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Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047 2008

> Open to Public Inspection

A Fo	r the	2008 ca	lendar yea	r, or tax year beginnir	ıg 06-01-2008	and ending 05-31-20	009	D Francisco		
B Ch	eck ıf a	pplicable	Please	C Name of organization CLARK UNIVERSITY				D Employ	er identific	cation number
☐ Add	tress cl	nange	use IRS label or	Doing Business As				04-21	11203 ne numbe	•
Naı	me cha	inge	print or type. See	Boning Business 715						
Init	ıal retu	ırn	Specific Instruc-		PO box if mail is n	ot delivered to street add	ress) Room/s	uite	793-7499 eceipts \$ 1	
Ter	mınatı	on	tions.	950 Main Street						0,20 1,02 1
☐ Am	ended	return		City or town, state or co Worcester, MA 01610	ountry, and ZIP + 4	ļ	•			
M App	olication	n pending		Wordester, FIA O1010						
		Ī		ne and address of Prin	cıpal Officer			this a group r		
			John Ba 950 Ma	assett aın Street			af	filiates?		┌ Yes ┌ No
				ter, MA 01610			H(b) Ar	e all affiliates ir	ncluded?	┌ Yes ┌ No
I Ta	x-exen	npt status	<b>✓</b> 501(c)	) ( 3 ) ◀ (insert no )	4947(a)(1) or	527				instructions )
J W	eb sit	e: 🕨 www	v clarku ed	u			H(c) G	roup Exemption	on Numbe	r <b>►</b>
<b>K</b> Typ	e of or	ganization	Corporat	ion trust association	other ►		<b>L</b> Year o	f Formation 188	7 <b>M</b> State	of legal domicile MA
Pa	rt I	Sumi	marv							
	1			e organization's missi	on or most sıgnı	ficant activities				
e e		See Sta	tement 1							
alic										
Governance	١,	Charlet	h <b>—</b>	.6.6.				- 250/ -5.4		
200	3		,	ıf the organızatıon dıs nembers of the goverr					ssets	30
	4		_	ndent voting members		•			3 4	
Activities &	5			nployees (Part V, line			10,	•	5	2,664
5	6			olunteers (estimate if i					6	1,115
ä	7a	Total gr	oss unrela	ted business revenue	from Part VIII,	line 12, column (C)			7a	-67,561
	ь	Net unr	elated busi	ness taxable income	from Form 990-	T, line 34			7b	-85,067
								Prior Year	(	Current Year
а.	8	Contri	butions and	d grants (Part VIII, lır	ne 1 h)			14,915,4	07	15,584,661
anue	9			revenue (Part VIII, lıı		70,094,7		113,593,078		
Rayeni	10			me (Part VIII, column		•	30,155,7		-2,993,312	
	11 12		•	art VIII, column (A), dd lines 8 through 11		ıne —	210,1	09	375,670	
	12	12)	evenue u	ad inies o tinough 11	(mast equal i ai			115,375,9	88	126,560,097
	13			ar amounts paid (Part					0	44,731,413
	14		•	or for members (Part I		•			0	0
82	15	Salarıe 10)	es, other co	ompensation, employe	e benefits (Part	IX, column (A), lines	5 5-	52,824,2	61	55,568,817
Expenses	16a	•	sıonal fund	raising fees (Part IX,	column (A), lıne		48,5		120,092	
Ě	ь	(Total fu	undraising ex	penses, Part IX, column (D	), line 25 <u>4,464,20</u> 8	)				
ш	17	Other	expenses	(Part IX, column (A), l	nes 11a–11d,	11f-24f)		35,800,3	41	35,523,651
	18	Totale	xpenses—	-add lines 13–17 (mus	st equal Part IX,	line 25, column (A)	)	88,673,1	02	135,943,973
- (7)	19	Reven	ue less exp	penses Subtract line :	18 from line 12			26,702,8	86	-9,383,876
68 200							Beg	inning of Year		End of Year
Net Assets or Fund Balances	20	Totala	assets (Pai	rt X, line 16)				477,652,2	90	400,987,520
Pt A	21	Totall	ıabılıtıes (F	Part X, line 26)				118,651,2	72	117,155,442
	22			d balances Subtract	ine 21 from line	20		359,001,0	18	283,832,078
Pai	rt II		ature Bl							
				егјигу, I declare that I have correct, and complete Dec						
Plea								010-04-08		
Sign Here		Signa	ature of office	er			D	Oate		
1101	_		es Collins Tre							
		<b>F</b> Type	. от ринк пат	ic and title	Ι	· · ·	Ta		DTT: 15	
<b>.</b>		Preparer'				Date	Check if self-	_   '	PTIN (See (	en Inst )
Paid	arar <sup>i</sup> -	-					empolyed 🕨			
Use (	arer's Onlv	ıf self-en	ame (or your: nployed),	s <b></b>	EIN Þ					
JJ6 (	y	address,	and ZIP + 4		Phone no	Dhana na h				
								1 Holle Ho		., F
May	the IR	S discus	s this retu	rn with the preparer sl	nown above? (Se	e instructions) .			. 「	Yes $\Gamma$ No

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

<b>1</b> See Ad	Briefly describe the organization's mission Iditional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting or make significant changes in how it conducts any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 49,391,712 including grants of \$ 0) (Revenue \$ 99,022,197)  Instruction and academic support, with program expenditures of \$49,391,712 Clark educates in excess of 3000 students, of which about 2100 are traditional undergraduates. Our motto, and mission, are "Challenge Convention, Change Our World", and our faculty works to inspire their students to utilize their liberal arts based education to make a real difference in the communities in which they live and work. Clark is very selective, admitting 64% of all applicants, and has very high retention and graduation rates. We also have strong graduate programs, which include masters' level degrees and nine PhD programs.
4b	(Code ) (Expenses \$ 9,404,000 including grants of \$ 0 ) (Revenue \$ 7,464,000 )
	Research, with program expenditures of \$9,404,000 and revenues from grants and contracts of \$7,464,000. Clark is committed to a program of research and has a very professionally active faculty, virtually all of whom are engaged in sponsored or unsponsored research and creative activity.
45	(Code ) (Expenses \$ 44,125,061 including grants of \$ 44,125,061) (Revenue \$ 0)
4c	Financial Aid, with expenditures/income offsets of \$44,125,061 Clark is committed to being affordable to those students able to meet the high academic expectations of our faculty. Over 90% of all students receive some level of financial assistance, which is distributed on the bases of both merit and financial need
	(Code ) (Expenses \$ 11,655,335 including grants of \$ ) (Revenue \$ 12,965,796)
	Auxiliary Services includes providing high quality residence halls, food service, book store, and telecommunications services to Clark students. There are program expenditures of \$11,655,335 and offsetting revenue of \$12,965,796
	(Code ) (Expenses \$ 10,084,460 including grants of \$ ) (Revenue \$ 0)
	Student Services program supports an environment for the students that encourages them to become active, involved and responsible citizens in the global communities. Resources are expended to provide support of the students in achieving their non-academic goals and providing a balance and healthy social environment.
	(Code ) (Expenses \$ 3,186,081 including grants of \$ ) (Revenue \$ 0)
	Other varied program services are provided to the students and faculty to enhance their overall educational experience
	Other program compact (Decembe in Calcabilla O.)
4d	Other program services (Describe in Schedule O) (Expenses \$ 24,925,876 including grants of \$ 0)(Revenue \$ 12,965,796)
4e	Total program service expenses \$ 127,846,649 Must equal Part IX, Line 25, column (B).

