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DLN: 93493134019913

2

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

| B Check if ap Address ch Name chai Initial retui Terminated Amended i Application I Tax-exem | Doing Business As Number and street (or P O box if mail is not delivered 225 SOUTH STREET City or town, state or country, and ZIP + 4 WILLIAMSTOWN, MA 012672878 | to street address) Room/s | _ | 04-2163004 E Telephone nu | |
|---|--|---------------------------|------------------------------|----------------------------------|---|
| Name chair Initial return Terminated Amended in Application | Doing Business As Number and street (or P O box if mail is not delivered 225 SOUTH STREET City or town, state or country, and ZIP + 4 WILLIAMSTOWN, MA 012672878 | to street address) Room/s | | E Telephone nu | |
| Initial retuing Terminated Amended in Application | Number and street (or P O box if mail is not delivered 225 SOUTH STREET return City or town, state or country, and ZIP + 4 WILLIAMSTOWN, MA 012672878 | to street address) Room/s | | • | mber |
| Terminated Amended in Application | return City or town, state or country, and ZIP + 4 WILLIAMSTOWN, MA 012672878 | to street address) Room/s | | // 1 2 \ / E 0 2 | |
| Amended of Application | return City or town, state or country, and ZIP + 4 WILLIAMSTOWN, MA 012672878 | 1 | uite | (413)458-2 | |
| Application | WILLIAMSTOWN, MA 012672878 | | _ | G Gross receipts \$ | ; 91,298,779 ——————————————————————————————————— |
| Tax-exem | n nonding | I | | | |
| <u>'</u> | | | | | |
| <u>'</u> | F Name and address of principal officer MICHAEL CONFORTI | | H(a) Is this affiliate | a group return | for |
| | 225 SOUTH STREET | | | | , 105 / 110 |
| | WILLIAMSTOWN, MA 01267 | | | affiliates include | |
| Website | npt status | 47(a)(1) or | | " attach a list exemption nur | (see instructions) mber ► |
| | e: ► WWW CLARKART EDU | | | | |
| Form of or | ganization 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨 | | L Year of form | nation 1950 M | State of legal domicile Ma |
| Part I | Summary | | | | |
| - Mallion | MUSEUMS AND AN INTERNATIONALLY RECOGNIZED BY A WORLD-CLASS ART LIBRARY Check this box | | | | |
| | Number of voting members of the governing body (Part V | | | 3 | 23 |
| γ I | Number of independent voting members of the governing | | | 4 | 2: |
| 5 | Total number of individuals employed in calendar year 20 | | | 5 | 17 |
| 6 | Total number of volunteers (estimate if necessary) . | | | 6 | 2 |
| · · | Total unrelated business revenue from Part VIII, column | | | 7a | |
| | Net unrelated business taxable income from Form 990-T | , | | 7b | |
| | | · | Prior | Year | Current Year |
| 8 | Contributions and grants (Part VIII, line 1h) | | . 1 | .0,652,791 | 5,816,396 |
| <u>မ</u> ှိ ၂၈ | Program service revenue (Part VIII, line 2g) | | | 2,465,099 | 3,653,656 |
| 9 10 11 | Investment income (Part VIII, column (A), lines 3, 4, | and 7d) | . 4 | 0,515,075 | 16,927,807 |
| Ť 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, | 9c, 10c, and 11e) | | 199,749 | 118,292 |
| 12 | Total revenue—add lines 8 through 11 (must equal Par | , , ,, | | 53,832,714 | 26,516,151 |
| 13 | Grants and similar amounts paid (Part IX, column (A), | | | 345,500 | 357,500 |
| 14 | Benefits paid to or for members (Part IX, column (A), li | | | 0 | 337,300 |
| 15 | Salaries, other compensation, employee benefits (Part | • | | | |
| <u>& 13 </u> | 5–10) | TX, column (A), mes | | 7,207,707 | 7,674,579 |
| Ses 16a 16a | Professional fundraising fees (Part IX, column (A), line | 11e) | | 295,039 | 224,434 |
| ੜੇ ⊳ | Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 947,80 | 4 | | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, | 11f-24e) | . 1 | .1,552,096 | 12,914,360 |
| 18 | Total expenses Add lines 13-17 (must equal Part IX, | , column (A), line 25) | 1 | .9,400,342 | 21,170,873 |
| 19 | Revenue less expenses Subtract line 18 from line 12 | | 3 | 34,432,372 | 5,345,278 |
| Social 20 | | | Beginning o | | End of Year |
| 20 | Total assets (Part X, line 16) | | 48 | 32,918,176 | 507,393,624 |
| [21 | Total liabilities (Part X, line 26) | | 5 | 8,695,770 | 89,222,309 |
| 22 | Net assets or fund balances Subtract line 21 from line | 20 | 4 2 | 4,222,406 | 418,171,315 |
| Part II | Signature Block | | | | |
| inder penal nowledge a nowledge. | Ities of perjury, I declare that I have examined this return, in and belief, it is true, correct, and complete. Declaration of pr | | er) is based on al | l information of | |
| | ROBERT D GNIADEK MUSEUM DIRECTOR Type or print name and title | | | | |
| dere | I I | Date | Check if | Preparer's taxpay | er identification number |
| Paid | signature VINCENT T VISCUSO CPA | 2013-05-07 | self- employed ▶ — | (see instructions) P00097031 | |

PITTSFIELD, MA 01201

May the IRS discuss this return with the preparer shown above? (see instructions)

▼Yes 「No

Phone no 🕨 (413) 443-6408

| Form | 990 (2011) | | | | | Pag |
|------|--------------------|---|------------------|------------------------|---|--------------------|
| Par | | nt of Program Servenhedule O contains a res | - | | | |
| 1 | Briefly describe t | he organization's missio | n | | | |
| SEE | SCHEDULE O FOF | R THE ORGANIZATION | 'S MISSION ST | ATEMENT | | |
| 2 | Did the organizati | | | ervices during the yea | r which were not listed on | ┌ Yes ┌ No |
| | If "Yes," describe | these new services on S | Schedule O | | | |
| 3 | - | on cease conducting, or | _ | _ | onducts, any program | ┌ Yes ┌ No |
| | If "Yes," describe | these changes on Scheo | dule O | | | |
| 4 | expenses Sectio | n 501(c)(3) and 501(c)(| 4) organization: | s and section 4947(a) | rree largest program service)(1) trusts are required to re ch program service reported | port the amount of |
| 4a | (Code |) (Expenses \$ | 3,218,808 | including grants of \$ |) (Revenue \$ | 2,870) |
| | SEE SCHEDULE O FO | OR RESEARCH AND ACADEMIC | PROGRAMS ACCO | MPUSHMENTS | | |
| 4b | (Code |) (Expenses \$ | 12,032,496 | ıncludıng grants of \$ |) (Revenue \$ | 3,570,516) |
| | SEE SCHEDULE 0 FO | DR MUSEUM PROGRAM ACCOM | 1PLISHMENTS | | | |
| 4c | (Code |) (Expenses \$ | 611,460 | ıncludıng grants of \$ |) (Revenue \$ | 80,270) |
| | SEE SCHEDULE O FO | OR EDUCATIONAL PROGRAM A | CCOMPLISHMENTS | | | |
| 4d | Other program s | ervices (Describe in Sc | hedule O) | | | |
| | (Expenses \$ | ınc | ·ludina arants o | f¢ |)(Revenue \$ |) |

Form **990** (2011)

15,862,764

Total program service expenses►\$

| art IV | Checklis | t of | Required | Schedules |
|--------|----------|------|----------|-----------|
| | | | | |

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$ | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II | 4 | | No |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | Yes | |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | 11b | Yes | |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | Yes | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| | 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 line 25 | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Νo |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3) 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 | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | 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 | Yes | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | _ |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 99 0 | (2011) |

| Part V | Statements Regarding Other IRS Filings and Tax Compliance |
|--------|---|

| | Check if Schedule O contains a response to any question in this Part V | | | |
|----------------|---|------------|-----|----------|
| | | | Yes | No |
| a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable | | | |
| | | | | |
| | 127 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b | | | |
| _ | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1 c | Yes | |
| a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | |
| | | 2b | Yes | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Νo |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | 110 |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| • | over, a financial account in a foreign country (such as a bank account or securities | 4- | | |
| | account)? | 4a | | Νo |
| Ь | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 3 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| | | OD . | | |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | _ |
| a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | Νo |
| | organization solicit any contributions that were not tax deductible? | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | 7a | Yes | |
| | services provided to the payor? | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| _ | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | 70 | | Na |
| £ | contract? | 7e 7f | | No No |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | /1 | | NO |
| y | required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | | | |
| | Form 1098-C? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess | | | |
| | business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
|) | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | | | |
| | facilities ———————————————————————————————————— | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| D | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| ١- | | 42- | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or asserted during the | 12a | | |
| D | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | |
| | Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue | | | |
| | qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | 13a | | |
| b | Enter the aggregate amount of reserves the organization is required to maintain by | | | |
| | the states in which the organization is licensed to issue qualified health plans | | | |
| С | Enter the aggregate amount of reserves on hand 13c | | | |
| 1 a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Νo |
| | If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | 14b | | |

