part IV, (b) Prior year 107,385,457 431,000 7,039,022 3,991,719 110,863,760 (line 1g, column ((c) Two years ba 103,361, 30, 7,889, 3,896, 107,385, a)) held as:	ck (d) Three years back 97,570,012 255,000 255,000 9,266,766 255 3,730,084 457 103,361,694	102,052,017 -522,344 3,959,661
1a b c d e f g 2 a b	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cuborate designated or quasi-endowment Permanent endowment permanent endowment to the percentages on lines 2a, 2b, and 2c share there endowment funds not in the possible of the cuborate designated or the cuborate designated designated designated designated designat	110,863,760 15,068,990 1,587,483 4,169,435 123,350,798 arrent year end balance	m 990, Part IV, (b) Prior year 107,385,457 431,000 7,039,022 3,991,719 110,863,760 (line 1g, column ((c) Two years ba 103,361, 30, 7,889, 3,896, 107,385, a)) held as:	ck (d) Three years back 97,570,012 255,000 255,000 9,266,766 255 3,730,084 457 103,361,694	102,052,017 -522,344 3,959,661 97,570,012
1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cuborate designated or quasi-endowment Permanent endowment 100.000 % Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should be a second companies.	110,863,760 15,068,990 1,587,483 4,169,435 123,350,798 arrent year end balance	m 990, Part IV, (b) Prior year 107,385,457 431,000 7,039,022 3,991,719 110,863,760 (line 1g, column ((c) Two years ba 103,361, 30, 7,889, 3,896, 107,385, a)) held as:	ck (d) Three years back 594 97,570,012 500 255,000 788 9,266,766 5025 3,730,084 457 103,361,694 for the	102,052,017 -522,344 3,959,661
1a b c d e f g a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cubority balance Permanent endowment > 100.000 % Temporarily restricted endowment > . The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the postorganization by: (i) unrelated organizations	110,863,760 15,068,990 1,587,483 4,169,435 123,350,798 Irrent year end balance	m 990, Part IV, (b) Prior year 107,385,457 431,000 7,039,022 3,991,719 110,863,760 (line 1g, column (a)	(c) Two years ba 103,361, 30, 7,889, 3,896, 107,385, a)) held as:	ck (d) Three years back 594 97,570,012 500 255,000 788 9,266,766 5025 3,730,084 457 103,361,694 for the	102,052,017 -522,344 3,959,661 97,570,012
1a b c d e f g a b c	Beginning of year balance	110,863,760 15,068,990 1,587,483 4,169,435 123,350,798 arrent year end balance	m 990, Part IV, (b) Prior year 107,385,457 431,000 7,039,022 3,991,719 110,863,760 (line 1g, column (a) on that are held a	(c) Two years ba 103,361, 30, 7,889, 3,896, 107,385, a)) held as:	ck (d) Three years back 97,570,012 97,570,012 97,58 9,266,766 925 3,730,084 97,570 103,361,694 97,570 103,361,694	102,052,017 -522,344 3,959,661 97,570,012 Yes No a(i) No
1a b c d e f g 2 a b c 3a	Beginning of year balance Contributions	(a) Current year 110,863,760 15,068,990 1,587,483 4,169,435 123,350,798 Irrent year end balance Insulation of the organization of the organizations listed as required of	m 990, Part IV, (b) Prior year 107,385,457 431,000 7,039,022 3,991,719 110,863,760 (line 1g, column (and that are held and the held and	(c) Two years ba 103,361, 30, 7,889, 3,896, 107,385, a)) held as:	ck (d) Three years back 97,570,012 97,570,012 97,58 9,266,766 925 3,730,084 97,570 103,361,694 97,570 103,361,694	102,052,017 -522,344 3,959,661 97,570,012 Yes No a(i) No a(ii) Yes
1a b c d e f g 2 a b c 3a	Beginning of year balance Contributions	(a) Current year 110,863,760 15,068,990 1,587,483 4,169,435 123,350,798 arrent year end balance could equal 100%. session of the organization sendownent.	m 990, Part IV, (b) Prior year 107,385,457 431,000 7,039,022 3,991,719 110,863,760 (line 1g, column () on that are held a	(c) Two years ba 103,361, 30, 7,889, 3,896, 107,385, a)) held as:	ck (d) Three years back 97,570,012 97,570,001 255,000 255,000 788 9,266,766 925 3,730,084 957 103,361,694	102,052,017 -522,344 3,959,661 97,570,012 Yes No a(i) No a(ii) Yes 3b Yes

1,472,802

74,094

87,003

9,296,602

243,710,545

196,299,598 Schedule D (Form 990) 2019

1,472,802

2,450,928

87,003

192,288,865

51,421,680

6,845,674

74,094

Part VII	Investments—Other Securities.	Towns 000 D- 1 T/ ''	ne 4 - 1	. Coo Fair - 000	20-4-37	li 1	2
	Complete if the organization answered "Yes" on F (a) Description of security or category (including name of security)	Form 990, Part IV, li (b) Book value	ne 11b	See Form 990, I (c) Metho) Cost or end-of	d of val	luation	:
(1) Financia	l derivatives			5050 or eng-or	, cui II	.u. net	
(3) Other _	held equity interests				_		
(A) REAL ES		3,985,470			F _		
	TIONAL MONEY MARKET FUNDS	11,270,823			<u>F</u>		
	- OFFSHORE	5,214,220			F _		
(E) (E)	CIAL INTEREST HELD BY RELATED ORGANIZATION	352,398,749			F		
(F)							
(G)							
(H)							
	n (b) must equal Form 990, Part X, col. (B) line 12.)	372,869,262					
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990, Part IV, lii	ne 11c	. See Form 990,	Part X	, line :	13.
	(a) Description of investment			(b) Book value		or end	d of valuation: -of-year market value
(1)							raiac
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Columi	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		•				
r di C 1A	Complete if the organization answered 'Yes' on Fo		e 11d.	. See Form 990, Par	t X, lin) Book value
(1)	(a) Description	<u> </u>				(1)) Book value
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•		
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Fe		e 11e	or 11f.See Form	990, F	art X,	
1. (1) Federal	(a) Descripti	ion of liability					(b) Book value
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•			
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text o			ion's financial state			
organization	's liability for uncertain tax positions under FIN 48 (ASC 7	بر 40). Check here if the	text of	trie rootnote has be	en pro	viaed ii	n Part XIII 🔼

2

4

b

C

Part XII

5

1 2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2019

Page 4

4,827,410

25,721,755

326,004

951,806

27.753.959

Schedule D (Form 990) 2019

26,802,153

c	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d			475,020		
е	Add lines 2a through 2d					2e	
3	Subtract line 2e from line 1					3	

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.

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

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

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

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:

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

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

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses and losses per audited financial statements

Donated services and use of facilities

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

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Return Reference

4.352.390

326,004

951,806

2e

3

4c

5

2a

2b

2a 2b

2c

2d

4a

4b

Explanation

3

4a 951,806 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per R

4c	951,806
5	26,673,561
Retur	n.
1	27,128,157

chedule D (Form 990) 2019		
Part XIII Supplemental Information (continued)		
Return Reference Explanation		

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 04-2163004

Name: STERLING AND FRANCINE CLARK ART INSTITUTE

ntal Information	
rn Reference	Evolunation

Supplement Return Reference PART III, LINE 1A:

THE ART AND LIBRARY COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE CLARK'S INCEPTION, ARE INCLUDED AS AN ASSET ON THE STATEMENT OF FINANCIAL POSITION VALUED AT A \$1 AND ARE NOT CONSIDERED ASSETS IN THE MONETARY SENSE. PURCHASED COLLECTION

CONTINUOUSLY.