Part IV	Chec	klist o	f Reauire	d Sched	ules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$			N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . . .

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

			163	140
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
<b>7</b>	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a	3,912		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	О		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportal	ple		
	gaming (gambling) winnings to prize winners?	10	Yes	<del>                                     </del>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return	2,664		
b	If at least one is reported in 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 this return.	,	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	this		$\vdash$
	return?	За	Yes	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	. 3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorover, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
b	If "Yes," enter the name of the foreign country LU			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a	ı	No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	1 <sup>7</sup> 5b	,	Νο
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohi Tax Shelter Transaction?	ibited 5c	:	
6a	Did the organization solicit any contributions that were not tax deductible?	. 6a	_	No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions	or gifts		
	were not tax deductible?	6b	)	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	)	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was req			
d	file Form 8282?	70	•	<del>                                     </del>
u	Thes, indicate the number of Forms 6262 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person benefit contract?	nal . 7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	ı	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	. 7h	<u> </u>	<u> </u>
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization excess business holdings at any time during the	n, have		
9	year?	<u> </u>		1
	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	96	+	+-
10	Section 501(c)(7) organizations. Enter	-		+-
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section F01/cV12) organizations. Enter			
11 a	Section 501(c)(12) organizations Enter  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

8

9a

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Yes

Yes

3

4

5

6

7Ь

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

For each "Yes'	response to lines	2-7 below, a	and for a "No"	response to lines	8 or 9b below,	describe the circun	nstar

	processes, or changes in Schedule O. See instructions.	, desc	Tibe the circumstances,	
1a	Enter the number of voting members of the governing body	1a	30	
b	Enter the number of voting members that are independent	1b	28	
2	Did any officer, director, trustee, or key employee have a family relationship or a bustother officer, director, trustee, or key employee?			2

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?	
Did the organization make any significant changes to its organizational documents since the prior Form 990 w	vas

	filed?
5	Did the organization become aware during the year of a material diversion of the organization's assets?
6	Does the organization have members or stockholders?

Does the organization have mer	nbers	orstock	kholde	rs ?	•		•			•			•	•	•		6
Does the organization have mer	nbers,	stockh	olders	, or o	ther	perso	ons w	vho m	пау е	lecto	ne c	r mo	re m	emb	ers	of the	
governing body?																	7a

b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .
	Did the organization contemporaneously document the meetings held or written actions undertaken during the

Did the organization contemporaneously	document the meetings	held or written action	s undertaken during the
year by the following			
the governing body?			

Ь	each committee with authority to act on behalf of the governing body?							
	Does the organization have local chapters, branches, or affiliates? .							

ь	If "Yes," does the organization have written policies and procedures governing the activities of such	cŀ	пар	ter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization? .				

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization	ns
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

#### Section B. Policies

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

#### Section C. Disclosure

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

950 Main Street Worcester, MA 01610 (508) 793-7443

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

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

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

#### Part VII Continued

(A) Name and Title  (B) Average hours per week  (B) Average hours per week  (B) Average hours per week  (C) Reportable compensation from the organization (W-2/1099MISC)  (W-2/1099MISC)  (W-2/1099-MISC)  (D) Reportable compensation from related organizations (W-2/1099MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)			(C) Position (check all that apply)							(E)	(F)
		Average hours per	Individual Trustee or Director	Truste	Officei	Key employee	Highest compensated employee	Former	compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and related
				-	Н						
					$\vdash$						
				-							
				+	Н	$\vdash$		$\vdash$			
				-	$\vdash$						
<b>1b Total</b>	1b Total			•				<b>-</b>	2,187,557	0	413,251

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►51

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

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
Consigli Construction Co Inc 72 Sumner Street Milford, MA 017571663	Construction management	12,228,866
Sodexho Inc Higgins University Center 950 Main Street Worcester, MA 016101400	Food service management	3,971,221
Workplace Resource LTD 162 Prescott Street Worcester, MA 016052627	Interior design and furnishing	870,301
Umass Memorial Med Community 108 Belmont Street Worcester, MA 016052937	Healthcare provider	395,706
Perry Dean Rogers Associates 177 Milk Street Boston, MA 021093404	Architect	298,168
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	100,000 in compensation	17

Part VIII

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a	0		November 1		
\$ \$	ь		ues					
Contributions, gifts, grants and other similar amounts	"	Membership u	ues					
ıgʻ ⊞0	С	Fundraising ev	ents	0				
म इ.स.			1c	0				
<u> 5,e</u>	d	Related organi						
ξ. E	e	Government gran	its (contributions) <b>1e</b>	4,300,434				
을 같	f		cions, gifts, grants, and not included above	11,284,227				
e Pagen		Similar amounts r	1f					
nt do	g	Noncash cont	rıbutıons ıncluded ın					
ည္မ								
	h	Total (Add line	es 1a-1f)		15,584,661			
				Business Code				
anı	2a	Tuition and Fees		900,099	99,022,197	99,022,197	0	0
мег	ь	Geographical Soft		443,120	785,789	785,789	0	0
<del>2</del> 8	c	Auxilary		900,099	12,461,245	12,461,245	0	0
<b>-</b> 931		·		,				0
Program Service Revenue	d	Split Interest Agre		900,099	-61,486	-61,486	0	0
ڪ ج	е	Student Loan Pro		611,600	179,640	179,640	0	0
ीख	f	All other progr	ram service revenue		1,205,693	1,205,693	0	О
Š	g	Total. Add line ► \$ 113,593,0	es <b>2a-2f</b> 78					
	3		come (including divid	dends, interest				
			imounts)		4,759,234	4,759,234	0	0
	_		estment of tax-exempt be	<b>▶</b>	46,775	46,775	0	0
	4	income nom inve	sament or tax-exempt bo	na proceeds	40,773	40,775		
	5	Royalties .		<u>.                                    </u>	193,745	193,745	0	0
			(ı) Real	(11) Personal				
	6a	Gross Rents	504,551	0				
	ь	Less rental expenses	322,626	0				
	С	Rental income	181,925	0				
		or (loss)			181,925	181,925	0	
	d	Net rental inco	ome or (loss)	<u></u>	101,925	101,925		
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	36,221,980	0				
		assets other						
	h	than inventory Less cost or	44,021,301	n				
	b	other basis and sales expenses	,021,301					
	c	sales expenses Gain or (loss)	-7,799,321	0				
	d	Net gain or (lo			-7,799,321	-7,731,760	-67,561	o
			• • • • •	. ▶		. , ]	,	
	8a		from fundraising					
		events (not in	cluding 0					
e		\$of contribution	os reported on line					
듄		1c) See Part 1	IV, line 18					
e.			e G ıf total exceeds					
Ę.			a	0				
Other Revenue	Ь		xpensesb	0	0	0	0	
ŏ	С	Net income or	(loss) from fundraisi	ng events	0			
	9a	Gross income						
		activities See Complete Sched	part IV , line 19					
		exceeds \$15,00						
			а	0				
	b	Less directe	xpensesb	0				
	с	Net income or	(loss) from gaming a		0	0	0	О
	10-		6	<b>•</b>				
	10a	returns and all	finventory, less lowances .					
			а	0				
	ь	Less cost of o	goods sold <b>b</b>					
	с		(loss) from sales of		0	0	0	О
		Miscellaneou	· · ·	Business Code				
	11a	<del>-</del>						
	ь							
	С							
	d	All other rever	nue					
	e	Total. Add line	es 11a-11d	\$				
	12	Total Davis	Add lines 41- 2- 2	0	126,560,097	111,042,997	-67,561	0
	**	8c,	Add lines 1h, 2g, 3		220,300,037	,0 (2,331	37,301	Ĭ
			.1e	►				
								Form <b>990</b> (2008)