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

| Se | ection A. Governing Body and Management | | | |
|-----|--|-------------------|-----|----|
| | | | Yes | No |
| | | | | |
| | Enterphy wombon of outron wombon of the accommon back of the term. | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal | | | |
| Re | evenue Code.) | | | |
| | | \longrightarrow | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| Ь | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| ь | Were officers, directors or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | Yes | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| Ь | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| _ | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ection C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶MA | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) | | | |

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ O wn website ☐ A nother's website ☑ U pon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ROBERT D GNIADEK DIR OF FINANCEBUSINESS OPERATIONS STERLING FRANCINE CLARK ART WILLIAMSTOWN, MA 01267

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 Report compensation for the calendar year ending with or within the organization's tax year

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

| (A) Name and Title | (B) Average hours per week (describe hours | unles an | on (d e tha | n on son er ai | e bo is bo nd a stee | x, oth) | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related |
|-------------------------------------|---|-----------------------------------|-----------------------|----------------------|-------------------------------|---------------------------------|--------|--|--|--|
| | for related organizations in Schedule O) | Individual trustie or director | Institutional Trustee | Officei | Ke) emplojee | Highest compensated employee | Former | | 1136) | organizations |
| (1) FREDERICK W BEINECKE TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (2) DELPHINE DAFT TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (3) ADAM F FALK TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (4) JOSE FERNANDEZ TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (5) LIONEL GOLDFRANK III TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (6) DIANE HALVORSEN TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (7) ANDREAS HALVORSEN TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (8) GEORGE D KENNEDY TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (9) PATRICK J LANDERS TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (10) PAUL LECLERC TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (11) MARTHA BERMAN LIPP TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (12) MICHAEL LYNCH TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (13) SYLVIA A MARX TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (14) PAUL NEELY TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (15) SANDY M NILES TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (16) FRANCIS OAKLEY TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (17) SCOTT SCHWEIGHAUSER TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 Earm 999 (2011) |

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

| (A) Name and Title | (B) Average hours per week (describe | unles an | on (d e tha | n on son er a | e bo ıs bo nd a | x, oth | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization |
|--|--|-----------------------------------|-----------------------|---------------------|-----------------------|------------------------------|----------|--|--|--|
| | hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | MISC) | related organizations |
| (18) ASO TAVITIAN TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (19) PETER S WILLMOTT PRESIDENT | 2 00 | х | | х | | | | 0 | 0 | 0 |
| (20) JOHN W HYLAND VICE PRESIDENT | 2 00 | х | | х | | | | 0 | 0 | 0 |
| (21) JAMES E MOLTZ TREASURER | 2 00 | Х | | х | | | | 0 | 0 | 0 |
| (22) MICHAEL CONFORTI MUSEUM DIRECTOR | 40 00 | х | | х | | | | 411,992 | 21,220 | 479,266 |
| (23) DAVID TROOB TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| (24) ANTHONY G KING DEPUTY DIRECTOR & CLERK | 40 00 | | | х | | | | 204,487 | 0 | 43,318 |
| (25) MICHAEL ANN HOLLY DIRECTOR OF RESEARCH & ACADEMIC PROGRAM | 40 00 | | | | | х | | 185,018 | 11,200 | 30,201 |
| (26) JOHN SKAVLEM ASSOCIATE DIRECTOR INSTITUTIONAL RELATIONS | 40 00 | | | | | х | | 183,885 | 0 | 40,483 |
| (27) RICHARD RAND SENIOR CURATOR | 40 00 | | | | | Х | | 166,267 | 0 | 38,552 |
| (28) ROBERT GNIADEK DIRECTOR OF FINANCE/BUSINESS OPERATIONS | 40 00 | | | | | Х | | 127,533 | 0 | 35,706 |
| (29) VICKI SALTZMAN DIRECTOR OF COMMUNICATIONS | 40 00 | | | | | х | | 118,716 | 0 | 32,846 |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | • | | | |
| c Total from continuation sheets to | Part VII, Sect | ion A . | | | | | • | | | |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 1,397,898 | 32,420 | 700,372 |
| Total number of individuals (included \$100,000 of reportable compensed) | | | | | ed a | bove) | who | received more tha | n | Yes No |

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|-----------------------------|---------------------|
| | Description of services | Compensation |
| SECURITAS SECURITY SERVICES PO BOX 403412 | SECURITY SERVICES | 941,917 |
| ATLANTA, GA 30384 | | |
| RISE GROUP LLC 120 SOUTH LASALLE ST STE 1350 CHICAGO, IL 60603 | CONSTRUCTION MANAGEMENT | 934,679 |
| M ARTHUR GENSLER JR & ASSOCIATES 12478 COLLECTIONS CTR DRIVE CHICAGO, IL 60693 | ARCHITECTURAL | 876,375 |
| JOHN W BRISTOL & COMPANY 48 WALL STREET 18TH FLOOR NEW YORK, NY 10005 | INVESTMENT ADVISORS | 673,145 |
| TADAO ANDO ARCHITECT & ASSOCIATES 5-23 TOYOSAKI 2 CHROME KITA-KU, OSKA SWIY 6LX JA | ARCHITECTURAL | 500,000 |
| 2 Total number of independent contractors (including but not limited to those listed above |) who received more than | |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

| Form 9 | | | | | | | | Page 9 |
|--|--------------|-----------------------------------|--|--------------------|----------------------|--|---|---|
| Part \ | <u>/1111</u> | Statement of | of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| \$ \$ | 1a | Federated cam | paigns 1a | | | | | |
| 윤 | ь | Membership du | ıes 1b | 868,172 | | | | |
| ωĔ | c | Fundraising ev | ents 1c | | | | | |
| £ a | d | Related organiz | zations 1d | | | | | |
| <u>₹</u> | e | Government grant | s (contributions) 1e | 300,000 | | | | |
| F S | f | All other contribution | ons, gifts, grants, and 1f | 4,648,224 | j | | | j |
| Contributions, gifts, grants and other similar amounts | g | Noncash contr | ibutions included in | | | | | |
| 늍 | | lines 1a-1f \$ _ | 13,798 | | | | | |
| ပြွန် | h | Total. Add line | s 1a-1f | · · · • | 5,816,396 | | | |
| <u> </u> | | | | Business Code | | | | |
| Program Service Revenue | 2a | MUSEUM PROGRA | MS | 900099 | 3,570,516 | 3,570,516 | | |
| æ | Ь | EDUCATIONAL PRO | OGRAMS | 900099 | 80,270 | 80,270 | | |
| 92 | С | RESEARCH & ACAI | DEMIC PR | 900099 | 2,870 | 2,870 | | |
| <u>.</u> | d | | | | | | | |
| Ē | e | | | | | | | |
| 22 | f | All other progra | am service revenue | | | | | |
| ΔŤ | g | Total. Add line: | s 2a-2f | | 3,653,656 | | | |
| | 3 | Investment inc | ome (including dividence | ds, interest | | | | |
| | | | aramounts) | F | 7,229,556 | | | 7,229,556 |
| | 4 | | stment of tax-exempt bond p | proceeds | | 15.010 | | |
| | 5 | Royalties . | | | 16,348 | 16,348 | | |
| | 62 | Gross rents | (ı) Real | (II) Personal | | | | |
| | 6a b | Less rental | | | | | | |
| | - | expenses Rental income | | | | | | |
| | C | or (loss) | | | | | | |
| | d | Net rental inco | me or (loss) | - | | | | |
| | 7a | Gross amount | (1) Securities 73,766,297 | (II) Other | | | | |
| | " | from sales of assets other | | | | | | |
| | ١. | than inventory | 64,068,046 | | | | | |
| | b | Less cost or other basis and | 64,068,046 | | | | | |
| | c | sales expenses Gain or (loss) | 9,698,251 | | | | | |
| | d | Net gaın or (los | ss) | ▶ | 9,698,251 | | | 9,698,251 |
| <u>e</u> | 8a | Gross income f events (not inc | rom fundraising luding | Ī | | | | |
| Other Revenue | | | s reported on line 1c) | | | | | |
| <u></u> | _ | | a | | | | | |
| Ě | b c | | penses b (loss) from fundraising e | avents b - | | | | |
| _ | 9a | | from gaming activities | | | | | |
| | | | ne 19 a | | | | | |
| | b | | penses b | | | | | |
| | 10a | Gross sales of returns and allo | | rities | | | | |
| | Ь | | a oods sold b | 816,526 714,582 | | | | |
| | c | | (loss) from sales of inve | | 101,944 | | | 101,944 |
| | | Mıscellaneou | s Revenue | Business Code | | | | |
| | 11a | | | | | | | |
| | ь | | | | | | | |
| | С | | | | | | | |
| | d | All other reven | ue | | | | | |
| | е | Total. Add lines | s 11a-11d | 🛌 | | | | |
| | 12 | Total revenue | See Instructions | · L | | | | |
| | J | . o.u. ievellue. | occinations | | 26,516,151 | 3,670,004 | C | 17,029,751 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