ITEMS ARE REPORTED AS NONOPERATING ITEMS WHICH DECREASE NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED, OR IN NET ASSETS WITH DONOR RESTRICTIONS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS ARE EXCLUDED FROM THE FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERY ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES. THE CLARK'S POLICY IS TO MAINTAIN AND CONTINUE TO ACOUIRE SIGNIFICANT WORKS OF ART FOR ITS COLLECTION AND BOOKS FOR ITS LIBRARY, EACH ITEM IS CATALOGUED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED

Supplemental Information				
Return Reference	Explanation			
PART III, LINE 4:	INTRODUCTION: THE STERLING AND FRANCINE CLARK ART INSTITUTE IS AN ART MUSEUM AND INTERNATI ONAL CENTER OF RESEARCH AND HIGHER EDUCATION IN THE VISUAL ARTS. IN ADDITION TO ITS RECOGN IZED COLLECTIONS OF OLD MASTER, IMPRESSIONIST, AND NINETEENTH-CENTURY AMERICAN ART, DISPLA YED IN A SERIES OF INTIMATE GALLERIES, THE CLARK ORGANIZES CRITICALLY-ACCLAIMED SPECIAL EX HIBITIONS THAT APPEAL TO A WIDE RANGE OF AUDIENCES AND ADVANCE NEW IDEAS. THE CLARK'S RESE ARCH AND ACADEMIC PROGRAM OFFERS FELLOWSHIPS TO RENOWNED INTERNATIONAL SCHOLARS AND MUSEUM PROFESSIONALS, PRESENTS REGULAR CONFERENCES AND SYMPOSIA, AND FEATURES ONE OF THE MOST CO MPREHENSIVE ART HISTORY LIBRARIES IN THE WORLD. TOGETHER WITH WILLIAMS COLLEGE, THE CLARK JOINTLY SPONSORS ONE OF THE NATION'S MOST RESPECTED MASTER'S PROGRAMS IN ART HISTORY. HIST ORY AND MISSION: STERLING AND FRANCINE CLARK ESTABLISHED THE CLARK IN 1950, OPENING THE INS TITUTE IN 1955, AND ENVISIONING A DISTINCTIVE ART MUSEUM SET IN A PASTORAL LANDSCAPE, DEDI CATED TO ADVANCING AND EXTENDING THE PUBLIC UNDERSTANDING OF ART. SINCE THEM, THE CLARK HAS ADDED A RESEARCH AND ACADEMIC PROGRAM, INCLUDING AN INTERNATIONAL FELLOWSHIP PROGRAM OFF ERING A FULL SCHEDULE OF CONFERENCES, COLLOQUIA AND SYMPOSIA, AND CREATED A GROWING EXHIBITON PROGRAM. THE CLARK BENEFITS FROM AN INCREASED INTERNATIONAL PROFILE AS A RESULT OF PARTICERS WITH INSTITUTIONS AROUND THE WORLD. PROGRAMMING: THE MUSEUM PROGRAM: THE STERLI NG AND FRANCINE CLARK HAS INSTITUTE MUSEUM PROGRAM OFF STERLING AND FRANCINE CLARK HAS INSTITUTE MUSEUM PROGRAM OFF STERLING AND FRANCINE CLARK HAS INSTITUTE MUSEUM PROGRAM ON AND EXHIBITIONS. THE CORE COLLECTION OF EXCEPTIONAL OLD MASTER PAINTINGS, FRENCH IMPRESSIONIST WORKS, AMERICAN MASTERWORKS BY THE LIKES OF HOMER AND SARGENT, AND BEGOME KNOWN FOR ITS IMPRESS IVE COLLECTION OF PRINTS AND DRAWINGS, WHICH SPAN THE SCOPE AND BREADTH OF THE PAINTING COLLECTION AND FEATURE ARTISTS RANGING FROM ALBRECCH DURRE TO HERNIT DE COLLECTION HAS GROWN AND EXPRANDED, DISPLAY OF THE PAINTING OR LERGE ST			

Supplemental Information	
Return Reference	Explanation
	ADING MASTERS' DEGREE PROGRAM IN THE HISTORY OF ART. THE PROGRAM DRAWS UPON THE RICH RESOU RCES OF BOTH THE CLARK AND WILLIAMS TO PREPARE GRADUATE STUDENTS FOR RESEARCH AND FURTHER STUDY IN THE ACADEMIC AND MUSEUM WORLDS.

Ī

Supplemental Information						
Return Reference	Explanation					
PART V, LINE 4:	PART V, LINE 4: THE CLARK'S ENDOWMENT CONSISTS OF A NUMBER OF INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THESE FUNDS INCLUDE THE ORIGINAL ENDOWMENT ESTABLISHED BY THE FOUNDERS, THE INCOME FROM WHICH IS EXPENDABLE TO FUND THE GENERAL OPERATIONS OF THE CLARK. OTHER ENDOWMENT FUNDS PROVIDE INCOME FOR THE SUPPORT OF SPECIFIC PROGRAMS AND ACTIVITIES OF THE CLARK.					

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	MANAGEMENT HAS EVALUATED SIGNIFICANT TAX POSITIONS AGAINST THE CRITERIA ESTABLISHED BY PROFESSIONAL STANDARDS AND BELIEVES THERE ARE NO SUCH TAX POSITIONS REQUIRING ACCOUNTING RECOGNITION.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CARES ACT EMPLOYEE RETENTION PAYROLL TAX CREDIT 475,020.

upplemental Information							
Return Reference	Explanation						
PART XII, LINE 2D - OTHER ADJUSTMENTS:	PURCHASED WORKS OF ART AND LIBRARY COLLECTIONS 326,004.						

SCHEDULE F Sta		ement of	Activities	Outside the Uni	tod S	tates	OMB No. 1545-0047
(Form 990) Department of the Tr Internal Revenue Ser	► Comp	lete if the organiz	ation answered " ► Attach to prov/Form990 for i	ine 14b, 1	5, or 16.	2019 Open to Public Inspection	
Name of the orga	anization					Employer iden	tification number
STERLING AND F INSTITUTE	FRANCINE CLARK ART					04-2163004	
	eneral Information rm 990, Part IV, line		Outside the U	Jnited States. Comple	ete if the	organization a	nswered "Yes" on
other assi to award t	istance, the grantees' the grants or assistan	eligibility for th	e grants or assi	substantiate the amount stance, and the selection	criteria (used 	☐ Yes ☐ No her assistance
		ng Part I. line 3 t	able can be dupli	cated if additional space is	needed.)	ı	
·	a) Region	(b) Number of	(c) Number of employees, agents, and independent contractors in the region	·	(e) If activ program spe	ity listed in (d) is a service, describe cific type of (s) in the region	(f) Total expenditures for and investments in the region
See Add'l [Data			region/			
3a Sub-total .	continuation sheets to	0	0				35,58:
b Total from o	•	0	0				

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	Toreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	✓ No

Schedule F (F	orm 990) 2019 Page 5							
	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.							
90 Schedule F, Supplemental Information								
Return Reference	Explanation							

PART I, LINE 3: THESE EXPENDITURES HAVE BEEN REPORTED ON THE SAME METHOD OF ACCOUNTING AS USED IN THE CLARK'S FINANCIAL

STATEMENTS, WHICH IS THE ACCRUAL BASIS.