Page **9** 

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	606,352	606,352		· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	44,056,873	44,056,873		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	68,188	68,188		
4	Benefits paid to or for members	0	-		
5	Compensation of current officers, directors, trustees, and key employees	1,151,837	428,016	459,563	264,258
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	581,365		581,365	
7	Other salaries and wages	42,980,534	34,481,512	581,365	1,754,562
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,080,143	2,471,072	483,333	125,738
9	Other employee benefits	4,892,293	3,924,885	767,694	199,714
10	Payroll taxes	2,882,645	2,312,627	452,342	117,676
11	Fees for services (non-employees)				
а	Management	1,551,523	431,679	1,115,127	4,717
b	Legal	23,873	5,555	18,318	0
c	Accounting	171,974	0	171,974	0
d	Lobbying	36,000	36,000	0	0
e	Professional fundraising See Part IV, line 17	120,092			120,092
f	Investment management fees	0			
g	Other	1,993,269	1,582,367	314,270	96,632
12	Advertising and promotion	628,698	483,489	143,079	2,130
13	Office expenses	5,963,369	4,090,726	1,467,979	404,664
14	Information technology	1,220,082	1,135,399	12,150	72,533
15	Royalties				
16	Occupancy	3,985,366	543,375	3,415,661	26,330
17	Travel	2,200,666	1,926,621	164,844	109,201
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	1,170,694	894,797	96,456	179,441
20	Interest	2,243,197	2,127,495	112,784	2,918
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,234,285	5,580,392	587,295	66,598
23	Insurance	445,556		441,540	4,016
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Study Abroad/off-campus	1,870,754	1,870,679	0	75
b	Food Service	3,221,367	3,221,367	0	0
c	Library acquisitions	1,449,323	1,447,174	2,149	0
d	Misc	1,108,694	565,307	486,975	56,412
e	Allocations IT/fringe chgbck/Op & Maint	4,961	13,554,702	-14,406,242	856,501
f	All other expenses	0	, , .=		, -
25	Total functional expenses. Add lines 1 through 24f	135,943,973	127,846,649	3,633,116	4,464,208
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,-	,	-,5,5	.,,230

Part X	Balance	Sheet

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	393,954	1	742,156
	2	Savings and temporary cash investments	15,853,609	2	19,427,366
	3	Pledges and grants receivable, net	9,906,602		8,118,174
	4	Accounts receivable, net	446,609		681,449
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties Complete Part II of Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	6,407,099		643,619
	8	Inventories for sale or use	219,357		569,472
so.	9	Prepaid expenses and deferred charges	1,250,230		1,135,877
et	10a	Trepara expenses and acteried enarges	.,,200,200		1,100,011
Assets	100	Land, buildings, and equipment cost basis  10a 193,322,796			
	b	Less accumulated depreciation Complete Part VI of Schedule D	112,034,262	10c	122,481,159
	11	Investments—publicly traded securities	328,769,833	11	40,740,284
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	0	12	198,536,255
	13	Investments—program-related See Part IV, line 11 $\it Complete Part VIII$ of Schedule D .	2,074,137	13	7,174,150
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule  D	296,598	15	737,559
	16	Total assets. Add lines 1 through 15 (must equal line 34)	477,652,290	16	400,987,520
	17	Accounts payable and accrued expenses .	13,162,367	17	11,336,255
	18	Grants payable	2,540,288	18	0
	19	Deferred revenue	6,068,331	19	9,133,833
	20	Tax-exempt bond liabilities	83,897,753	20	83,251,877
<u>, o</u>	21	Escrow account liability Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ë		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	128,500	23	0
	24	Unsecured notes and loans payable	0	24	144,625
	25	Other liabilities Complete Part X of Schedule D	12,854,033	25	13,288,852
	26	Total liabilities. Add lines 17 through 25	118,651,272	26	117,155,442
\$ <del>0</del> 0		Organizations that follow SFAS 117, check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
Balance	27	Unrestricted net assets	87,344,004	27	77,381,190
<u> Ba</u>	28	Temporarily restricted net assets	166,900,128	28	101,622,464
P	29	Permanently restricted net assets	104,756,886	29	104,828,424
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
λ. Ο	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	359,001,018	33	283,832,078
_	34	Total liabilities and net assets/fund balances	477,652,290	34	400,987,520
Pa	rt XI	Financial Statements and Reporting			

Dawl VI	Financial	Statements		Danastina
yarır XI	- Financiai	Statements	ana	Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

## OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

	ne of the organization RK UNIVERSITY						Em	Employer identification number				
CLAR	CONTAE	KSIIT						04	-211120	3		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo					
The	organiz	zation is not	a private found	ation because it is (Please	check on	ly <b>one</b> org	anızatıon )	)		•		
1	Γ	A church, c	onvention of cl	nurches, or association of ch	nurches d	escribed ir	Section 1	170(b)(1)	(A)(i).			
2	<u> </u>	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )										
3	$\sqcap$	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)										
4	Γ		-	zation operated in conjuncti	on with a	hospital d	escribed i	n <b>Section</b>	170(b)(1)	(A)(iii). E	nter the	
_	_	•	name, city, and									
5	ı			for the benefit of a college or . (Complete Part II )	universit	y owned o	roperated	by a gov	ernmental	unit desc	ribed in	
6	_			overnment or governmental	unit docc	ribad in <b>Sa</b>	ction 170	/L\/1\/A\	/··/\			
7	<u>'</u>	•		ally receives a substantial p						n the gene	aral nubl	ıc
•	'	=		b)(1)(A)(vi) (Complete Par		support in	om a gove	i i i i i i i i i i i i i i i i i i i	anne or mor	ii tile gelle	arar pubi	
8	_		_	ped in <b>Section 170(b)(1)(A)</b>	•	onloto Par	+ TT \					
9	<u>'</u>		•	ally receives (1) more than		-	-	ontributio	ns mamba	archin food	and ar	055
,	'	•		lated to its exempt functions					•	•		033
		•		estment income and unrelate	-		•	, ,	•			-
			<del>-</del>	on after June 30, 1975 See			•			x / 110111 bu	31116336.	,
10	$\vdash$		_	and operated exclusively to					•	ee instriic	tions )	
11	<u>'</u>			and operated exclusively fo								ses of
	•	one or more	e publicly supp it describes the	orted organizations describe type of supporting organiza	d in secti tion and c	on 509(a)	(1) or sec nes 11e t	tion 509(a hrough 11	a)(2) See	Section 5		). Check
e	Г	•	• •	rtify that the organization is			-		one or mo			
	•	•		agers and other than one or			•			•	•	
f		section 50		d a written determination fro	m tha ID	Sthatitic	a Type I	TypoIIo	r Typa III	cupportu	a oraan	ızatıon
•		check this		d a written determination no	on the IR.	5 tilat it is	a Type I,	Type II o	i i ype iii	Supportin	ig Organ	
g		Since Augi	ıst 17, 2006, h	as the organization accepte	d any gıft	or contrib	utıon from	any of the	<u> </u>			·
		following pe					<b>.</b>		J ()			T
			•	or indirectly controls, either a		_	tn persons	describe	a in (ii)	44	Yes	No
		• •		ing body of the the supported	-	ition				11g		+
		` '	•	erson described in (i) above		h				11g(	_	+
L				ity of a person described in (						11g(	)	
h		Provide the	: lollowing illion	mation about the organizatio	ills the or	yanızatıvı	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv)	Is the	(v) Did v	ou notify	(vi) 1	s the	(vii) A	mount of
		orted	. ,	(described on lines 1-9	1	ation in		nızatıon		ation in		port?
	Organ	ıızatıon		above or IRC section		listed in		i) of your		rganızed		
				(See Instructions))		verning	supp	ort?	In the	US?		
	document? Yes No Yes No Yes No											
					165	140	165	140	165	140		
								<del>                                     </del>	-			
						1	-		-	1		