| | heck if Schedule O contains a response to any question in this Part IX ot include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
|--------|--|----------------|-----------------------------|---------------------------------|-------------------------|
| 7b, 8l | b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 49,000 | 49,000 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 308,500 | 308,500 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,158,120 | | 1,058,520 | 99,600 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 5,001,940 | 3,795,660 | 932,405 | 273,875 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 417,945 | 298,443 | 98,954 | 20,548 |
| 9 | Other employee benefits | 713,772 | 477,465 | 195,278 | 41,029 |
| 10 | Payroll taxes | 382,802 | 239,997 | 119,966 | 22,839 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 61,803 | 60,000 | 1,803 | |
| b | Legal | 11,854 | 120 | 11,734 | |
| c | Accounting | 36,700 | | 36,700 | _ |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | 224,434 | | | 224,434 |
| f | Investment management fees | 706,127 | | 706,127 | |
| g | Other | 65,815 | | 65,815 | |
| 12 | Advertising and promotion | 405,627 | 403,130 | 2,497 | |
| 13 | Office expenses | 450,437 | 291,172 | 143,606 | 15,659 |
| 14 | Information technology | 111,685 | 73,653 | 38,032 | |
| 15 | Royalties | 15,945 | 15,945 | | _ |
| 16 | Occupancy | 1,708,823 | 1,415,388 | 254,217 | 39,218 |
| 17 | Travel | 379,062 | 209,990 | 136,658 | 32,414 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 378,878 | 268,710 | 106,529 | 3,639 |
| 20 | Interest | 1,512,694 | 1,512,694 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 2,044,745 | 1,770,222 | 224,052 | 50,471 |
| 23 | Insurance | 558,010 | 509,068 | 48,942 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| а | EXHIBITIONS AND OTHER P | 1,415,057 | 1,415,057 | | |
| b | OTHER CONTRACTED SERVIC | 1,397,816 | 1,167,137 | 106,601 | 124,078 |
| c | SECURITY SERVICES | 879,428 | 879,428 | | |
| d | PRINTING AND PUBLICATIO | 425,312 | 424,239 | 1,073 | |
| e | | | | | |
| f | All other expenses | 348,542 | 277,746 | 70,796 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 21,170,873 | 15,862,764 | 4,360,305 | 947,804 |
| 26 | Joint costs. Check here ► ✓ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | rm 990 (2011) |

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 20.048.074 2 10.324.025 2 3 16,904,072 7,443,051 3.577.517 3.704.299 4 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 600.308 5 562.580 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 6 Schedule L 431,860 7 313,559 315.642 8 287.879 9 1.953.179 1.798.551 Prepaid expenses and deferred charges 140,447,437 10a Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 16,555,962 b Less accumulated depreciation 95,395,515 10c 123,891,475 271,297,186 11 266,111,130 11 82,118,871 83,233,025 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 15 15 482,918,176 507,393,624 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 9,642,207 17 9,181,522 17 Accounts payable and accrued expenses . 18 18 19 19 20 49.053.563 20 80.040.787 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 58,695,770 26 89,222,309 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 315,403,761 27 308,397,522 Unrestricted net assets 21,035,903 28 21,716,240 28 Temporarily restricted net assets Fund 29 87,782,742 29 88,057,553 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 424.222.406 33 418,171,315 34 Total liabilities and net assets/fund balances 482.918.176 34 507.393.624

| Pal | Check if Schedule O contains a response to any question in this Part XI | | | | |
|-----|---|---------|----|-------|--------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 26,5 | 516,15 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 170,87 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 5,3 | 345,27 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 424,2 | 222,40 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | -11,3 | 396,36 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | | 418,1 | 171,31 |
| Pai | The Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII | | | ୮ | |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | Yes | No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? | [| 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both | sued | | | |
| | Separate basis Consolidated basis Both consolidated and separated basis | | | | ı |
| | 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? | | За | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | equired | 3b | | |

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Inspection

| STERL | NG AN | D FRANCINE CLARK ART INSTITUTE | | | |
|-------|----------|---|-------------|---------|--------|
| Par | 4 T | Reason for Public Charity Status (All organizations must complete this part.) See instruc | tions | | |
| | | zation is not a private foundation because it is (For lines 1 through 11, check only one box) | LIUTIS | | |
| 1 | - ga | A church, convention of churches, or association of churches section 170(b)(1)(A)(i). | | | |
| 2 | <u></u> | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) | | | |
| 3 | <u>'</u> | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | |
| 4 | i- | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(hospital's name, city, and state | (iii). Ente | r the | |
| 5 | Γ | An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II) | describe | d in | |
| 6 | \sqcap | A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$. | | | |
| 7 | Γ | An organization that normally receives a substantial part of its support from a governmental unit or from th described in section 170(b)(1)(A)(vi) (Complete Part II) | e general | public | |
| 8 | Γ | A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) | | | |
| 9 | Γ | An organization that normally receives (1) more than 331/3% of its support from contributions, membersh | ıp fees, ar | nd gros | SS |
| | | receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more tha | | _ | |
| | | its support from gross investment income and unrelated business taxable income (less section 511 tax) fr | | | |
| | | acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) | | | |
| 10 | Γ | An organization organized and operated exclusively to test for public safety See section 509(a)(4). | | | |
| 11 | प | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sec the box that describes the type of supporting organization and complete lines 11e through 11h | | a)(3). | Check |
| e | ⊽ | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disorder than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2) | • | • | |
| f | | If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supcheck this box | porting o | rganız | ation, |
| g | | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? | | | |
| | | (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) | | Yes | No |
| | | and (III) below, the governing body of the the supported organization? | 11g(i) | | No |
| | | (ii) a family member of a person described in (i) above? | 11g(ii) | | No |
| | | (iii) a 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | | No |
| h | | Provide the following information about the supported organization(s) | | | |
| | | 1 1 2005 | | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | Is th organizat col (i) lis your gove | organization in col (i) listed in your governing document? | | Is the organization in col (i) listed in your governing | | tify the ion in your t? | (vi) Is the organizat col (i) org | e ıon ın anızed | (vii) A mount of support? |
|---|--------------------|---|--|--|-----|--|-----|----------------------------------|-----------------------------------|-----------------------|---------------------------------|
| | | instructions)) | Yes | No | Yes | No | Yes | No | | | |
| (A) WILLIAMS COLLEGE | 042104847 | 2 | Yes | | Yes | | Yes | | 0 | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | | | | | | | | | 0 | | |