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

Additional Data

(a) Pegion

EUROPE

RUSSIA

Software ID: Software Version:

EIN: 04-2163004

Name:

STERLING AND FRANCINE CLARK ART INSTITUTE

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

(a) Region	offices in the region	employees or agents in region	in region (by type) (i.e., fundraising, program services, grants to	is a program service describe specific type service(s) in region
	region		.	service(s) in region
		_	recipients located in the region)	.,, -
			region)	

for region

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures

CULTURAL EXCHANGE

32,520

1,812

0

0 PROGRAM

SERVICESPROGRAM SERVICES

0 PROGRAM SERVICES

CULTURAL EXCHANGE

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program service(s) in region services, grants to reaion recipients located in the reaion) NORTH AMERICA 0 PROGRAM SERVICES CULTURAL EXCHANGE 1,249

SCHEDULE G

DLN: 93493131020481

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

STE	ne of the organization RLING AND FRANCINE CLARK A TITUTE				instructions and the latest in		Employer ide 04-2163004	ntification number		
		•	_		answered "Yes" on Fo	orm 990,		7.		
1	Indicate whether the organiza	ation raised funds the	rough an	y of the fo	ollowing activities. Check	all that a	oply.			
а	✓ Mail solicitations		e 🗹 Solicitation of non-government grants							
b	✓ Internet and email solicita	ations		f	✓ Solicitation of gove	ernment g	grants			
c	✓ Phone solicitations			g	Special fundraising	events				
d	☑ In-person solicitations									
2a	Did the organization have a workey employees listed in Fo							s 🗆 No		
b	If "Yes," list the 10 highest pa to be compensated at least \$!	aid individuals or ent 5,000 by the organiz	ities (fun ation.	draisers)	pursuant to agreements	under wh				
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
	MAUREEN A HENNESSEY 2815 STATE ROAD	SOLICIT GRANTS	Yes	No No	1,419,078		66,623	1,352,45		
	RICHMOND, MA 01254									
	GRENZEBACH GLIER & ASSOC INC P O BOX 88277	CAPITAL CAMPAIGN		No	20,000		34,720	-14,720		
	CHICAGO, IL 60680									
Tot	al			. ▶	1,439,078		101,343	1,337,735		

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

	rt II Fundraising Events. Compl				
	than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and	6b. List events with
	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Keverkie					
200					
¥					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
y T	5 Noncash prizes				
Experises	6 Rent/facility costs				
Š	7 Food and beverages				
Zied Zied	Sentertainment				
2	Other direct expenses	through O in column (d)			
	11 Net income summary. Subtract line 10				
Pai	rt III Gaming. Complete if the org			V, line 19, or reported	l i more than \$15,000
	on Form 990-EZ, line 6a.	1			1
E		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue					
<u>.</u>	1 Gross revenue				
TSe.	2 Cash prizes				
7	3 Noncash prizes				
វ	3 Noncash prizes				
ង ប្ដូ	4 Rent/facility costs				
ži Delo	4 Rent/facility costs				
វ រូវ ភ្ន			☐ Yes%	☐ Yes%	
វ រដ្ឋភ្ជុំ 	4 Rent/facility costs	☐ Yes%	☐ Yes % ☐ No	☐ Yes %	
<u>1</u> 1910 –	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	□ No	1_		
	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2	No	□ No	□ No ►	
	4 Rent/facility costs	No through 5 in column (d)	No	No	
	4 Rent/facility costs	No through 5 in column (d) t line 7 from line 1, column tion conducts gaming activities	No	No ▶ ▶	Ves □No
a b	4 Rent/facility costs	through 5 in column (d) through 5 in column (d)	nn (d)	No	☐ Yes ☐ No
9 a	4 Rent/facility costs	through 5 in column (d) thine 7 from line 1, column tion conducts gaming activations activities in each column.	No nn (d)	No	
9 a	4 Rent/facility costs	through 5 in column (d) thine 7 from line 1, column cion conducts gaming activaming activities in each column censes revoked, suspend	No nn (d)	No	
a b	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Subtract the state(s) in which the organization licensed to conduct of If "No," explain:	through 5 in column (d) thine 7 from line 1, column cion conducts gaming activaming activities in each column censes revoked, suspend	No nn (d)	No	

Sche	dule G (Form 990 or 990-EZ) 201	9						Page 3		
11	Does the organization conduct g	aming activities with nonmembers	s?			□Yes	□No			
12	Is the organization a grantor, be formed to administer charitable	eneficiary or trustee of a trust or a gaming?	member of a partnership or oth	er entity		□Yes				
13	Indicate the percentage of gami	ng activity conducted in:								
а	The organization's facility .				13a			%		
b	An outside facility				13b			%		
14	Enter the name and address of t	the person who prepares the orga	nization's gaming/special events	books and r	ecords:					
	Name •									
15~	Address Does the organization have a co		m the erganization receives gam							
154	=		= = =	_		□Yes	П.			
b		ming revenue received by the org ined by the third party ► \$		and th		⊔ fes	□ NO			
С	If "Yes," enter name and address of the third party:									
	Name ▶									
	Address •									
16	Gaming manager information:									
	Name ▶									
	Gaming manager compensation ▶ \$									
	Description of services provided	>								
	☐ Director/officer	☐ Employee	☐ Independent cont	ractor						
17	Mandatory distributions:									
а	Is the organization required und retain the state gaming license?	er state law to make charitable di 		eeds to		☐Yes	Пио			
b	Enter the amount of distribution	Enter the amount of distributions required under state law distributed to other exempt organizations or spent								
		ot activities during the tax year 🕨	•							
Pai		mation. Provide the explanat .5b, 15c, 16, and 17b, as app						s.		
	Return Reference		Explanation							
	EDITIE C. DARTI LINE 2B. COLLIN	GRENZEBACK GLIER & AS:	SOC INC PAID TRAVEL REIMBUR	SEMENT OF	\$1.565					

Schedule G (Form 990 or 990-EZ) 2019

efile GRAPHIC print - DO N	OT PROCESS	As Filed Data -				DI	N: 93493131020481
Note: To capture the full co	ntent of this do	ocument, please sel	lect landscape mode	e (11" x 8.5") whe	n printing.	1	
Schedule I (Form 999) Grants and Other Assistance to Organizations,					ations		OMB No. 1545-0047
(Form 990)					•		2019
			and Individuals	-	-		401 7
Department of the		Open to Public					
Treasury Internal Revenue Service		► Go to www	► Attach to Form <u>v.irs.gov/Form990</u> for		on.		Inspection
Name of the organization STERLING AND FRANCINE CLARK	A D.T.					Employer identifi	cation number
INSTITUTE	AK I					04-2163004	
Part I General Informa	tion on Grants	and Assistance				•	
 Does the organization maint the selection criteria used to Describe in Part IV the organ 	award the grants nization's procedur	or assistance? es for monitoring the use	e of grant funds in the Un	nited States.			✓ Yes
		can be duplicated if add		ints. Complete if the of	rgamzation answered res	on Form 990, Part IV, iii	e 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) MASS MOCA 1040 MASS MOCA WAY NORTH ADAMS, MA 01247	04-3113688	501(C)(3)	18,000	0			\$18,000 STUDENT EXHIBITION SUPPORT
2 Enter total number of section	n 501(c)(3) and go	vernment organizations	listed in the line 1 table .			•	1
3 Enter total number of other	organizations listed	d in the line 1 table				• 💳	
For Paperwork Reduction Act Notice	, see the Instruction	ns for Form 990.		Cat. No. 50055	5P	Sc	hedule I (Form 990) 2019