Total

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

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

Schedule A (Form 990 or 990-EZ) 2008

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

<b></b> S∈	ection 501(c)(4), (5), or (6) organ	ızatıons complete Part III			
	ame of the organization ARK UNIVERSITY			Employer ider	ntıfıcatıon number
				04-2111203	
Pai		by all organizations exempee the instructions for Schedule		n 501(c) and section	527
1	Provide a description of the oi	rganization's direct and indirect pol	itical campaign ac	tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Pa	rt I-B To be completed I for Schedule C for d	by all organizations exemp letails.)	t under sectio	<b>n 501(c)(3).</b> (See the	instructions
1	Enter the amount of any excis	e tax incurred by the organization u	ınder section 495!	5	\$
2	Enter the amount of any excis	e tax incurred by organization mana	agers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this yea	r?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Pa		<b>by all organizations exemp</b> s for Schedule C for details.)	t under sectio	n 501(c), except sec	tion 501(c)(3).
1	Enter the amount directly exp	ended by the filing organization for	section 527 exem	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organızatıon's ınternal funds contrıt	outed to other orga	inizations for section	\$
3	Total of direct and indirect ext 1120-POL, line 17b	empt function expenditures Add lin	es 1 and 2 and en	ter here and on Form	\$
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount political contributions receive	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly deliver action committee (PAC) If addition	paid from the filined to a separate p	g organization's own interna olitical organization, such a	al funds or were is a separate
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

**d** Grassroots non-taxable amount

**f** Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec		768				
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization  Limits on Lo  (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	<b>5768 (election under section 501(h)).</b> (See the instructions for Schedule C for details.)

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  Volunteers?  Paid staff or management (include compensation in expenses reported on lines c through i)?  No  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?  No  Other activities If "Yes," describe in Part IV  No  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			(a)	(b)
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  Volunteers?  Paid staff or management (include compensation in expenses reported on lines c through i)?  No  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?  No  Other activities If "Yes," describe in Part IV  No  Total lines 1c through	Y		Yes No	A mount
b Paid staff or management (include compensation in expenses reported on lines c through i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?  i Other activities If "Yes," describe in Part IV  no  j Total lines 1c through  1i	,	1		
Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  No  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?  No  Other activities If "Yes," describe in Part IV  Total lines 1c through  11		а	No	
d Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  No  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?  No  Other activities If "Yes," describe in Part IV  Total lines 1c through  1	reported on lines c through i)?	ь	No	
Publications, or published or broadcast statements?  No  f Grants to other organizations for lobbying purposes?  No  g Direct contact with legislators, their staffs, government officials, or a legislative body?  Yes  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?  No  i Other activities If "Yes," describe in Part IV  No  j Total lines 1c through  11		c	No	
f Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Yes  No  No  Other activities If "Yes," describe in Part IV  Total lines 1c through  11		d	No	
p Direct contact with legislators, their staffs, government officials, or a legislative body?  No  No  Total lines 1c through  1		e	No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?  i Other activities If "Yes," describe in Part IV  No  j Total lines 1c through  11		f	No	
i Other activities If "Yes," describe in Part IV  j Total lines 1c through 11	als, or a legislative body?	g	Yes	36,000
j Total lines 1c through	ctures, or any other means?	h	No	
11		i	No	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		j		36,000
	scribed in section 501(c)(3)?	2a	No	
b If "Yes" enter the amount of any tax incurred under section 4912	912	ь		1
c If "Yes" enter the amount of any tax incurred by organization managers under section 4912	managers under section 4912	c		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	e Form 4720 for this year?	d	1	

# Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchC_P2B_S00_L01		Gerard D'Amico works with the University to make us aware of federal and state programs, the funding from which is able to be of assistance to Clark's programs

1 \$

Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

**Employer identification number** Name of the organization CLARK UNIVERSITY 04-2111203 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

#### the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

**►** \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

0

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

<u>'ar</u>	<b>Title</b> Organizations Maintaining Colle	ctions of Art,	Hist	<u>tori</u>	<u>cal Treasu</u>	res, or Oth	er Similar A	<u>ssets</u>	(con	tınued)
3	Using the organization's accession and other re items (check all that apply)	cords, check any	of the	e foll	owing that ar	e a sıgnıfıcant	use of its collec	tion		
а	▼ Public exhibition		d	Γ	Loan or excl	nange progran	ns			
b	Scholarly research		e	Γ	Other					
С	✓ Preservation for future generations									
4	Provide a description of the organization's colle- Part XIV	ctions and explain	how	they	further the o	rganızatıon's	exempt purpose	ın		
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b						ımılar	┌ Ye:	s	√ No
Pai	rt IV Trust, Escrow and Custodial Arr					nızatıon ans	wered "Yes" to	o Forn	า 99	0,
	Part IV, line 9, or reported an amou	ınt on Form 990	, Pa	rt X	, line 21.					
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	or other intermed	ıary	for c	ontributions o	or other asset	s not	┌ Ye	ا د	┌ No
b	If "Yes," explain why in Part XIV and complete	the following table					•			
							Α	mount		
С	Beginning balance					10	:			
d	Additions during the year					10	1			
e	Distributions during the year					16	:			
f	Ending balance					1f				
2a	Did the organization include an amount on Form	990, Part X, line	21?					┌ Ye	; [	No
	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete if the									
4_	<b>—</b>	(a)Current Year 290,401,100	(b)	<b>)</b> Prior	Year   (c)Tw	o Years Back (	<b>d)</b> Three Years Back	<b>(e)</b> Fo	ır Yea	ars Back
la L	Beginning of year balance	2,275,475								
b	Contributions	-64,998,855								
c c	Investment earnings or losses  Grants or scholarships	4,292,563								
d e	Other expenditures for facilities	7,552,362								
-	and programs	,,002,002								
f	Administrative expenses	1,183,043								
g	End of year balance	214,649,752								
2	Provide the estimated percentage of the year er	nd balance held as								
а	Board designated or quasi-endowment 🕨	13 %								
ь	Permanent endowment ► 87 %									
С	Term endowment ► 0 %									
3a	Are there endowment funds not in the possession	on of the organizat	ıon t	hat a	re held and a	dmınıstered fo	or the			
	organization by						-		es	No
	(i) unrelated organizations		• •	•				(i) Y (ii) Y	es	
h	(ii) related organizations			 chad				(II)   T	25	
4	Describe in Part XIV the intended uses of the o	•								
	rt VI Investments—Land, Buildings, a					art X. line 10	).			
	Description of investment	•		(a)	Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d)	Book	value
La	Land				7,155,391	0			7,	155,391
b	Buildings				172,871,554	0	64,998,92	5		872,629
c	Leasehold improvements				41,271	0	33,440			7,831
d	Equipment				11,812,255	0	5,809,272	2	6,	.002,983
e	Other				1,442,325	0	(		1,	442,325