instructions

| Sch | edule A (Form 990 or 99 | 90-EZ)2011 | | | | | | Page 2 |
|--------|---|------------------|-------------------------|---------------------|------------------------|---|---------------------|--------------------|
| | (Complet | e only if you | checked the | box on line 5, | 7, or 8 of Part | (b)(1)(A)(iv) I or if the orgar | nızatıon faıle | d to qualify |
| | | | <u>organızatıon f</u> | fails to qualify ι | <u>under the tests</u> | listed below, pl | <u>lease comple</u> | ete Part III.) |
| | ection A. Public Su | | | | | Т | 1 | |
| Cal | endar year (or fiscal ye in) | ar beginning | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contribut | ions, and | | | | | | |
| | membership fees recei | | | | | | | |
| | ınclude any "unusual | | | | | | | |
| _ | grants ") Tax revenues levied fo | rtho | | | | | | |
| 2 | organization's benefit a | | | | | | | |
| | paid to or expended on | | | | | | | |
| | behalf | | | | | | | |
| 3 | The value of services of | | | | | | | |
| | furnished by a governme the organization withou | | | | | | | |
| 4 | Total. Add lines 1 thro | _ | | | | | | |
| 5 | The portion of total cor | - | | | | | | |
| - | by each person (other | than a | | | | | | |
| | governmental unit or p | • | | | | | | |
| | supported organization line 1 that exceeds 2% | | | | | | | |
| | amount shown on line 1 | | | | | | | |
| | (f) | 21,0014 | | | | | | |
| 6 | Public Support. Subtractine 4 | ct line 5 from | | | | | | |
| S | ection B. Total Sup | port | | | | | | |
| Cal | endar year (or fiscal yea | r beginning | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| _ | ın) | _ | (4) 2007 | (2) 2000 | (4) 2005 | (4) 2020 | (0) 2022 | (1) 1 3 4 4 |
| 7 8 | A mounts from line 4 Gross income from inte | rost – | | | | | | |
| 0 | dividends, payments re | | | | | | | |
| | securities loans, rents | | | | | | | |
| | and income from simila | ır | | | | | | |
| _ | sources | | | | | | | |
| 9 | Net income from unrela business activities, wh | | | | | | | |
| | not the business is reg | | | | | | | |
| | carried on | | | | | | | |
| 10 | Other income (Explain | | | | | | | |
| | IV) Do not include gai from the sale of capital | | | | | | | |
| 11 | Total support (Add line | | | | | | | |
| | through 10) | | | | | | | |
| 12 | Gross receipts from re | lated activities | s, etc (See inst | ructions) | | | 12 | |
| 13 | First Five Years If the | | r the organizati | on's first, second | l, thırd, fourth, or | fıfth tax year as a | 501(c)(3) or | |
| | check this box and sto | p here | | | | | | ▶ □ |
| S | ection C. Computat | ion of Publ | ic Support F | Percentage | | | | |
| 14 | Public Support Percen | tage for 2011 | (line 6 column | (f) dıvıded by lıne | 11 column (f)) | | 14 | |
| 15 | Public Support Percen | tage for 2010 | Schedule A , Pa | rt II, line 14 | | | 15 | |
| 16a | 33 1/3% support test- | | | | | line 14 is 33 1/3% | % or more, che | |
| h | and stop here. The org 33 1/3% support test | | | | | 6a and line 15 is | 33 1/20% or m | ore check this |
| D | box and stop here. The | | | | | oa, and inte 15 IS | 1/3%0 UI M | ore, check this |
| 17a | 10%-facts-and-circum | - | • | | - | ne 13, 16a, or 16 | b and line 14 | ٠, |
| | ıs 10% or more, and ıf | | | | | | | |
| | in Part IV how the orga | anızatıon meet | s the "facts and | d circumstances" | test The organiz | zatıon qualıfıes as | a publicly su | |
| b | organization 10%-facts-and-circum | stances test— | 2010. If the ora | anization did not | check a hov on li | ne 13, 16a 16b | or 17a and lin | ▶ □ |
| , | 15 is 10% or more, an | | | | | | | - |
| | Explain in Part IV how | the organizati | | | | | | |
| 10 | supported organization Private Foundation If t | | n did not chools | a hov on line 12 | 16a 16h 17a a | or 17h chack this | hov and coc | ► □ |

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

| Part IV | Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions). |
|---------|--|
| | |
| | Facts And Circumstances Test |
| | |
| | Explanation |
| | |
| | |
| | |
| | |

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493134019913

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

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

| iliui i | evenue service F Attach to Fo | orm 990. F See separate instructions. | | Inspection | | | |
|---|--|---|------------|---|--|--|--|
| Name of the organization STERLING AND FRANCINE CLARK ART INSTITUTE | | Employer identification number | | | | | |
| | | | 04-2163004 | | | | |
| ar | Organizations Maintaining Donor Ac | | Funds | or Accounts. Complete if the | | | |
| | organization answered "Yes" to Form 99 | l · | | (1) 5 | | | |
| _ | | (a) Donor advised funds | | (b) Funds and other accounts | | | |
| | otal number at end of year | | | | | | |
| | Aggregate contributions to (during year) | | _ | | | | |
| | Aggregate grants from (during year) | | - | | | | |
| | Aggregate value at end of year | | | | | | |
| | Did the organization inform all donors and donor advi funds are the organization's property, subject to the | _ | nor adv | rsed Yes No | | | |
| | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit | | | | | | |
| ď | Conservation Easements. Complete | ıf the organization answered "Yes" | to Forn | n 990, Part IV, line 7. | | | |
| | Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication held a qual | Preservation of a | ı certifie | ically importantly land area d historic structure onservation | | | |
| | easement on the last day of the tax year | | | Held at the End of the Year | | | |
| | Total number of conservation easements | | 2a | | | | |
| | Total acreage restricted by conservation easements | | 2b | | | | |
| | Number of conservation easements on a certified his | toric structure included in (a) | 2c | | | | |
| | Number of conservation easements included in (c) a | cquired after 8/17/06 | 2d | | | | |
| | Number of conservation easements modified, transfe | rred, released, extinguished, or termina | ted by th | ne organization during | | | |
| | the taxable year 🕨 | | | | | | |
| | Number of states where property subject to conserva | ation easement is located . | | | | | |
| | Does the organization have a written policy regarding enforcement of the conservation easements it holds? | the periodic monitoring, inspection, ha | mdling of | f violations, and Yes N | | | |
| | Staff and volunteer hours devoted to monitoring, insp | pecting and enforcing conservation ease | ments d | uring the year ► | | | |
| | A mount of expenses incurred in monitoring, inspecti | ng, and enforcing conservation easemen | ts durin | g the year | | | |
| | ► \$ | | | | | | |
| | Does each conservation easement reported on line 2 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? | (d) above satisfy the requirements of se | ection | ΓYes ΓNα | | | |
| | In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen | the footnote to the organization's financi nents | al stater | ments that describes | | | |
| t | Organizations Maintaining Collection Complete if the organization answered ' | | , or Ot | her Similar Assets. | | | |
| | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin | for public exhibition, education or resea | rch ın fu | | | | |
| | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items | public exhibition, education, or research | | | | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | ▶ - \$ | | | |

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

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

| Par | Organizations Maintaining Co | <u>llections of Art</u> | , His | torical | Treas | ures, or C | the | <u>r Similar Asse</u> | ets (co | ntınued) |
|--------|---|-------------------------|---------|------------------------|-----------|------------------------------|--------|------------------------------|------------------|-----------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check an | y of th | ie followir | ng that a | re a significa | ant u | se of its collectio | n | |
| а | ▼ Public exhibition | | d | ▽ Loa | an or exc | change prog | rams | | | |
| b | Scholarly research | | e | ┌ Ot | her | | | | | |
| С | ✓ Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co Part XIV | ollections and expla | ın hov | v they fur | ther the | organızatıor | ı's ex | cempt purpose in | | |
| 5 | During the year, did the organization solicity assets to be sold to raise funds rather than | | | | | | | | Yes | √ No |
| Pai | t IV Escrow and Custodial Arrang | | | | | n answere | d "Y | es" to Form 99 | 0, | |
| | Part IV, line 9, or reported an ar | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custoo included on Form 990, Part X? | | | | | or other ass | ets | | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XI | V and complete the | follow | ıng table | | г | | | | |
| _ | | | | | | - | | Amo | unt | |
| ٦ C | Beginning balance | | | | | } | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| e | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | L | 1f | | | |
| 2a | Did the organization include an amount on Fo | | e 21? | | | | | | Yes | │ No |
| b | If "Yes," explain the arrangement in Part XI\ | | | 1 11 | | F 000 | | 171/ 1 40 | | |
| Ра | rt V Endowment Funds. Complete | (a)Current Year | | Merea " Prior Year | | wo Years Back | | | e) Four Y | ears Back |
| 1a | Beginning of year balance | 87,782,742 | (5) | 77,943, | | 69,568,15 | - | 74,066,947 | | cars bac |
| b | Contributions | 1,006,215 | | 5,951, | 470 | 2,564,64 | 15 | -149,932 | | |
| С | Investment earnings or losses | 1,100,140 | | 5,582, | 579 | 6,593,85 | 56 | -3,872,028 | | |
| d | Grants or scholarships | | | | | | | | | |
| e | Other expenditures for facilities | 1,831,544 | | 1,694, | 966 | 783,00 | 00 | 476,829 | | |
| _ | and programs | | | | | | | | | |
| f | Administrative expenses | 88,057,553 | | 83,782, | 742 | 77,943,65 | -0 | 69,568,158 | | |
| g | End of year balance | , , | | 03,702, | 742 | 77,943,03 | 99 | 09,300,130 | | |
| 2 | Provide the estimated percentage of the year | ir end balance held i | as | | | | | | | |
| а | Board designated or quasi-endowment | | | | | | | | | |
| b | Permanent endowment 🕨 100 000 % | | | | | | | | | |
| _ C | Term endowment ► | 6.1 | | | | | | | | |
| 3a | Are there endowment funds not in the posse organization by | ssion of the organiz | ation t | tnat are r | ieia ana | administere | a for | tne | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | | No |
| | (ii) related organizations | | | | | | | 3a(ii) | | No |
| b | If "Yes" to 3a(II), are the related organization | | | | R?. | | | 3b | | |
| 4 | Describe in Part XIV the intended uses of th | | | | | | | | | |
| Pai | t VI Land, Buildings, and Equipme | ent. See Form 99 | 0, Pa | | | 1 | | | | |
| | Description of property | | | (a) Cost basis (inv | | (b)Cost or of basis (othe | | (c) Accumulated depreciation | (d) Boo | k value |
| 1a | Land | | • | | | 1,549 | ,802 | | : | ,549,802 |
| b | Buildings | | • | | | 93,919 | ,812 | 13,143,126 | 80 | ,776,686 |
| c | Leasehold improvements | | | | | 74 | ,094 | 45,304 | | 28,790 |
| d | Equipment | | | | | 4,110 | ,263 | 3,367,532 | | 742,731 |
| е | Other | | | 1 | | 40,793 | ,466 | | 40 | ,793,466 |