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

Part III

(1) STIPENDS FOR SCHOLARLY RESEARCH IN THE VISUAL ARTS	11	253,/39	U	
(2) STIPEND FOR GRADUATE WORK IN ART CONSERVATION	1	3,500	0	
(2)				

CONSERVATION			
(2)			
(3)			
(4)			
(5)			

Dart TV	Supplemental Information	na Provide the in	formation required in	Dart I line 2: Dart III	column (b): and any other	additional information
(7)						
(6)						
(5)						
(4)						
(3)						

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference Explanation

FORM 990 SCHEDULE I PART III RECIPIENTS OF STIPENDS ENGAGE IN SCHOLARLY RESEARCH, DELIVER A PUBLIC LECTURE BASED ON THEIR RESEARCH PROJECT, AND PARTICIPATE IN ACADEMIC PROGRAMS DURING THEIR RESIDENCIES. SCHOLARS ARE SELECTED FROM A POOL OF APPLICANTS BY A DISTINGUISHED 8 MEMBER SELECTION COMMITTEE WITH LINE 1

EXPERTISE IN THE FIELD.

FORM 990 SCHEDULE I PART III RECIPIENTS OF STIPENDS FOR GRADUATE WORK IN ART CONSERVATION ARE REQUIRED TO BE A WILLIAMS COLLEGE ART HISTORY GRADUATE STUDENT. THE LINE 2 GRADUATE STUDENT PARTICIPATES IN AN ART CONSERVATION PROJECT REQUIRING BOTH A WRITTEN REPORT AND LECTURE FOR THE PROJECT.

Page 2

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	31020	481		
Sch	edule J	Co	ompensati	ion Information	0	MB No.	1545-0	0047		
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and H Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part 1 ► Attach to Form 990.					2019					
•	tment of the Treasury	► Go to <u>www.irs.go</u>		instructions and the latest inform	mation.	Open				
	al Revenue Service ne of the organiz	<u> </u> ation			Employer identifica		ectio ımber			
	RLING AND FRANCII TITUTE	NE CLARK ART			04-2163004					
Pa	rt I Questi	ons Regarding Compensa	ition		04 2103004					
							Yes	No		
1a				the following to or for a person liste y relevant information regarding the						
	First-class	s or charter travel		Housing allowance or residence for	personal use					
		companions	님	Payments for business use of perso						
		nification and gross-up payment	:s ∐ □	Health or social club dues or initiation						
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)					
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes			
2				or allowing expenses incurred by all r, regarding the items checked on Lir	20 123	2	Yes			
	directors, truste	es, officers, including the CEO/	executive Director	r, regarding the items checked on th	ie las					
3	organization's C	EO/Executive Director. Check al	ll that apply. Do r	d to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i						
	✓ Compens	ation committee	\checkmark	Written employment contract						
		ent compensation consultant	<u> </u>	Compensation survey or study						
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	ition committee					
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a					
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a	Yes			
b	Participate in, o	r receive payment from, a suppl	lemental nonquali	ified retirement plan?		4b	Yes			
С				nsation arrangement?		4c		No		
	ir res to any t	or lines 4a-c, list the persons and	d provide trie app	nicable amounts for each item in Par	t III.					
	Only 501(c)(3), 501(c)(4), and 501(c)(29)) organizations	must complete lines 5-9.						
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any						
а		n?				5a		No		
b		anization?				5b		No		
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any						
а	The organization	n?				6a		No		
b						6 b		No		
	•	6a or 6b, describe in Part III.								
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixe rt III		7		No		
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do		8		No		
9				presumption procedure described in		9		140		
For F	Panerwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	50053T Schedule 3	l (Forn	1 9901	2019		

Part II 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 instructions, on row (ii) Do not list any individuals that are not listed an Expression of the compensation of the compensation on row (iii) Do not list any individuals that are not listed any Expression of the compensation of the co

instructions, on row (ii). [Note. The sum of column	o no s (B)	ot list any individuals that (i)-(iii) for each listed ind	are not listed on Form 99 dividual must equal the to	90, Part VII. tal amount of Form 990,	Part VII, Section A, line :	1a, applicable column (D)	, and (E) amounts for tha	t individual.
(A) Name and Title 1 OLIVIER MESLAY		(B) Breakdown (i) Base	of W-2 and/or 1099-MIS	C compensation (iii) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported
		compensation	compensation	reportable compensation	compensation			as deferred on prior Form 990
1 OLIVIER MESLAY DIRECTOR & EX-OFFICIO	(i)	343,834	0	13,074	28,000	10,016	394,924	0
	(ii)	15,000	0	0	0	0	15,000	0
2 LAWRENCE SMALLWOOD DEPUTY DIRECTOR & CLERK	(i)	192,175	585	0	8,848	141	201,749	0
	(ii)	0	0	0	0	0	0	0
3 THOMAS WOODWARD CHIEF ADVANCEMENT	(i)	184,236	11,462	1,223	13,380	23,704	234,005	0
OFFICER	(ii)	0	0	0	0	0	0	0
4 ESTHER S BELL CHIEF CURATOR	(i)	176,072	585	257	12,325	814	190,053	0
CHILI CONTON	(ii)	0	0	0	0	0	0	0
5 KATHLEEN MORRIS MARX DIRECTOR OF	(i)	148,765	585	1,480	15,767	25,782	192,379	0
COLLECTIO	(ii)	0	0	0	0	0	0	0
6 VICTORIA SALTZMAN DIRECTOR OF	(i)	143,397	585	1,408	15,170	25,170	185,730	0
COMMUNICATIONS	(ii)	0	0	0	0	0	0	0
7 WILLIAM POWERS DIRECTOR OF FACILITIES	(i)	116,572	585	1,100	12,547	25,723	156,527	0
	(ii)	0	0	0	0	0	0	0
								_
								_
								1/5 000) 5040
							Schedule	J (Form 990) 2019

Schedule J (Form 990) 2019	Page 3			
Part III Supplemental Information				
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.				
Return Reference	Explanation			
PART I, LINE 1A	THE ORGANIZATION COMPENSATED TWO EMPLOYEES FOR MOVING EXPENSES AND THE PERSONAL INCOME TAX ATTRIBUTABLE TO THAT INCOME.			
PART I, LINES 4A-B	PART 1, LINE 4A: AN EMPLOYEE RECEIVED WAIVER PAY FOR THE FIRST 17 PAYCHECKS OF THE CALENDAR YEAR 2019. PART 1, LINE 4B: THE DIRECTOR PARTICIPATES IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN (SECTION 457(B) PLAN). DURING THE CALENDAR YEAR 2019, THE CLARK CONTRIBUTED \$7,000 TO THE PLAN. THIS AMOUNT IS INCLUDED ON FORM 990 PART VII, COLUMN (D) AND ON SCHEDULE J, PART II, COLUMN B(III).			
	Schedule 1 (Form 990) 2019			

Schedule K

(Form 990)