122,481,159

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1,		
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b</b> )Book value		d of valuation year market value
Financial derivatives and other financial products	0	2032 01 0114 01	year marker varae
Closely-held equity interests	0		
Other See Additional Data	•		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	198,536,255		
Description Description Co.	- F 000 Pt V lu	4.0	
Part VIII Investments—Program Related. Se			d of valuation
(a) Description of investment type	(b) Book value		year market value
Student Loans	7,174,150		С
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	7,174,150		
Part IX Other Assets. See Form 990, Part X, III			
(a) Descri	ption		(b) Book value
Beneficial interest in outside trusts			737,559
Total. (Column (b) should equal Form 990, Part X, col.(B) line :	15)		737,559
Part X Other Liabilities. See Form 990, Part X			, , , , , , , ,
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Perkins federal liability contra	5,535,539		
Annuities payable	6,638,792		
Conditional asset retirement obligation	1,100,045		
Federal Arbitrage Liability	14,476		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	13,288,852		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	126,560,097
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	135,943,973
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-9,383,876
4	Net unrealized gains (losses) on investments	4	-65,785,064
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	-65,785,064
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-75,168,940
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial		82,164,468
_	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	1	
Ь	Donated services and use of facilities	1	
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV)	1	44.740.255
e o	Add lines <b>2a</b> through <b>2d</b>	2e 3	-44,718,255
3 4		-	126,882,723
	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 . 4a 0		
a b	Other (Describe in Part XIV)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	-322,626
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	126,560,097
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		· · ·
1	Total expenses and losses per audited financial statements	1	91,548,344
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		, ,
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 322,626		
e	Add lines <b>2a</b> through <b>2d</b>	2e	322,626
3	Subtract line <b>2e</b> from line <b>1</b>	3	91,225,718
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,115,127		
b	Other (Describe in Part XIV) 4b 43,603,128		
c	Add lines <b>4a</b> and <b>4b</b>	4c	44,718,255
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	135,943,973
Par	t XIV Supplemental Information		

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

Ident if ier Return Reference | Explanation

#### Software ID: Software Version:

**EIN:** 04-2111203

Name: CLARK UNIVERSITY

Form 990, Schedule D, Part VII - Investments— Other Securities

(including name of security)	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
Life Insurance Policy Lavina Kemp	1	F
Life Insurance Policies	286,577	F
Investments-Held For Others [LUND]	119,720	F
Cf Absolute Return	1,094,018	F
Farallon Cap Inst	5,701,250	F
Avenue Special Sit	4,020	F
GMO World Opp	67,869	F
GMO Altern Asset	70,678	F
BCAP II	107,255	F
Cf V enture II	120,304	F
Sowood Alpha	201,273	F
Charles River Ven	296,118	F
Charter O ak	454,593	F
Avenue Asia Spec	521,294	F
BCAP V-S	646,661	F
CF Int'l Priv Eq VI	683,984	F
CF Energy III	814,335	F
GMO Strategic Fixed Inc VI	972,306	F
CF Venture VII	1,017,826	F
BCAP III	1,049,801	F
всом	1,354,026	F
Denham Comm V	1,367,868	F
Cf V enture V	1,415,556	F
CF Intl Priv Eq III	1,430,030	F
CF Priv Eqty IV	1,628,274	F
Denham Comm	2,265,444	F
CF Intl Priv Eq V	2,512,305	F
Shorenstein Nine	2,944,025	F
Loomis Sayles	3,442,799	F
Polaris Intl	4,321,286	F
BCAP V	4,391,418	F
Highclere	5,532,993	F
Sanderson Intl	5,669,437	F
BCAP IV	5,962,581	F
Forestland V	6,333,209	F
Forestland IV	7,100,231	F
Farallon FCOH II	7,773,976	F
Convexity Capital	7,944,750	F
A dage Capital	11,868,137	F
O mega	13,987,779	F
GMo Emerging Mkts	17,417,849	F
Och Ziff	17,867,536	F
Baupost	23,079,873	F
Oaktree Capital	26,694,990	F

**Employer identification number** 

## OMB No 1545-0047

16 NO 1545-004

2008

Open to Public

#### SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Schools** 

CLARK UNIVERSITY 04-2111203 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes Policy is printed in student handbooks, is available on the school website and is referenced in all print media Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 🧈 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation

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DLN: 93493099000010

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2008

OMB No 1545-0047

Statement of Activities Outside the United States

Department of the Treasury Internal Revenue Service

SCHEDULE F

(Form 990)

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

Open to Public Inspection

Name of the organization	Employer identification number
CLARK UNIVERSITY	
	04-2111203
Part I Congred Information on Activities Outside the United States Com	alata if the arganization answered

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 2 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed )

		· ,	1 /		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in
Europe (including Iceland and Greenland)	0	0	Program Services	Provide education to individuals	901,549
Central America and the Caribbean	0	0	Grantmakıng		1,915
East Asia and the Pacific	0	0	Grantmakıng		28,034
Europe (including Iceland and Greenland)	0	0	Grantmakıng		32,770
Sub-Saharan Africa	0	0	Grantmaking		5,469
Central America and the Caribbean			Program Services	Provide education to individuals	44,690
East Asia and the Pacific			Program Services	Provide education to individuals	484,314
South America			Program Services	Provide education to individuals	120,086
Sub-Saharan Africa			Program Services	Provide education to individuals	195,170
-					
Totals ▶	0	,			1,813,997
For Paperwork Reduction Act No	tice, see the instru	uctions for Form 9	<b>90.</b> Cat No!	50082W <b>s</b>	chedule F (Form 990) 2008

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

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

	( (						
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships	Central America and the Caribbean	3	1,915	check	0		
Scholarships	East Asia and the Pacific	11	28,034	check	0		
Scholarships	Europe (including Iceland and Greenland)	21	32,770	check	0		
Scholarships	Sub-Saharan Africa	2	5,469	check	0		
-							

Schedule F (Form 990) 2008

· · · · · · · · · · · · · · · · · · ·	o provide the information required	in Part I, line 2, and any other additional information.
Identifier SchF_P01_S00_L02	ReturnReference Schedule F, Part I, Line 2	PRE AWARD SUBRECIPIENT MONITORING Federal awards are identified by informing each subrecipient of CFDA title and number, award name and number, award name frederal agency. If any of this information is not available, the pass-through entity shall provide the best information available to describe the Federal award. The subrecipient is then advised of the requirements imposed on them by governing laws, regulations, and the provisions of contracts or grant agreements as well as any supplemental requirements imposed by the pass-through entity. The activities of the subrecipients are monitored as necessary to ensure that awards are used for authorized purposes in compliance with laws, regulations, and the provisions of contracts or grant agreements and that the performance goals are achieved. Assurance is ascertained that any subrecipient expending \$500,000 or more in Federal awards during the subrecipient's fiscal year must meet the audit requirements of OMB A-133 for that fiscal year. A management decision on audit findings must be issued within six months after recept of the subrecipient's audit report and ensure that the subrecipient is facility and auditors to have access to the records and financial statements as necessary for the pass-through entity's own records Each subrecipient is required to permit the pass-through entity and auditors to have access to the records and financial statements as necessary for the pass-through entity to comply with this part. POST AWARD SUBRECIPIENT MONITORING "The Principient is required to permit the pass-through entity and auditors to have access to the records and financial statements as necessary for the pass-through entity to comply with this part. POST AWARD SUBRECIPIENT MONITORING "The Principient is responsible for monitoring the activities of the subrecipient is progress report and/or technical reports, technical reports and other deliverables to the PI by specified due dates. The PI is responsible for from moting the activities of the picture of the picture of the