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

123,891,475

| Part VII Investments—Other Securities. See | Form 990, Part X, line 12 | |
|---|---------------------------|---|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| (1)Financial derivatives | | , |
| (2)Closely-held equity interests | 25,460 | F |
| (3)Other (A)HEDGE FUNDS | 50,997,067 | F |
| | | |
| (B) REAL ESTATE | 7,221,421 | F |
| (C) COMMODITIES FUNDS | 8,708,905 | F |
| (D) INSTITUTIONAL MONEY MARKET FUNDS | 15,838,280 | F |
| (E) PRIVATE INVESTMENTS - OFFSHORE | 441,892 | F |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | 83,233,025 | |
| Part VIII Investments—Program Related. Se | e Form 990, Part X, line | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| | | , |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | • | |
| Part IX Other Assets. See Form 990, Part X, II | | |
| (a) Descri | ption | (b) Book value |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X | | |
| 1 (a) Description of Liability | (b) A mount | |
| Federal Income Taxes | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | | |
| | | |

| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | nts | |
|----|---|----------|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 26,516,15 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 21,170,87 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 5,345,278 |
| 4 | Net unrealized gains (losses) on investments | 4 | -10,064,810 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -1,331,559 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -11,396,369 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -6,051,09 |
| | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 15,796,044 |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | -10,064,810 |
| 3 | Subtract line 2e from line 1 | 3 | 25,860,854 |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 655,297 | | |
| b | Other (Describe in Part XIV) | | |
| C | Add lines 4a and 4b | 4c | 655,29 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 26,516,15 |
| | TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses | s per Re | |
| 1 | Total expenses and losses per audited financial statements | 1 | 21,847,13! |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 1,331,559 |
| 3 | Subtract line 2e from line 1 | 3 | 20,515,576 |
| 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 655,297 | | |
| b | Other (Describe in Part XIV) 4b | | |
| С | Add lines 4a and 4b | 4c | 655,29 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 21,170,87 |
| | rt XIV Supplemental Information | | |
| | mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete | | |

addıtıonal ınformatıon

| additional information | | |
|---|------------------------------------|--|
| Identifier | Return Reference PART III, LINE 1A | Explanation THE ART AND LIBRARY COLLECTIONS, WHICH WERE |
| | , = | ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE CLARK'S INCEPTION, ARE INCLUDED AS AN ASSET ON THE STATEMENT OF FINANCIAL POSITION VALUED AT A \$1 AND ARE NOT CONSIDERED ASSETS IN THE MONETARY SENSE PURCHASED COLLECTION ITEMS ARE REPORTED AS NONOPERATING ITEMS WHICH DECREASE UNRESTRICTED NET ASSETS IN THE YEAR IN |
| | | WHICH THE ITEMS ARE ACQUIRED, OR IN TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS CONTRIBUTED COLLECTION ITEMS ARE EXCLUDED FROM THE FINANCIAL STATEMENTS |
| | | PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERY ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES THE CLARK'S POLICY IS TO MAINTAIN AND CONTINUE TO ACQUIRE SIGNIFICANT WORKS OF ART FOR ITS COLLECTION AND BOOKS FOR ITS LIBRARY EACH ITEM IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY |
| | PART III, LINE 4 | INTRODUCTION THE STERLING AND FRANCINE CLARK ART INSTITUTE IS AN ART MUSEUM AND INTERNATIONAL CENTER OF RESEARCH AND HIGHER EDUCATION IN THE VISUAL ARTS IN ADDITION TO ITS RECOGNIZED COLLECTIONS OF OLD MASTER, IMPRESSIONIST, AND NINETEENTH-CENTURY AMERICAN ART, DISPLAYED IN A SERIES OF INTIMATE GALERIES, THE CLARK ORGANIZES CRITICALLY-ACCLAIMED SPECIAL EXHIBITIONS THAT APPEAL TO A WIDE RANGE OF AUDIENCES AND ADVANCE |
| | | NEW IDEAS THE CLARK'S RESEARCH AND ACADEMIC PROGRAM OFFERS FELLOWSHIPS TO RENOWNED INTERNATIONAL SCHOLARS AND MUSEUM PROFESSIONALS, PRESENTS REGULAR CONFERENCES, AND SYMPOSIA, AND FEATURES ONE OF THE MOST COMPREHENSIVE ART HISTORY LIBRARIES IN THE WORLD TOGETHER WITH WILLIAMS COLLEGE, THE CLARK JOINTLY SPONSORS ONE OF THE NATION'S MOST RESPECTED MASTER'S PROGRAMS IN ART HISTORY HISTORY AND MISSION STERLING AND FRANCINE CLARK ESTABLISHED |
| | | THE CLARK IN 1955, ENVISIONING A DISTINCTIVE ART MUSEUM SET IN A PASTORAL LANDSCAPE, DEDICATED TO ADVANCING AND EXTENDING THE PUBLIC UNDERSTANDING OF ART THE CLARK ADDED A RESEARCH AND ACADEMIC PROGRAM, INCLUDING AN INTERNATIONAL FELLOWSHIP PROGRAM AND FULL SCHEDULE OF CONFERENCES, COLLOQUIA AND SYMPOSIA, AND CREATED A GROWING EXHIBITION PROGRAM THE CLARK BENEFITS FROM AN INCREASED INTERNATIONAL PROFILE AS A RESULT OF PARTNERSHIPS |
| | | WITH INSTITUTIONS AROUND THE WORLD PROGRAMMING THE MUSEUM PROGRAM THE STERLING AND FRANCINE CLARK ART INSTITUTE MUSEUM PROGRAM CONTINUES TO GROW ITS COLLECTIONS AND EXHIBITIONS THE CORE COLLECTION OF EXCEPTIONAL OLD MASTER PAINTINGS, FRENCH IMPRESSIONIST WORKS, AMERICAN MASTERWORKS BY THE LIKES OF HOMER AND SARGEANT, AND ENGLISH SLIVER |
| | | CONTINUES TO DRAW AUDIENCES FROM AROUND THE WORLD THE CLARK HAS ALSO BECOME KNOWN FOR ITS IMPRESSIVE COLLECTION OF PRINTS AND DRAWINGS, WHICH SPAN THE SCOPE AND BREADTH OF THE PAINTING COLLECTION AND FEATURE ARTISTS RANGING FROM ALBRECHT DURER TO HENRI DE TOULOUSE-LAUTREC MORE RECENTLY THE CLARK HAS ASSEMBLED A NOTABLE |
| | | COLLECTION OF MASTER PHOTOGRAPHS, INCLUDING WORKS BY ARTISTS FROM GUSTAVE LE GRAY AND NADAR TO JULIA MARGARET CAMERON AND ALFRED STIEGLITZ THOUGH THE COLLECTION HAS GROWN AND EXPANDED, DISPLAY OF THE CLARK'S WORKS HAS REMAINED TRUE TO THE INTENTIONS OF ITS FOUNDERS, EXHIBITED IN INTIMATE GALLERIES WITH A DOMESTIC REFINEMENT AND SCALE THAT FOSTERS INDIVIDUAL CONTEMPLATION |
| | | AND ENGAGEMENT GROUNDBREAKING EXHIBITIONS THE CLARK'S SPECIAL EXHIBITIONS OFTEN PRESENTED IN COLLABORATION WITH INSTITUTIONS LIKE THE J PAUL GETTY MUSEUM AND THE NATIONAL GALLERY IN LONDON COMPLEMENT THE PERMANENT COLLECTION, ENCOURAGE FURTHER THOUGHT, AND CONTRIBUTE TO SCHOLARSHIP CLARK SPECIAL EXHIBITIONS PROVIDE NOT ONLY A SIGNIFICANT AESTHETIC EXPERIENCE, BUT ALSO EXPLORE CRITICAL ISSUES IN ART, ADOPT NEW PERSPECTIVES AND OFTEN RECONSIDER THE HISTORY OF ART FORM 990, SCHEDULE D PART XIV CONTINUED ON |
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4 | THE CLARK'S ENDOWMENT CONSISTS OF A NUMBER OF INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES THSE FUNDS INCLUDE THE ORIGINAL ENDOWMENT ESTABLISHED BY THE FOUNDERS THE INCOME FROM WHICH IS EXPENDABLE TO FUND THE GENERAL OPERATIONS OF THE CLARK OTHER ENDOWMENT FUNDS PROVIDE INCOME FOR THE SUPPORT |
| PART XI, LINE 8 - OTHER | | OF SPECIFIC PROGRAMS AND ACTIVITIES OF THE CLARK PURCHASED WORKS OF ART AND LIBARY COLLECTIONS - |
| ADJUSTMENTS PART XIII, LINE 2D - OTHER | | 1,331,559 PURCHASED WORKS OF ART AND LIBRARY COLLECTIONS |