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

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

2019

OMB No. 1545-0047

DLN: 93493131020481

▶ Attach to Form 990. Open to Public Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** STERLING AND FRANCINE CLARK ART 04-2163004 INSTITUTE Part I **Bond Issues** (b) Issuer EIN (d) Date issued (f) Description of purpose (a) Issuer name (c) CUSIP # (e) Issue price (g) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No MASS HEALTH AND 04-2455601 57586EVN8 07-29-2010 26,635,561 CONSTRUCTION AND EQUIPMENT Χ Χ **EDUCATIONAL FINANCE** NEW BUILDING AUTHORITY MASS DEVELOPMENT FINANCE 04-3431814 57584XBG5 08-19-2015 22,731,813 2006 ADV REFUND Χ Χ **AGENCY** MASS DEVELOPMENT FINANCE 04-3431814 57584XB83 11-22-2016 62,830,138 2010 (PARTIAL) & 2011 ADV Х Х **AGENCY** REFUND Part II Proceeds C Α 2 24,115,000 3 26,660,177 22,731,813 62,830,138 5 6 289,198 309,574 668,097 8 9 10 26,370,979 11 22,422,239 62,162,041 12 13 2012 2015 2016 Yes No Yes No Yes No No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Has the final allocation of proceeds been made? Χ Χ Χ 16 17 Does the organization maintain adequate books and records to support the final allocation of Χ Χ Χ **Private Business Use** Part Ⅲ Α C D Yes Nο Yes No No Yes Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Χ

Are there any lease arrangements that may result in private business use of bond-financed

Χ

Χ

Χ

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Exception to rebate?

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

Was the hedge terminated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

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

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

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

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

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

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

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

Schedule K (Form 990) 2019

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

No

D

Yes

Are there any research agreements that may result in private business use of bond-financed If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

Χ

Χ

Χ

Χ

Yes

Χ

В

No

Χ

Χ

Χ

Χ

Χ

Α

В

Χ

Х

Х

Χ

Yes

Χ

C

No

Х

Х

Χ

Χ

Х

C

Χ

Х

Χ

Χ

D

Schedule K (Form 990) 2019

No

Yes

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

В

No

Explanation

No

Χ

Χ

Χ

Yes

R

No

Yes

No

Χ

Yes

Nο

Χ

Yes

Χ

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

PART II - LINE 3 COLUMN A - DIFFERENCE OF \$24.616 REPRESENTS INVESTMENT EARNINGS

Yes

Page 3

No

D

D

Nο

Yes

Yes

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Part VI

INFORMATION

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?

Term of GIC

requirements of section 148? . . .

Return Reference

SCHEDULE K SUPPLENTAL

efile GRAPHI	C print - DO N	OT PROCESS	S As File	ed Data -					DΓ	.N: 93	34931	310	2040.
Schedule L		Trans	s with In	ntereste	d Person	ıs			0	MB No.	1545	-0047	
Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.							5,	2019					
		27, 28a,	28b, or 28c ▶ Attach	, or Form 99 to Form 990	0-EZ, Part V,) or Form 99	, line 38a or 4 0-EZ.	ю.				20	7 1 .	<u> </u>
epartment of the Tre nternal Revenue Serv	,	∙Go to <u>www.ir:</u>					orma	tion.			Open Insp	to Pu ecti	
Name of the org STERLING AND FR INSTITUTE	ganization RANCINE CLARK ART							nploy		ntific	ation r	umb	er
	ess Benefit Tra	ansactions (s	ection 501(c)(3), section 5	501(c)(4), and	section 501(c				s only).		
	olete if the organi	•	•	, , , ,		•		-			•		
1 (8	a) Name of disqu	alified person	(b) R			ified person ar	nd		escript			(d) Corrected?	
				0	organization			tra	ansacti	on	Y	es	No
							-						
2 Enter the :	amount of tax inc	irred by the ora	anization ma	nagers or disc	aualified perce	one during the	Vear	ınder	section	,			
4958. . .									•	\$ \$			
- ·													
Co	mplete if the orga	nization answer	ed "Yes" on	Form 990-EZ,	Part V, line 3	8a, or Form 99	0, Par	rt IV,	line 26	; or if	the org	aniza	tion
Co		nization answer on Form 990, P (c) Purpose	ed "Yes" on Part X, line 5,	Form 990-EZ,	Part V, line 3 (e) Original principal amount	8a, or Form 99 (f) Balance due	(g)	In	(h Approv boar	r) ved by d or	(i	aniza) Writ	ten
Co rep (a) Name of interested	mplete if the orga corted an amount (b) Relationship	nization answer on Form 990, P (c) Purpose	red "Yes" on Part X, line 5, (d) Loan t orgar	Form 990-EZ, 6, or 22 o or from the lization?	(e) Original principal	(f) Balance	(g) defa	In ult?	(h Approv boar comm	ved by d or ittee?	(i ag) Writ	ten ent?
(a) Name of interested person	mplete if the orga corted an amount (b) Relationship	nization answer on Form 990, P (c) Purpose	ed "Yes" on Part X, line 5,	Form 990-EZ, 6, or 22 o or from the	(e) Original principal	(f) Balance	(g) defa	In	(h Approv boar	r) ved by d or	(i) Writ	ten
(a) Name of interested person	mplete if the orga corted an amount (b) Relationship with organization	nization answer on Form 990, P (c) Purpose of loan	red "Yes" on Part X, line 5, (d) Loan t orgar	Form 990-EZ, 6, or 22 o or from the ization?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h Approv boar comm Yes	ved by d or ittee?	(i) Writ	ten ent?
Co rep (a) Name of interested person	mplete if the orga corted an amount (b) Relationship with organization	nization answer on Form 990, P (c) Purpose of loan	red "Yes" on Part X, line 5, (d) Loan t orgar	Form 990-EZ, 6, or 22 o or from the ization?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h Approv boar comm Yes	ved by d or ittee?	(i) Writ	ten ent?
Co rep (a) Name of interested person	mplete if the orga corted an amount (b) Relationship with organization	nization answer on Form 990, P (c) Purpose of loan	red "Yes" on Part X, line 5, (d) Loan t orgar	Form 990-EZ, 6, or 22 o or from the ization?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h Approv boar comm Yes	ved by d or ittee?	(i) Writ	ten ent?
(a) Name of interested person 1) DLIVIER MESLAY	mplete if the orga corted an amount (b) Relationship with organization	nization answer on Form 990, P (c) Purpose of loan PURCHASE RESIDENCE	red "Yes" on Part X, line 5, (d) Loan t orgar	Form 990-EZ, 6, or 22 or from the ization? From X	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h Approv boar comm Yes	ved by d or ittee?	(i) Writ	ten ent?
(a) Name of interested person 1) DLIVIER IESLAY	mplete if the organization (b) Relationship with organization DIRECTOR	nization answer on Form 990, P (c) Purpose of loan PURCHASE RESIDENCE	red "Yes" on Part X, line 5, (d) Loan to organ To To Ing Intere	Form 990-EZ, 6, or 22 or from the lization? From X Sted Persor	(e) Original principal amount 100,000	(f) Balance due	(g) defa	In ult?	(h Approv boar comm Yes	ved by d or ittee?	(i) Writ	ten ent?
(a) Name of interested person 1) OLIVIER DESLAY Total . Correct III Grant Correct Co	mplete if the organization (b) Relationship with organization DIRECTOR ants or Assistant the organization	nization answer on Form 990, P (c) Purpose of loan PURCHASE RESIDENCE	red "Yes" on Part X, line 5, (d) Loan to organ To Ing Interests wered "Yes"	Form 990-EZ, 6, or 22 or from the sization? From X X Sted Persor 9 or Form 9	(e) Original principal amount 100,000 ** \$ 15. 90, Part IV,	(f) Balance due 83,378	(g) defa	In ult?	(h Approv boar comm Yes Yes	ved by d or ittee?	Yes Yes) Writreem	ten ent?
(a) Name of interested person L) LIVIER ESLAY otal correction	mplete if the organization (b) Relationship with organization DIRECTOR DIRECTOR ants or Assistant the organization of the	nization answer on Form 990, P (c) Purpose of loan PURCHASE RESIDENCE	To In the second of the secon	Form 990-EZ, 6, or 22 or from the lization? From X Sted Persor	(e) Original principal amount 100,000 ** \$ 15. 90, Part IV,	(f) Balance due	(g) defa	In ult?	(h Approv boar comm Yes Yes	ved by d or ittee?	(i) Writreem	ten ent?
(a) Name of interested person 1) DLIVIER MESLAY Total . Part III Gra Cor	mplete if the organization (b) Relationship with organization DIRECTOR DIRECTOR ants or Assistant the organization of the	purchase Residence Benefiti ganization answer by Relationship nerested persor	To In the second of the secon	Form 990-EZ, 6, or 22 or from the sization? From X X Sted Persor 9 or Form 9	(e) Original principal amount 100,000 ** \$ 15. 90, Part IV,	(f) Balance due 83,378	(g) defa	In ult?	(h Approv boar comm Yes Yes	ved by d or ittee?	Yes Yes) Writreem	ten ent?
(a) Name of interested person 1) DLIVIER MESLAY Total . Part III Gra Cor	mplete if the organization (b) Relationship with organization DIRECTOR DIRECTOR ants or Assistant the organization of the	purchase Residence Benefiti ganization answer by Relationship nerested persor	To In the second of the secon	Form 990-EZ, 6, or 22 or from the sization? From X X Sted Persor 9 or Form 9	(e) Original principal amount 100,000 ** \$ 15. 90, Part IV,	(f) Balance due 83,378	(g) defa	In ult?	(h Approv boar comm Yes Yes	ved by d or ittee?	Yes Yes) Writreem	ten ent?
(a) Name of interested person 1) DLIVIER HESLAY Total . Correct Corr	mplete if the organization (b) Relationship with organization DIRECTOR DIRECTOR ants or Assistant the organization of the	purchase Residence Benefiti ganization answer by Relationship nerested persor	To In the second of the secon	Form 990-EZ, 6, or 22 or from the sization? From X X Sted Persor 9 or Form 9	(e) Original principal amount 100,000 ** \$ 15. 90, Part IV,	(f) Balance due 83,378	(g) defa	In ult?	(h Approv boar comm Yes Yes	ved by d or ittee?	Yes Yes) Writreem	ten ent?
(a) Name of interested person 1) DLIVIER HESLAY Total . Correct Corr	mplete if the organization (b) Relationship with organization DIRECTOR DIRECTOR ants or Assistant the organization of the	purchase Residence Benefiti ganization answer by Relationship nerested persor	To In the second of the secon	Form 990-EZ, 6, or 22 or from the sization? From X X Sted Persor 9 or Form 9	(e) Original principal amount 100,000 **Signature** 100,000	(f) Balance due 83,378	(g) defa	In ult?	(h Approv boar comm Yes Yes	ved by d or ittee?	Yes Yes) Writreem	ten ent?