**Software ID:** 08000095

**Software Version:** v1.00

**EIN:** 04-2111203

Name: CLARK UNIVERSITY

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
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DLN: 93493099000010

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No 1545-0047 **2002** 

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Internal Revenue Servi	ce	lines 17, 18, or 19, and b	y organizati	ons that en	ter more tha	in \$15,000 on For	m 990-EZ,	line 6a.	Inspection
Name of the ord CLARK UNIVE	•							Employer iden	tification number
								04-2111203	
Part I Fu	ndraising Act	tivities. Complete	ıf the or	ganızatı	ion answ	vered "Yes" t	o Form	n 990, Part IV	, line 17.
1 Indicate	whether the organ	nization raised funds t	hrough ar	nv of the f	following	activities Che	ck all ti	hat apply	
	solicitations			•				ernment grants	
<u> </u>	solicitations		f 🔽 Solicitation of government					<del>-</del>	
c 🔽 Phone	solicitations					pecial fundrais		-	
<b>d </b> ✓ In-pe	rson solicitations								
<b>b</b> If "Yes," list the ten highes		nn Form 990, Part VII) or entity in connect paid individuals or entities (fundratest \$5,000 by the organization Form  (iii) Did fundraiser had custody or control of		n connectundraiser Form 990  Did  er have dy or ol of	ers) pursuant to agreement 00-EZ filers are not required (iv) Gross receipts		nents under which the fundral uired to complete this table		
			contributions?		_		col (i)		organization
			Yes	No					
				<u> </u>					
Total				<u> </u>					

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

			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(d) Total (Add col (a	a) through
			(event type)	(event type)	(total number)		.c <i>))</i>
IKUE	1	Gross receipts					
Revenue	2	Less Charitable contributions					
	3	Gross revenue (line 1 minus line 2)					
	4	Cash Prizes					
ses	5	Non-cash Prizes					
Expenses	6	Rent/Facility costs					
	7	Other direct expenses					
Direct	8	Direct expense summary Add lin	es 4 through 7 ın columr	n (d)	🛌		
	9	Net income summary Combine III	•				
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more	than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total ga col (a) throu	
<u>~</u>	1	Gross revenue					
မှ	2	Cash prizes					
pens	3	Non-cash prizes					
Direct Expenses	4	Rent/facility costs					
$\overline{a}$	5	Other direct expenses					
Δ						<del></del>	
<u> </u>	6	Volunteer labor	┌ Yes	┌──Yes <u>%</u> ┌──No	┌ Yes%		
	6 7	Volunteer labor  Direct expense summary Add line	_ No				
<u> </u>	7		s 2 through 5 in column		No ▶		
<u>□</u> 9 a	<b>7</b> <b>8</b> Ent	Direct expense summary Add line	S 2 through 5 in column  abine lines 1 and 7 in column  ation operates gaming ac	(d)	►		Yes No
9	<b>7 8</b> Ent	Direct expense summary Add line  Net gaming income summary Com  ter the state(s) in which the organiza	S 2 through 5 in column  abine lines 1 and 7 in column  ation operates gaming ac	(d)	►		Yes No
9 a b	7 8 Ent Is t If " Wei	Direct expense summary Add line  Net gaming income summary Com  ter the state(s) in which the organization licensed to operate	S 2 through 5 in column bine lines 1 and 7 in column ation operates gaming acgaming acgaming activities in eac	Mo  (d)			Yes No
9 a b	7 8 Ent Is t If " Wet If "	Direct expense summary Add line  Net gaming income summary Com  ter the state(s) in which the organization licensed to operate  No," Explain  re any of the organization's gaming	s 2 through 5 in column  abine lines 1 and 7 in column  ation operates gaming ac gaming activities in eac	(d)	No	· 9a	Yes No

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

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DLN: 93493099000010

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public Inspect ion

Name of the organization						Employer identi	fication number
CLARK UNIVERSITY						04-2111203	
Part I General Inform	nation on Gra	nts and Assistance	е			-	
Does the organization ma the selection criteria used Describe in Part IV the or	d to award the gra rganization's proc	nts or assistance? edures for monitoring th	e use of grant funds in t	he United States			
Form 990, Part I Part IV and Scho	IV, line 21 for ai edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the of the office of	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	1 107	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec organizations					•		13
3 Enter total number of other							• o
For Paperwork Reduction Act Not	ice, see the Instruc	tions for Form 990.		Cat No 50055	P	Sc	hedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					
	<u> </u>		·	·	·

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

See Additional Data Tab  Identifier	Return Reference	Explanation
		·
SchI_P01_S00_L02	Schedule I, Part I, Line 2	PRE AWARD SUBRECIPIENT MONITORING Federal awards are identified by informing each subrecipient of CFDA title and number, award name and number, award year, if the award is R&D, and name of Federal agent If any of this information is not available, the pass-through entity shall provide the best information available to describe the Federal award. The subrecipient is then advised of the requirements imposed on them by governing laws, regulations, and the provisions of contracts or grant agreements as well as any supplemental requirements imposed by the pass-through entity. The activities of the subrecipients are monitored as necessary to ensure that awards are used for authorized purposes in compliance with laws, regulations, and the provisions of contracts or grant agreements and that the performance goals are achieved. Assurance is ascertained that any subrecipient expending \$500,000 or more in Federal awards during the subrecipient's fiscal year must meet the audit requirements of OMB A-133 for that fiscal year A management decision outlift findings must be issued within six months after receipt of the subrecipient's audit report and ensure that the subrecipient tis kes appropriate and timely corrective action. A determination is made as to whether subrecipient audits necessitate adjustment of the pass-through entity's own records. Each subrecipient is required to permit the pass-through entity to comply with his part. POSTA WARD SUBRECIPIENT MONITORING. "The Principal Investigator (PI) is responsible for monitoring the activities of the subrecipient. The subrecipient should submit progress reports, technical reports and other diverables to the PI by specified due dates. The PI is responsible for forwarding copies of the subrecipient's progress report and/or technical reports) to the following information invoice must be on subcontractor's letterhead, date of invoice, invoice number, period of performance covered by the invoice, itemized description of services and backup documentation, current period costs, i
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	+	
-		

**Software ID:** 08000095

**Software Version:** v1.00

**EIN:** 04-2111203

Name: CLARK UNIVERSITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bridgewater State College 131 Summer Street Boyden Hall Bridgewater, MA 02325	04-3010428	501(c)(3)	17,508	0			Research
Columbia University615 W 131st 4th Floor New York, NY 10027	13-5598093	501(c)(3)	47,414	0			Research
Domestic Abuse Helpline for Men and WomenPO Box 252 Marmony,ME 04942	01-0539382	501(c)(3)	8,462	0			Research
Family Health Center26 Queen Street Worcester, MA 01613	04-2485308	501(c)(3)	80,128	0			Research
Louisiana State University Agricultural Center138 Agricultural Admin Bldg Baton Rouge, LA 70803	72-6000848	501(c)(3)	44,781	0			Research
Regional Environmental Council9 Castle Street 1st Floor Worcester, MA 01610	04-6364350	501(c)(3)	38,702	0			Research
Rutgers University3 Rutgers Plaza ASB3 New Brunswick, NJ 089018559	23-7318742	501(c)(3)	15,547				Research
Towson University8000 York Road Towson, MD 21252	52-2270910	501(c)(3)	23,890	0			Research
University of Georgia Research Foundation Inc475 North Lumpkin Road Athens, GA 30602	58-1353149	501(c)(3)	119,103	0			Research
University of New Hampshire Service Building Room 109 Durham, NH 03824	02-6000937	501(c)(3)	126,715	0			Research