PART XIII, LINE 2D - OTHER ADJUSTMENTS

DLN: 93493134019913

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Internal Revenue Service Name of the organization STERLING AND FRANCINE CLADE ADT INSTITUTE

Employer identification number

| ' - | KLING AND FRANCINE CLARK A | KT INSTITUTE | • | | 04-2163004 | |
|-----|---|--|--|---------------------------|--|--|
| Pa | "Yes" to Form 990, Pa | | | he United States. C | omplete if the organiz | ation answered |
| 1 | For grantmakers. Does the | organization m | naıntaın record | ls to substantiate the | amount of the grants of | or |
| | assistance, the grantees' elig | jibility for the | grants or assis | stance, and the select | ion criteria used to awa | ırd |
| | the grants or assistance? | | | | | │ Yes │ No |
| 2 | For grantmakers. Describe in Pa United States | rt V the organiz | atıon's procedur | res for monitoring the us | e of grant funds outside th | ne |
| 3 | Activites per Region (Use Part | V ıf addıtıonal s | pace is needed |) | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region or independent contractors | region (by type) (e g , | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region/investments in region |
| | EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | CULTURAL EXCHANGE | 77,075 |
| | EUROPE | 0 | | | CULTURAL EXCHANGE | 646,104 |
| | NORTH AMERICA | 0 | 0 | PROGRAM SERVICES | CULTURAL EXCHANGE | 1,244 |
| | RUSSIA AND THE NEWLY INDEPENDENT STATES | 0 | 0 | PROGRAM SERVICES | CULTURAL EXCHANGE | 2,836 |
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| | | | | | | |
| | | | | | | |
| | Sub-total | 0 | 0 | | | 727,259 |
| ı | Total from continuation sheets to Part I | 0 | 0 | | | C |

c Totals (add lines 3a and 3b)

0

727,259

| Pai | Part IV, | line 15, for any | sistance to Organ recipient who recesspace is needed. | nizations or Entiti erved more than \$5, | es Outside the Ur ,000. Check this box | nited States. Comp x if no one recipient | plete if the organiza received more thai | tion answered "Yes' n \$5,000 | ' to Form 990, ▶ 厂 |
|-----|----------------------------------|---|--|--|--|--|---|--|--|
| 1 | (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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| | | | | | | | | | |
| 2 | Enter total nur tax-exempt by | mber of recipie y the IRS, or fo | ent organizations lis or which the grante | ted above that are e or counsel has pro | recognized as chari ovided a section 50 | ties by the foreign of 1(c)(3) equivalency | country, recognized letter | as . • | |
| 3 | Enter total nur | mber of other o | organizations or en | tities | | | | | (Form 990) 2011 |

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 Part V if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) 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) |
|---------------------------------|--|---|--------------------------------------|------------------------------------|---|--|---|
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| | | | | | | 1 | dula E (Earry 000) 2011 |

Part IV Foreign Forms

| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926) | Γ | Yes | 굣 | Νo |
|---|--|---|-----|----|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A) | Γ | Yes | 굣 | Νo |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471) | Г | Yes | [ত | No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) | Г | Yes | া | No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865) | Г | Yes | া | No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713). | Г | Yes | ন | Νo |

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Page **5**

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

| ldentifier | Return Reference | Explanation |
|---|---------------------|---|
| METHOD USED TO ACCCOUNT FOR EXPENDITURES | | SCHEDULE F, PART I, LINE 3 THESE EXPENDITURES HAVE BEEN REPORTED ON THE SAME METHOD OF ACCOUNTING AS USED IN THE CLARK'S FINANCIAL STATEMENTS, WHICH IS THE ACCRUAL BASIS |

Schedule F (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493134019913

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public Inspection

Name of the organization STERLING AND FRANCINE CLARK ART INSTITUTE

Employer identification number

04-2163004

| Part I | Fundraising Activities. | Complete if the | organization | answered | "Yes" to | o Form 990, | Part IV, | lıne 17 | |
|--------|-------------------------|-----------------|--------------|----------|----------|-------------|----------|---------|--|
|--------|-------------------------|-----------------|--------------|----------|----------|-------------|----------|---------|--|

- Indicate whether the organization raised funds through any of the following activities Check all that apply
- ✓ Mail solicitations
- ✓ Internet and e-mail solicitations
- Phone solicitations
- ▼ In-person solicitations

- e Solicitation of non-government grants
 - Solicitation of government grants
- Special fundraising events
- or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

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

| (i) Name and address of ındıvıdual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) A mount paid to (or retained by) fundraiser listed in col (i) | (vi) A mount paid to (or retained by) organization | |
|---|---------------------|--|-------------|--------------------------------------|--|--|--|
| | | Yes | No | | | | |
| CHARLES R FELDSTEIN & CO INC 737 N MICHIGAN AVE | CAPITAL CAMPAIGN | | No | 2,427,180 | 25,000 | 2,402,190 | |
| CHICAGO, IL 60611 | | | | | | | |
| GRENZEBACH GLIER & ASSOC INC P O BOX 88277 CHICAGO, IL 60680 | CAPITAL CAMPAIGN | | No | 874,925 | 127,720 | 747,205 | |
| MAUREEN A HENNESSEY 2815 STATE ROAD RICHMOND, MA 01254 | SOLICIT GRANTS | | No | 110,000 | 55,214 | 54,786 | |
| ELIZABETH GRAY KOGEN 9 CLIFF TRAIL KINNELON, NJ 07405 | NYC EVENTS | | No | 5,700 | 16,500 | -10,800 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | > | 3,417,805 | 2 24 ,4 34 | 3,193,381 | |

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

| Part I | Fundraising Events. Commore than \$15,000 on Form | | | | |
|-------------|--|---------------------------|--|--------------------------|--|
| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events (Add col (a) through col (c)) |
| | | (event type) | (event type) | (total number) | (4) |
| 1 2 | Gross receipts | | | | |
| 2 | Less Charitable | | | | |
| 3 | contributions Gross income (line 1 | | | | |
| | minus line 2) | | | | |
| 4 | Cash prizes | | | | |
| 5 | Non-cash prizes | | | | |
| 6 | Rent/facility costs | | | | |
| . 7 | Food and beverages | | | | |
| 8 | Entertainment | | | | |
| 9 | Other direct expenses . | | | | |
| 10 | Direct expense summary Add lir | nes 4 through 9 in colum | an (d) | . | (|
| 111 | • | _ | • • | | , |
| | | | | | |
| art I | Gaming. Complete if the o \$15,000 on Form 990-EZ, li | | i tes lo foilii 990, Pa | rt IV, iiile 19, or repo | orted more than |
| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
| | Gross revenue | | | | |
| 2 | Cash prizes | | | | |
| 3 | Non-cash prizes | | | | |
| 1 4 | | | | | |
| 4 | Rent/racinty costs | | | | |
| 5 | Other direct expenses | | | | |
| 6 | Volunteer labor | ┌ Yes | | ┌ Yes | |
| | | Г № | ΓNο | Γ No | _ |
| 7 | Direct expense summary Add line | s 2 through 5 in columr | n (d) | | (|
| | | | | | |
| 8 | Net gaming income summary Com | ndine lines 1 and 7 in co | olumn (a) | <u> </u> | |
| | nter the state(s) in which the organiz | | | | |
| Is | the organization licensed to operate | e gamıng actıvıtıes ın ea | ch of these states? | | · Fyes Fno |
| b If | "No," Explain | | | | |
| | | | | | |
| a W | ere any of the organization's gaming | | | | |
| | "Yes," Explain | | | | - , res , NO |
| | | | | | |
| | | | | | |