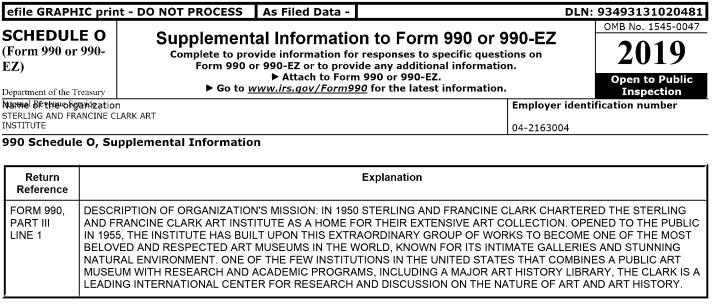
Explanation

Schedule I. (Form 990 or 990-F7) 2019

Return Reference

DLN: 93493131020481 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 Name of the organization **Employer identification number** STERLING AND FRANCINE CLARK ART INSTITUTE 04-2163004 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 . . Χ Art-Historical treasures Art—Fractional interests Χ 4 Books and publications Clothing and household goods Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 169,366 AVG FMV ON TRANSFER DATE 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 ► (___ 26 Other ▶ (______) 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 Yes **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 2				
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.					
Return Reference	Explanation				
•	THE CLARK USES A CUSTODIAL BANK TO RECEIVE GIFTS OF PUBLICLY TRADED SECURITIES, WHICH ARE SOLD UPON RECEIPT.				
·	THE CLARK ELECTED, AS PERMITTED UNDER ASC 958-360-25 (FORMERLY SFAS 116), NOT TO REPORT IN ITS FINANCIAL STATEMENTS, WORKS OF ART AND LIBRARY COLLECTIONS HELD FOR PUBLIC EXHIBITION, EDUCATION OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE.				
	Schedule M (Form 990) (2019)				



Return Explanation
Reference

FORM 990, O. ANDREAS HALVORSEN IS CHAIRMAN OF THE BOARD AND HIS WIFE DIANE HALVORSEN IS A BOARD TRUSTEE.

PART VI,
SECTION A,
LINE 2

Return

Reference

Reference	
FORM 990,	THE-BYLAWS OF THE INSTITUTE, AS AMENDED NOVEMBER 11, 2017, PROVIDE THAT AT ALL TIMES THE MAJORITY OF
PART VI,	\mid THE TRUSTEES OF THE INSTITUTE SHALL BE ELECTED BY THE TRUSTEES OF WILLIAMS COLLEGE. IN ADDITION, THE \mid
SECTION A,	BY-LAWS PROVIDE THAT THE PRESIDENT OF WILLIAMS COLLEGE SHALL BE A MEMBER OF THE BOARD OF
LINE 7A	TRUSTEES OF THE INSTITUTE DURING HIS OR HER TERM OF SERVICE AS PRESIDENT OF THE COLLEGE. THE BY-
	\mid LAWS FURTHER PROVIDE THAT THE BOARD OF TRUSTEES OF THE INSTITUTE SHALL APPOINT, AS CHIEF EXECUTIVE \mid
	OFFICER OF THE INSTITUTE, A DIRECTOR WHO SHALL BE AN EX-OFFICIO MEMBER OF THE BOARD. THE BY-LAWS
	\mid AND ARTICLES OF THE INSTITUTE MAY BE AMENDED BY THE MEMBERS OF THE INSTITUTE. THE BY-LAWS PROVIDE \mid
	\mid FURTHER THAT THOSE ELECTED AS TRUSTEES, WHETHER BY THE MEMBERSHIP OR THE TRUSTEES OF WILLIAMS \mid
	COLLEGE, ARE ALSO ELECTED IPSO FACTO AS MEMBERS OF THE INSTITUTE AND THAT ADDITIONAL MEMBERS MAY
	BE ELECTED FROM TIME TO TIME BY VOTE OF THE MEMBERS OR BY THE TRUSTEES.