Form 990,Schedule I,	Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
University of Southern Maine178 Science Bldg 5th Floor Portland, ME 041049300	01-6000769	501(c)(3)	12,079	0			Research	
University of Maryland Baltimore Co1000 Hilltop Circle Baltimore, MD 21250	52-6002033	501(c)(3)	52,920	0			Research	
Worcester Youth Center 326 Chandler Street Worcester, MA 01602	04-3245867	501(c)(3)	19,102	0			Research	

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	( <b>b</b> )Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Need based undergraduate scholarships	1096	16,243,860	0		
Merit based undergraduate scholarships	1161	13,762,650	0		
Need based graduate scholarships	10	29,700	0		
Graduate remissions	750	12,871,059	0		
Undergraduate remissions	90	395,315	0		
Graduate awards	149	460,851	0		
Undergraduate awards	133	238,523	0		
Post doctorate awards	1	54,915	o		

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DLN: 93493099000010

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

2008

Open to Public Inspectio<u>n</u>

Department of the Treasury
Internal Revenue Service

CLARK UNIVERSITY

Name of the organization

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

Attach to Form 990. To be completed by organizations

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

04-2111203 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

ın Part III

Νo

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

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

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

(A) Name	(B) Breakdown	of W-2 and/or 1099-MI	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
John Bassett	(I) 314,05 (II)	7 0 0	0	0 0	30,442 0	344,499 0		
David Angel	(I) 171,69 (II)	0 0	0	0	55,198 0	226,889 0		
James Collins	(I) 150,42	0 0	0 0	0	34,554 0	184,983 0	(	
Andrew McGadney	(I) 211,97	0 0	0 0	0	45,320 0	257,290 0	(	
Andrea Michaels	(I) 153,14 (II)	3 0 0	0	0	31,487 0	184,630 0	(	
Harold Wingood	(1) 164,43	0 0	0 0	0	33,009 0	197,443		
Pennie Turgeon	(I) 149,90	5 0	0	0	20,149	170,055		
Edward Ottensmeyer	(I) 171,01 (II)	0 0	0 0	0	37,233 0	208,246		
Deborah Dwork	(I) 156,014 (II)	0 0	0 0	0	46,057 0	202,071	(	
Ronald Eastman	(I) 153,37 (II)	3 0 0	0	0	37,730 0	191,103	(	
William Fisher	(I) 152,63	9 0	0	0	16,043 0	168,682 0	(	
	(ii) (i)							
	(ii) (i)							
	(ii)							

# Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
SchJ_P01_S00_L01a		President John Bassett lives in a house owned by the University John Bassett, David Angel, Andrew McGadney, Edward Ottensmeyer have memberships at the Worcester Club for the purpose of University related entertaining Appropriate business expenses are paid by the University

Schedule J (Form 990) 2008

**Software ID:** 08000095

**Software Version:** v1.00

**EIN:** 04-2111203

Name: CLARK UNIVERSITY

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

(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	` '	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation  (iii) Other compensation		compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
John Bassett	(I) (II)		0	0	0	30,442 0	344,499 0	0
David Angel	(I) (II)		0	0	0	55,198 0	226,889	0
James Collins	(I) (II)		0	0 0	0 0	34,554 0	184,983	0
A ndrew McGadney	(I) (II)		0	0	0	45,320 0	257,290 0	0
Andrea Michaels	(I) (II)		0	0	0	31,487 0	184,630 0	0
Harold Wingood	(I) (II)		0	0	0	33,009 0	197,443 0	0
Pennie Turgeon	(I) (II)		0	0	0	20,149 0	170,055	0
Edward Ottensmeyer	(I) (II)		0	0	0	37,233 0	208,246	0
Deborah Dwork	(I) (II)	) 156,014 ) 0	0	0	0	46,057 0	202,071	0
Ronald Eastman	(ı) (ıı)		0	0	0	37,730 0	191,103	0 0
William Fisher	(I) (II)	) 152,639 ) 0	0	0	0	16,043 0	168,682	0
1								

**Return to Form** 

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# **Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

DLN: 93493099000010

Open to Public Inspect ion

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

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

Employer identification number

Name of the organization CLARK UNIVERSITY 04-2111203 Part I **Bond Issues** (Required for 2008) (h) O n (a) Defeased Behalf of (f) Description of Purpose (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price Issuer Yes No Yes No Massachusetts Development Refund MIFA 96 (OID 5/2/96). Finance Agency Х Χ 04-3431814 57583REQ4 11-03-2005 20,566,247 Construct & Equip Residence Hall Refund MDFA00 (OID 11/2/00). Massachusetts Development MDFA02A (OID 11/26/02), 50.255.000 Х Х Finance Agency 04-3431814 04-07-2008 57583RUU7 MDFA02B (OID 11/26/02), C & E Library Part II Proceeds (Optional for 2008) В C D Ε Α Total Proceeds of Issue Gross Proceeds in Reserve Funds Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 Year of Substantial Completion No Yes No Yes No Yes No Yes Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the 12 final allocation of proceeds? **Private Business Use** (Optional for 2008) C D Ε Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property

which may result in private business use?

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

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

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DLN: 93493099000010

OMB No 1545-0047

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#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

**Transactions with Interested Persons** 

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

Name of the organization **Employer identification number** CLARK UNIVERSITY 04-2111203 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or Approved (e) In (g)Written from the (a) Name of interested person and (c)Original principal (d)Balance due by board or default? agreement? organization? purpose amount committee? From Yes Yes Τо Yes No Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	and the organization	(c)A mount of grant or type of assistance

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

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
Christopher Cannon	son of Officer, Kathy Cannon	33,253	Compensation for position of Mail and delivery assistant		No
Kay Bassett	wife of President	50,574	Compensation for position of Special Assistant to President's Office		No
Cathy Lasry	Trustee and wife of Marc Lasry who has ownership interest in excess of 5% in Avenue Capital	,	The market value of toal investments with Avenue as of FYE09 was \$525,314		No
William S Mosakowski	Trustee, substantial contributor, ownership interest in excess of 5% in Public Consulting Group	144,531	Public Consulting Group purchases educational programs from Clark's Grad School of Management for their employees		No

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DLN: 93493099000010

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

**Non-Cash Contributions** 

Internal Revenue Service Name of the organization CLARK UNIVERSITY

Employer identification number

					04-2111203			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	( <b>d</b> Method of d reven	etermi	ning	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		29,050	A ppraisal			
5	Clothing and household goods							
	Cars and other vehicles Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	17	136 080	Market Quotations			
	Securities—Closely held stock .		17	130,909	Market Quotations			
	Securities—Partnership, LLC,							
	ortrust interests							
	Securities—Miscellaneous							
.3	Qualified conservation contribution (historic structures)							
.4	Q ualified conservation contribution (other)							
.5	Real estate—Residential .							
6	Real estate—Commercial							
7	Real estate—Other	Х	1	250,000	A pprais al			
8	Collectibles							
9	Food inventory							
0	Drugs and medical supplies .							
1	Taxidermy							
2	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts							
5	Other (describe)							
6	Other (describe)							
7	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
							Yes	No
80a	During the year, did the organization hold for at						 	1
	least three years from the date of for the entire holding period? .		contribution, and which is	not required to be used for (	exempt purposes	30a		No
b	If "Yes", describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	t acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	<u> </u>
32a	Does the organization hire or us contributions?	e third part	<del>-</del>	to solicit, process, or sell i	non-cash	32a		No
h	If "Yes", describe in Part II							140
33	If the organization did not report	revenues i	n Column (c) for a type of p	roperty for which Column (a	a)ıs			
	checked, describe in Part II							i