| Sche | edule G (Form 990 or 990-EZ) 20 | 11 | | | Page 3 |
|---------|---|---|--|-----------------------|---------------|
| 11 | Does the organization operate g | aming activities with nonmembers? | | Γ _{Yes} Γ | No. |
| 12 | Is the organization a grantor, be | neficiary or trustee of a trust or a me | mber of a partnership or other entity | | |
| | formed to administer charitable | gamıng? | | · Fyes F | No. |
| 13 | Indicate the percentage of gami | ng activity operated in | | | |
| а | | | 13a | | |
| b | An outside facility | | 13b | | |
| 14 | Provide the name and address o records | f the person who prepares the organiz | zation's gaming/special events books and | | |
| | Name ► | | | | |
| | Address ► | | | | |
| | revenue? | | | · 「Yes 「 | No |
| b | | ming revenue received by the organiz ned by the third party 🟲 \$ | zation 🟲 \$ and the | | |
| c | If "Yes," enter name and addres | s | | | |
| | Name 🟲 | | | | |
| | Address ► | | | | |
| 16 | Gaming manager information | | | | |
| | Name ▶ | | | | |
| | | ▶ \$ | | | |
| | Description of services provided | i ▶ | | | |
| 17 | Director/officer Mandatory distributions | ☐ Employee | Independent contractor | | |
| 1/ a | | er state law to make charitable distri | hutions from the gaming proceeds to | | |
| | |) | | Г _{Yes} Г | N |
| ь | | | I to other exempt organizations or spent | I Yes I | NO |
| _ | | t activities during the tax year 🕨 \$ | to outer exempt organizations of opens | | |
| Pai | | | or responses to quuestion on Schedule G | (see | |
| | Identifier | ReturnReference | Explanation | | |
| | PLANATION OF FUNDRAISING YMENTS | SCHEDULE G, PART I, LINE 2B, COLUMN (V) | GRENZEBACH GLIER & ASSOC INC - ALSO FOR REIMBURSEABLE TRAVEL COSTS PLU AND TRAVEL FOR ADMINISTRATIVE OVE MAUREEN A HENNESSEY - ALSO PAID \$1 REIMBURSABLE TRAVEL COSTS | US 3% ON FEI RHEAD | |

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Schedule I (Form 990)

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

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

Attach to Form 990

OMB No 1545-0047

2011

DLN: 93493134019913

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization
STERLING AND FRANCINE CLARK ART INSTITUTE

Employer identification number

04-2163004

| Part I General Inform | nation on Grants | and Assistance | | | | • | |
|---|-------------------------|---|------------------------------|---|---|--|--|
| 1 Does the organization man the selection criteria used | d to award the grants o | orassistance? | | | | | |
| 2 Describe in Part IV the or | <u> </u> | es for monitoring the us Governments and | | | Complete if the | organization answer | ad "Vas" to |
| Form 990, Part I | V, line 21 for any re | ecipient that receive i) if additional space | d more than \$5,000 |). Check this box if r | no one recipient re | ceived more than \$5 | 5,000. Use |
| (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 | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) MASS MOCA1040 MASS MOCA WAY NORTH ADAMS,MA 01247 | 04-3113688 | 501(C)(3) | 18,000 | 0 | | | WILLIAMS COLLEGE GRADUATE STUDENT EXHIBITIONWILLIAMS COLLEGE GRADUATE STUDENT EXHIBITION |
| (2) WILLIAMSTOWN YOUTH CENTER66 SCHOOL STREET WILLIAMSTOWN, MA 01267 | 04-2105836 | 501(C)(3) | 20,000 | 0 | | | BUILDING FUND DONATION |
| (3) WILLIAMS COLLEGE MUSEUM OF ART15 LAWRENCE HALL DRIVE WILLIAMSTOWN, MA 01267 | 04-2104847 | 501(C)(3) | 11,000 | 0 | | | KIDSPACE EDUCATION PROGRAM |
| | | | | | | | |
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| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of sect | tion 501(c)(3) and gov | vernment organizations | listed in the line 1 tab | le | | | 3 |

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

| (a)Type of grant or assistance | (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 |
|--|----------------------------------|-------------------------------------|--------------------------------------|--|---------------------------------------|
| (1) STIPEND FOR GRADUATE WORK IN ART CONSERVATION | 1 | 3,500 | 0 | | |
| (2) STIPENDS FOR SCHOLARY RESEARCH IN THE VISUAL ARTS | 12 | 305,000 | 0 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | TO QUALIFY TO BE THE RECIPIENT OF THE ANNUAL CLARK STIPEND FOR GRADUATE WORK IN ART |
| | | CONSERVATION, THE INDIVIDUAL MUST BE A WILLIAMS COLLEGE ART HISTORY GRADUATE STUDENT THE |
| | | STUDENT PARTICIPATES IN A SELECTED ART CONSERVATION PROJECT, AND BOTH A WRITTEN REPORT AND |
| | | LECTURE ON SAID PROJECT IS REQUIRED RECIPIENTS OF STIPENDS FOR SCHOLARLY RESEARCH IN THE VISUAL |
| | | ARTS ARE REQUIRED TO PREPARE WRITTEN SCHOLARLY REPORTS, AND PARTICIPATE IN SCHOLARLY |
| | | CONFERENCES AND LECTURES SCHOLARS ARE SELECTED FROM A POOL OF APPLICANTS BY A DISTINGUISHED |
| | | FIVE MEMBER JURY WITH EXPERTISE IN THE FIELD |

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DLN: 93493134019913

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| Name | of | the | organi | izatio | n | | | |
|--------|----|-----|--------|--------|-----|-----|--------|-----|
| STERLI | NG | AND | FRANCI | NE CL | ٩RK | ART | INSTII | UTE |

Employer identification number

04-2163004

| Pa | rt I Questions Regarding Compensation | n | | | | |
|----|--|-----------|---|----|-----|----|
| | | | | | Yes | Νo |
| 1a | Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III | | | | | |
| | First-class or charter travel | 굣 | Housing allowance or residence for personal use | | | |
| | ▼ Travel for companions | Г | Payments for business use of personal residence | | | |
| | ▼ Tax idemnification and gross-up payments | <u> </u> | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Γ | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc | | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive | | | 2 | Yes | |
| 3 | Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the | | y | | | |
| | Compensation committee | <u> </u> | Written employment contract | | | |
| | Independent compensation consultant | <u> </u> | Compensation survey or study | | | |
| | Form 990 of other organizations | <u>~</u> | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, or a related organization | Part VII | , Section A , line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control | paymen | t? | 4a | | Νo |
| b | Participate in, or receive payment from, a suppleme | ntal non | qualified retirement plan? | 4b | Yes | |
| c | Participate in, or receive payment from, an equity-be | ased co | mpensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and pr | ovide th | e applicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only mu | ıst comp | olete lines 5-9. | | | |
| 5 | For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of | line 1a, | did the organization pay or accrue any | | | |
| а | The organization? | | | 5a | | Νo |
| b | Any related organization? | | | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of | line 1a, | did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | Νo |
| b | Any related organization? | | | 6b | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of | | | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, p | | | | | |
| | subject to the initial contract exception described in in Part III | Regs s | section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | | | | 8 | | No |
| 9 | If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)? | e rebutta | able presumption procedure described in Regulations | 9 | | |

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

| (A) Name | | (B) Breakdown of | f W-2 and/or 1099-MIS | SC compensation | (C) Retirement and other deferred | (D) Nontaxable | (E) Total of columns | |
|--------------------------|-------------|--------------------------|--|----------------------|-----------------------------------|------------------------|----------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | incentive reportable | | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| (1) MICHAEL CONFORTI | (ı) (ıı) | 341,436 21,220 | | 33,077 | 421,791 | 57,475 0 | 891,258 21,220 | |
| (2) ANTHONY G KING | (ı) (ıı) | 203,116 | 0 | 1,371 | 21,016 | 22,302 | 2 247,805 |) |
| (3) MICHAEL ANN HOLLY | (I) (II) | 183,551 11,200 | | 1 -,,,,, | 18,798 0 | 11,403 0 | 215,219 11,200 | |
| (4) JOHN SKAVLEM | (ı) (ıı) | 183,497 0 | 0 0 | 388 | 18,954 | 21,529 0 | 224,368 |) |
| (5) RICHARD RAND | (I) (II) | 165,694 0 | 0 | 573 0 | 17,144 | 21,408 0 | 204,819 |) |
| (6) ROBERT GNIADEK | (I) (II) | 126,756 0 | 0 0 | 1 ''' | 13,352 | 22,354 0 | 163,239 | J |
| (7) VICKI SALTZMAN | (I) (II) | 118,343 0 | 0 0 | | 12,304 | 20,542 0 | 2 151,562 0 0 |) |
| | ' | | | <u> </u> | <u> </u> | - | | |
| | ' | | | - | | | | |
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| | ' | | | - | | | | |
| | ' | | | <u> </u> | | | | |
| | | | | | | | | |