Explanation

Return Explanation

FORM 990,	THE SELECTION OF THE AUDITING FIRM IS RECOMMENDED BY THE GOVERNING BODY AND APPROVED BY THE
PART VI,	MEMBERS.
SECTION A,	
LINE 7B	

990 Schedule O, Supplemental Information

Return Explanation

Reference

REVIEW AND APPROVAL BEFORE FILING.

LINE 11B

11010101100	
FORM 990,	MANAGEMENT SUBMITS A DRAFT OF THE INTERNAL REVENUE SERVICE (IRS) 990 FORM TO THE AUDIT COMMITTEE
PART VI,	OF THE BOARD OF TRUSTEES FOR INITIAL REVIEW AND COMMENTS. AFTER MEETING THEIR APPROVAL, THE AUDIT
SECTION B,	COMMITTEE SUBMITS THE 990 FORM TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR FINAL

Return Explanation
Reference

FORM 990,	ANNUALLY, THE CLARK REQUIRES OFFICERS, TRUSTEES AND SENIOR MANAGERS TO COMPLETE A CONFLICT OF
PART VI,	INTEREST STATEMENT WHICH IS DESIGNED TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST,
SECTION B,	INCLUDING MATERIAL AFFILIATIONS AND DIRECT OR INDIRECT RELATIONSHIPS. THESE STATEMENTS ARE
LINE 12C	REVIEWED TO ASCERTAIN THAT NO MATERIAL CONFLICTS EXIST.

Return

Deference

Reference	
FORM 990,	THE EXECUTIVE COMMITTEE, PERFORMING THE DUTIES OF A COMPENSATION COMMITTEE, MEETS PERIODICALLY
PART VI,	TO DISCUSS DIRECTOR COMPENSATION MATTERS. DURING THE TERM OF THE DIRECTOR'S EMPLOYMENT
SECTION B,	CONTRACT, THE COMMITTEE ENGAGES APPROPRIATE CONSULTING EXPERTISE TO ASSESS THE COMPETITIVENESS
LINE 15	AND REASONABLENESS OF THE DIRECTOR'S COMPENSATION PACKAGE TO THE EXTENT DEEMED NECESSARY OR
	APPROPRIATE. THE CONSULTING FIRM UTILIZES COMPENSATION SURVEYS AND OTHER MATERIAL TO ALLOW
	COMPARATIVE ANALYSIS WITH SIMILAR INSTITUTIONS. THE RESULTS OF THE ANALYSIS HAVE BEEN USED BY THE
	CHAIR OF THE COMMITTEE TO NEGOTIATE A WRITTEN CONTRACT WITH THE DIRECTOR. THE COMMITTEE'S
	RECOMMENDATIONS FOR COMPENSATION ARE PRESENTED TO THE BOARD OF TRUSTEES FOR FINAL APPROVAL.

Explanation

Return Explanation
Reference

FORM 990,	THE CLARK PROVIDES COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED
PART VI,	FINANCIAL STATEMENTS TO THE PUBLIC UPON WRITTEN REQUEST.
SECTION C,	
LINE 19	

990 Schedule O, Supplemental Information Return Explanation

Reference	
,	PURCHASED WORKS OF ART AND LIBRARY COLLECTIONS -326,004. CARES ACT EMPLOYEE RETENTION PAYROLL TAX CREDIT 475,020.

LINE 9:

Return Reference	Explanation
FORM 990 PART III, LINE 4A	RESEARCH AND ACADEMIC PROGRAM ACCOMPLISHMENTS: AS AN INTERNATIONAL CENTER FOR HIGHER LEARNING, THE CLARK IS DRIVEN BY A STRONG COMMITMENT TO THE GENERATION OF IDEAS AND A DISTINCT FOCUS ON EDUCATION. THE CLARK'S RESEARCH AND ACADEMIC PROGRAM ENCOURAGES FRESH APPROACHES TO ADVANCING CRITICAL PERSPECTIVES IN THE VISUAL ARTS. CLARK FELLOWS - CONSIDERED TO BE PROMISING AND ESTABLISHED SCHOLARS AND PRACTITIONERS IN THE VISUAL ARTS - FOSTER INTELLECTUAL DIALOGUE AND INQUIRY IN THE THEORY, HISTORY, AND INTERPRETATION OF VISUAL CULTURE. CONFERENCES, SYMPOSIA, AND CONVERSATIONS FOCUS ON VITAL TOPICS IN THE FIELD AND ADDRESS QUESTIONS THAT CONTRIBUTE TO A BROADER PUBLIC UNDERSTANDING OF THE ROLE OF VISUAL CULTURE. THE CLARK'S ART RESEARCH LIBRARY, ONE OF THE LARGEST IN THE COUNTRY, SERVES BOTH SCHOLARS AND THE PUBLIC. SINCE ITS INCEPTION IN THE EARLY 1960S, THE LIBRARY COLLECTION HAS GROWN FROM ITS BASE - THE ROBERT STERLING CLARK COLLECTION OF ILLUSTRATED RARE BOOKS - TO ENCOMPASS OVER 284,000 VOLUMES IN OVER 65 LANGUAGES. THE LIBRARY'S OPEN AND CLOSED STACKS AND PROFESSIONAL STAFF ENSURE THAT MATERIALS ARE READILY AVAILABLE TO ALL PATRONS. IN COOPERATION WITH WILLIAMS COLLEGE, THE CLARK OFFERS A MASTERS' PROGRAM IN THE HISTORY OF ART, CONSIDERED TO BE ONE OF THE FINEST IN THE COUNTRY. THE PROGRAM DRAWS UPON THE RICH RESOURCES OF THE CLARK AND WILLIAMS TO PREPARE GRADUATE STUDENTS FOR RESEARCH AND FURTHER STUDY IN THE ACADEMIC AND MUSEUM WORLDS.