<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.								
Identifier	ReturnReference	Explanation						
	Notarii Notari							

# OMB No 1545-0047

2000

Open to Public Inspection

# **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Name of the organization CLARK UNIVERSITY

Employer identification number

04-2111203

Identifier Return Reference		Return Reference	Explanation					
	F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Tw o of our trustees, Robert Stevenish and Robert Stevenish Junior are father and son					

ldentifier Reference		Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	The Audit Committee of the Board of Trustees was authorized and requested by the Board to review the Administration's draft responses to the form 990, and this was completed at the February 5, 2010 meeting of the committee. There will be another review of the completed form 990, and the Board has only authorized its submittal to the Internal Revenue Service with the approval of the Audit Committee.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Each Trustee, senior administrator, and faculty member is required to complete annually a conflict of interest disclosure form. Faculty and administrative forms are reviewed by the Grants Office within the Office of Academic Affairs. Trustee disclosures are reviewed by the Assistant secretary of the corporation and the Executive Vice President, who is also the Treasurer of the Board of Trustees. This year, the list of all disclosed potential conflicts was further reviewed by the Audit Committee of the Board, who approved the list of conflicts to be disclosed on the form 990, utilizing the instructions provided.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Vice President for Planning and Finance is asked by the Chairman of the Board of Trustees to provide comparable institution compensation data, and does so from a combination of publicly available forms 990, information disclosed in the Chronicle of Higher Education, and from salary surveys, including those available from the College and University Personnel Association (CUPA). The Board Chair discusses performance data, including a review of objectives achieved, with both the President and the Board of Trustees. The Board Chair makes a recommendation to the full Board, which approves the compensation level. Clark University just completed a search for its next President, and the entire contract was discussed with the Board of Trustees.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Clark University's governing documents, conflict of interest policy, and financial statements are all considered public documents. The governing documents, including the provisions of Jonas Clark's will, the by-laws of the University, and the Articles of Incorporation are available for public viewing in Goddard Library, and are also publicly available as a result of several public debt issuances through the Massachusetts Development Finance Agency (MDFA). Financial Statements are similarly available, and are also posted on the University's wieb site and through Guidestar. The conflict of interest policy is available upon request from the Board of Trustees office and the Office of Sponsored Programs and Research.

Software ID: Software Version:

**EIN:** 04-2111203

Name: CLARK UNIVERSITY

# Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C tion ( hat a	chec		I		(D)  Reportable  compensation  from the  organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Estimated amount of other compensation from the organization and related organizations
Fred S Anton , trustee	2 00	X						0	0	0
Chandler Bailey , trustee	2 00	X						0	0	0
Marla Byrnes , trustee	2 00	Х						0	0	0
David Chaifetz , trustee	2 00	Х						0	0	0
Fairman C Cowan , trustee	2 00	Х						0	0	0
Janice Culpepper , trustee	2 00	Х						0	0	0
Korn Dabbaransı , trustee	2 00	Х						0	0	0
Dennis M Dimitri , trustee	2 00	Х						0	0	0
George D DıRado , trustee	2 00	Х						0	0	0
Barbara Dyer , trustee	2 00	Х						0	0	0
Peter D Eleftherakıs , trustee	2 00	Х						0	0	0
Mark Fıshman , trustee	2 00	Х						0	0	0
Chris Gabrieli , trustee	2 00	Х						0	0	0
Ross D Gillman , trustee	2 00	X						0	0	0
Lois Green , trustee	2 00	Х						0	0	0
Vıckı Grey , trustee	2 00	X						0	0	0
James H Harrington , trustee	2 00	X						0	0	0
Lawrence S Hershoff , trustee	2 00	Х						0	0	0
Gladstone Hutchinson , trustee	2 00	Х						0	0	0
John Jeppson , trustee	2 00	Х						0	0	0
Peter D Klein , trustee	2 00	Х						0	0	0
Lawrence L Landry , trustee	2 00	Х						0	0	0
Cathy Lasry , trustee	2 00	Х						0	0	0
Mıchael J Leffell , trustee	2 00	Х						0	0	0
Shelia McCann , trustee	2 00	Х						0	0	0
William S Mosakowski , trustee	15 00	Х						0	0	0
Jackalyne Pfannenstiel , trustee	2 00	Х						0	0	0
Perry Pero , trustee	2 00	Х						0	0	0
Gary S Roboff , trustee	2 00	Х						0	0	0
Lında Savıtsky , trustee	2 00	X						0	0	0

Form 990, Part VII - Section Aaa

	orm 990, Part VII - Section Add									
			(C tion ( hat a	chec		I		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
Arrien L Schiltkamp , trustee	2 00	Х						0	0	0
Robert Stevenish , trustee	2 00	Х						0	0	0
Robert Stevenish Junior , trustee	2 00	X						0	0	0
Davıd Strassler , trustee	2 00	X						0	0	0
Sumner B Tilton , trustee	2 00	Х						0	0	0
Todd H Wetzel , trustee	2 00	Х						0	0	0
John Bassett , President	40			Х	Х			314,057	0	29,702
Katherine Cannon , Controller	40			Х				108,232	0	17,835
James Collins , Treasurer	30			Χ	Х			150,429	0	34,198
John Foley , Assistant Secretary	40			Х	Х			130,656	0	12,959
David Angel , Provost	40				Х			171,691	0	54,768
Andrew McGadney , Vice President for Advancement	40				х			211,970	0	44,779
Andrea Michaels , VP Budget and Planning	40				x			153,143	0	31,107
Harold Wingood , Dean of Admissions	40				Х			164,434	0	32,600
Pennie Turgeon , VP Information Technology	40					Х		149,906	0	19,779
Edward Ottensmeyer , Dean of Graduate School of Management	40					Х		171,013	0	36,828
Deborah Dwork , Faculty	40					Х		156,014	0	45,684
Ronald Eastman , Faculty	40					Х		153,373	0	37,335
William Fisher , Faculty	40					Х		152,639	0	15,677

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
a Tuition and Fees	900,099	99,022,197	99,022,197	0	0	
<b>b</b> Geographical Software	443,120	785,789	785,789	0	0	
<b>c</b> A uxılary	900,099	12,461,245	12,461,245	0	0	
<b>d</b> Split Interest Agreements	900,099	-61,486	-61,486	0	0	
e Student Loan Program	611,600	179,640	179,640	0	0	

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

Clark University's mission is to educate undergraduate and graduate students to be imaginative and contributing citizens of the world, and to advance the frontiers of knowledge and understanding through rigorous scholarship and creative effort. ...Clark fosters a commitment to excellence in studying traditional academic disciplines, as well as innovation in exploring questions that cross disciplinary boundaries. The focus of Clark's academic program is a liberal-arts education... ...growth of students is enhanced by a wide variety of educational programs and extracurricular activities. Clark's academic community has long been distinguished by the pursuit of scientific inquiry and humanistic studies... "The University maintains a national and international character, attracting high-caliber students and faculty... To view the University's Mission Statement in its entirety, please visit: www.clarku.edu/offices/aac/ada/mission.cfm"