Return	Explanation
Reference	
FORM 990 PART III, LINE 4B	MUSEUM PROGRAM ACCOMPLISHMENTS: SINCE ITS FOUNDING IN 1950, THE CLARK'S COLLECTION HAS CON TINUED TO GROW, NOW CONSISTING OF OVER 9,000 OBJECTS, INICLUDING OVER 500 PAINTINGS AND SIG NIFICANT HOLDINGS OF WORKS ON PAPER AND DECORATIVE ARTS. THE COLLECTION FEATURES EUROPEAN AND AMERICAN PAINTINGS, SCULPTURE, PRINTS, DRAWINGS, PHOTOGRAPHS, AND DECORATIVE ARTS FROM THE RENAISSANCE TO THE EARLY TWENTIETH CENTURY. THE COLLECTION IS ESPECIALLY RICH IN FREN CH IMPRESSIONIST AND ACADEMIC PAINTINGS, BRITISH OIL SKETCHES, DRAWINGS, AND SILVER, AND THE WORK OF AMERICAN ARTISTS WINSLOW HOMER, GEORGE INNESS, AND JOHN SINGER SARGENT. BASED O N THE FOUNDING GIFT FROM STERLING AND FRANCINE CLARK, THE COLLECTION HAS EXPANDED OVER THE YEARS THROUGH NUMEROUS ACQUISITIONS AS WELL AS SIGNIFICANT GIFTS AND BEQUESTS, INCLUDING THE GIFT OF THE SIR EDWIN AND LADY MANTON COLLECTION OF BRITISH ART AND THE GIFT OF GEORGE INNESS PAINTINGS BY FRANK AND KATHERINE MARTUCCI. THE CLARK ALSO ORGANIZES SPECIAL EXHIBITIONS IN COOPERATION WITH LEADING MUSEUMS IN THE UNITED STATES AND EUROPE. RECENT EXHIBITIONS INCLUDE: IDA O'KEEFFE: ESCAPING GEORGIA'S SHADOW (SUMMER 2019), RENOIR: THE BODY, THE SENSES (SUMMER 2019), ART'S BIGGEST STAGE: COLLECTING THE VENICE BIENNALE 2007-2019 (SUMME R 2019), JANET CARDIFF: THE FORTY PART MOTET (SUMMER 2019), THE VENICE BIENNALE 2019-2020), ARABESQUE (WINTER 2019/2020), PIA CAMIL: VELO REVELO (2020), AND LIN MAY SAEED: ARR IVAL OF THE ANIMALS (SUMMER/FALL 2020). UPCOMING EXHIBITIS INCLUDE: GROUND/WORK (SUMMER 202 O THROUGH FALL 2021), ERIN SHIRREFF: REMAINDERS (2021), A CHANGE IN THE LIGHT: THE CILCHE- VERRE IN NINETEENTH-CENTURY FRANCE (SPRING 2021), DURER & AFTER (SUMMER 2021), NIKOLAI AST RUP: VISIONS OF NORWAY (SUMMER 2021), AND CLAUDE & FRANCOIS-XAVIER LALANNE: NATURE TRANSFO RMED (SUMMER/FALL 2021). MAJOR EXHIBITIONS ARE AUGMENTED BY WEB-BASED MICROSITES, GENERAL AND CUSTOMIZED GALLERY TALKS, MULTIMEDIA GUIDES, IN-GALLERY TALKS, MULTIMEDIA GUIDES, IN-GALLERY INTERPRETIVE MATERIALS, LECTUR ES AND FILM SERIES. S

990 Schedule O, Supplemental Information

D -4.....

LINE 4B

Reference	Explanation
FORM 990	FREE, HELD OCTOBER-MAY, AS WELL AS SUMMER FAMILY DAY, ARE FREE EVENTS WHICH INCLUDES MUSEU M
PART III	ADMISSION FAMILY-ERIENDLY GALLERY TALKS PERFORMANCES AND HANDS-ON ACTIVITIES SUMMER FAMILY DAY.

Cumlomotion

ATTRACTS 3.000-5.000 VISITORS ANNUALLY. INCLUDING MANY LOCAL FAMILIES WHO WOULD OTHERWISE NOT VISIT.

Return

Reference	Explanation
FORM 990	EDUCATIONAL PROGRAM ACCOMPLISHMENTS: THE CLARK CONDUCTS A FULL SERIES OF EDUCATIONAL PROGRAMS
PART III,	FOR THE GENERAL PUBLIC DESIGNED TO ENCOURAGE A WIDE RANGE OF AUDIENCES TO EXPLORE, UNDERSTAND,
LINE 4C	AND ENJOY THE CLARK'S COLLECTIONS IN PARTICULAR AND THE VISUAL ARTS IN GENERAL. THESE OFFERINGS
	INCLUDE GUIDED GALLERY TALKS, FAMILY ACTIVITY GUIDES, AND FAMILY EVENTS DESIGNED FOR DIFFERENT AGES
	AND STAGES. THE CLARK'S EDUCATION PHILOSOPHY DIFFERS FROM THAT OF MANY MUSEUMS IN THAT IT
	EMPHASIZES INTERACTIVE ENGAGEMENT RATHER THAN THE MORE TRADITIONAL ONE-WAY FLOW OF INFORMATION
	FROM PRESENTER TO AUDIENCE. THIS APPROACH IS DESIGNED TO BE FLEXIBLE, SO AS TO RESPOND TO THE
	DIFFERENT REQUIREMENTS OF DIFFERENT AUDIENCES, AND IT STIMULATES CULTURAL, SOCIAL, AND HISTORICAL
	AWARENESS THAT CARRIES BEYOND A PARTICULAR WORK OF ART. THIS RESULTS IN A FULLER, MORE PERSONAL
1	EXPERIENCE FOR THE MUSEUM VISITOR.

Evolunation

Return

Reference

Explanation

Return Reference	Explanation
PART I, LINE 10 & PART	INVESTMENT INCOME INCLUDES INTEREST, DIVIDENDS, AND REALIZED GAINS (LOSSES) FROM PUBLICLY TRADED SECURITIES AND COMMODITIES REPORTED IN PART X, LINE 11. FOLLOWING THE TRANSFER OF THE CLARK'S INVESTMENTS TO THE SUPPORTED ORGANIZATION'S INVESTMENT POOL, INVESTMENT INCOME IN THE INVESTMENT POOL IS REPORTED AS UNREALIZED GAINS (LOSSES) IN PART XI, LINE 5.

SCHEDULE R
(Form 990)

As Filed Data Related

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.

2019

DLN: 93493131020481

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization STERLING AND FRANCINE CLARK ART INSTITUTE 04-2163004 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Direct controlling End-of-year assets Primary activity entity or foreign country) Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (d) (b) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) WILLIAMS COLLEGE UNDERGRADUATE EDUCATION MΑ 501(C)3 LINE 2 No 880 MAIN STREET N/A WILLIAMSTOWN, MA 01267 04-2104847 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	se it ha	ad
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets	(h) Disproprtionater allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	alor Per ging ow	(k) rcentage ynership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organizations.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	Section (13)	(i) on 512(b) controlled ntity?
			77									Tes	
				-						Calcadada D	/ -	- 000)	-

Exchange of assets with related organization(s).

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 .

r Other transfer of cash or property to related organization(s) . . .

(1) WILLIAMS COLLEGE (LESS THAN 50000)

(2)WILLIAMS COLLEGE (LESS THAN 50000) (3) WILLIAMS COLLEGE (LESS THAN 50000)

(4)WILLIAMS COLLEGE

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

Name of related organization

Performance of services or membership or fundraising solicitations for related organization(s)

b Gift, grant, or capital contribution to related organization(s)	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
b Gift, grant, or capital contribution to related organization(s)	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
c Gift, grant, or capital contribution from related organization(s)	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
d Loans or loan guarantees to or for related organization(s)	b Gift, grant, or capital contribution to related organization(s)	1 b		No
Loans of four guarantees to of for related organization(s)	c Gift, grant, or capital contribution from related organization(s)	1c		No
e Loans or loan guarantees by related organization(s)	d Loans or loan guarantees to or for related organization(s)	1d		No
	e Loans or loan guarantees by related organization(s)	1e		No
	f Dividends from related organization(s)	1 f		No

Page 3

No

No

No

No

No

No

No

1m

10

1p Yes

1q Yes

1r Yes

1s

Schedule R (Form 990) 2019

(d)

Method of determining amount involved

1n Yes

•	one, grant, or capital contribution from related organization(3)		
d	Loans or loan guarantees to or for related organization(s)	1 d	No
е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1 g	No
h	Purchase of assets from related organization(s)	1h	Nο

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)

Q

Amount involved

22,000,000

N/A

CASH

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.			· .		•					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar o	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	,]
										Schedul	e R (Forn	n 99	0) 2019

Schedule R (Form 990) 2019								
Part VII	Supplemental Info	Information						
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).						
Retu	ırn Reference	Explanation						