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 |
|--------------|---------------------|---|
| | PART I, LINE | THE CLARK JOINTLY OWNS A RESIDENCE WITH THE DIRECTOR IN ACCORDANCE WITH AN AGREEMENT DATED NOVEMBER 1, 1994, AND UPDATED |
| | 1B | DECEMBER 1, 2001, THE DIRECTOR AND THE CLARK SHARE ON A 50/50 BASIS THE COST OF MAINTAINING AND CARRYING THE PROPERTY, AS WELL |
| | | AS AGREED UPON CAPITAL IMPROVEMENTS TO THE PROPERTY ON THE RARE OCCASION WHEN THE DIRECTOR'S BUSINESS TRAVELS REQUIRE HIS |
| | | SPOUSE TO ACCOMPANY HIM, THE CLARK WILL PAY FOR THE COST OF TRAVEL THE CLARK PAYS THE ANNUAL DUES ON BEHALF OF TWO |
| | | EMPLOYEES, INCLUDING THE DIRECTOR, REIMBURSING THEM FOR THE COST OF MEMBERSHIP IN THEIR RESPECTIVE ALUMNI CLUBS |
| | PART I, LINE | THE DIRECTOR PARTICIPATES IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN (SECTION 457B PLAN) DURING CALENDAR YEAR 2011, |
| | 4B | THE CLARK CONTRIBUTED \$10,968 TO THE PLAN THIS AMOUNT IS INCLUDED ON FORM 990 PART VII, COLUMN (F) AND ON SCHEDULE J, PART II, |
| | | COLUMN B(III) IN JANUARY 2009, THE CLARK ESTABLISHED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR THE BENEFIT OF ITS DIRECTOR |
| | | THIS PROGRAM IS FUNDED BY THE CASH SURRENDER VALUE OF A PREVIOUSLY ISSUED LIFE INSURANCE POLICY ALONG WITH ON-GOING |
| | | CONTRIBUTIONS EXPENSE FOR THIS DEFERRED COMPENSATION PROGRAM, IS BEING RECOGNIZED OVER THE PERIOD OF EXPECTED FUTURE |
| | | EMPLOYMENT THE CURRENT YEAR'S AMOUNT IS INCLUDED ON FORM 990 PART VII, COLUMN F AND ON SCHEDULE J, PART II, COLUMN C |

Schedule J (Form 990) 2011

DLN: 93493134019913

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

► Attach to Form 990. ► See separate instructions.

Name of the organization

Schedule K

(Form 990)

STERLING AND FRANCINE CLARK ART INSTITUTE

Employer identification number

04-2163004

| | 04-2163004 | | | | | | | | | | | | | | |
|--------|---|----------------|--------------------|-----------------|-----------------------|-----------------------|--|------------|--------------|------|----------------------------------|-----|----------|----|--|
| Р | art I Bond Issues | | | | | | | | _ | | | | | | |
| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Prio | ce | (f) Description of Purpose | | (g) Defeased | | (h) On ed Behalf of Issuer | | of finan | | |
| | | | | | | | | | Yes | No | Yes | No | Yes | No | |
| Α | MASS HEALTH AND EDUCATION FINANCE AUTHORITY | 04-2456011 | 57586CQP3 | 10-12-2006 | 22,560,9 | 950 EC | CONSTRUCTION AND EQUIPMENT NEW BUILDING AND EQUIP > 5YRS | | | X | | x | | X | |
| В | MASS HEALTH AND EDUCATION FINANCE AUTHORITY | 04-2456011 | 57586EVN8 | 07-29-2010 | 26,635,5 | L | ONSTRUCTION QUIPMENT NEV | | Х | | × | | Х | | |
| С | MASS DEVELOPMENT FINANCE AGENCY | 04-3431814 | 57583UGK8 | 07-21-2011 | 31,071,7 | | CONSTRUCTION AND EQUIPMENT NEW BUILDING | | | Х | | Х | | Х | |
| P | Proceeds | | | | | | | | | | | | | | |
| | A | | | | Α_ | | | 3 | | С | | | D | | |
| 1 | A mount of bonds retired A mount of bonds defeased | | | | | | | | | | | | | | |
| 2 | Total proceeds of issue | | | | | | 26 660 177 | | 24 404 622 | | | | | | |
| 3 | Gross proceeds in reserve fu | nds | | | 23 | 23,076,037 26,660,177 | | 31,101,638 | | | | | | | |
| 4 | Capitalized interest from prod | | | | | | | | 19,323,128 | | | | | | |
| 5 | Proceeds in refunding escrow | | | | | | | | | | | | | | |
| 6 7 | Issuance costs from proceed | | | | | 267.5 | 4 | 200.100 | | | 66.730 | | | | |
| 8 | Credit enhancement from pro | | | | | 267,554 289,198 | | 366,729 | | | | | | | |
| 9 | Working capital expenditures | | | | | | | | | | | | | | |
| 10 | Capital expenditures from pro | | | | 22 | 22,808,483 26,370,979 | | 11,411,782 | | | - | | | | |
| 11 | O ther spent proceeds | | | | | 2,000,4 | 103 | 20,370,979 | | 11,7 | 11,702 | | | | |
| 12 | O ther unspent proceeds | | | | | | | | | | | | | | |
| 13 | Year of substantial completion | on | | | 2008 | 8 | 2012 | | | | | | | | |
| | | | | | Yes | No | Yes | No | Yes | 1 | No | Yes | 1 | No | |
| 14 | Were the bonds issued as part of a current refunding issue? | | | | | Х | | Х | | | Х | | | | |
| 15 | | | | | | Х | | Х | | | Х | | | | |
| 16 | | | | | Х | | Х | | | | Х | | | | |
| 17 | | | | | X | | X | | | | X | | \top | | |
| | allocation of proceeds? | Han | | | ^ | | ^ | | | | ^ | | | | |
| Lit. | rt IIII Private Business | use | | | Α Α | | <u> </u> | в | С | | | | D | | |
| | | | | | Yes | No | Yes | No | Yes | Ī | No | Yes | Ť | No | |

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

Χ

Χ

Χ

Χ

Χ

| Par | t III Private Business Use (Continued) | | | | | | | | |
|-----|--|-----|----|-----|----|-----|----|-----|----|
| | | | 4 | | В | | С | ſ | D |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use? | | х | | х | | х | | |
| b | If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| С | Are there any research agreements that may result in private business use of bond-financed property? | | Х | | х | | х | | |
| d | If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | | | | | • | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | | Х | | Х | | × | | |
| Da | t TV Arbitrago | | | | | | | | |

Part IV Arbitrage

| | <u> </u> | А | | В | | С | | D | | |
|------------|--|-----|----|-----|----|-----|----|-----|----|--|
| | | Yes | No | Yes | No | Yes | No | Yes | No | |
| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | ., | | | | | | | |
| | | | X | | X | | X | | | |
| 2 | Is the bond issue a variable rate issue? | | × | | Х | | Х | | | |
| 3 a | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue? | | x | | × | | × | | | |
| ь | Name of provider | | 1 | | 1 | | | | | |
| С | Term of hedge | | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | | |
| e | Was a hedge terminated? | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | Х | | Х | | Х | | | |
| b | 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? | | х | | Х | | х | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | х | | × | | × | | | | |

Part V Procedures To Undertake Corrective Action

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

| | Identifier | Return | Explanation |
|---|-------------|-----------|--|
| ı | | Reference | |
| | SCHEDULE K | | PART II - LINE 3 COLUMN A - DIFFERENCE OF \$515,087 REPRESENTS INVESTMENT EARNINGS PART II - LINE 3 COLUMN B - DIFFERENCE OF |
| | SUPPLENTAL | | \$24,616 REPRESENTS INVESTMENT EARNINGS PART II - LINE 3 COLUMN C - DIFFERENCE OF \$29,867 REPRESENTS INVESTMENT EARNINGS |
| | INFORMATION | | |

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As Filed Data -

DLN: 93493134019913

OMB No 1545-0047

Transactions with Interested Persons

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| Name of the organization STERLING AND FRANCINE CLARK ART INSTITUTE | | | | | | Employer identification number | | | | | |
|--|----------|-----------------|---------------|---------|---------------------------------|--------------------------------|----------------|-----------------|--------------|----------------------------------|-------|
| Part I Excess Benefit Tran Complete if the organizati | | | | | | | organı | | only). | a 40h | |
| 1 (a) Name of disqu | | | es on Form | 1990, F | | | | | Part V, IIII | | (c) |
| 1 (2) | | | | | | (b) Description of transaction | | | | Yes | No |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Enter the amount of tax impose section 4958 | d on the | e organı | | | | | | ear unde | r • • | • | • |
| 3 Enter the amount of tax, If any, | on line | · · 2, abov | e, reimburse | | e organization . | | | | * \$ | | |
| Part II Loans to and/or F Complete if the organize | | | | | Part IV June 26 | or For | m 990-F | =7 Part \/ | / line 38a | | |
| (a) Name of interested person and purpose | | oan to m the | o (c)Original | | ginal (d)Ralance due | (e) In default? | | (f) Approved | | (g) Written agreement? | |
| | То | From | | | | Yes | No | Yes | No | Yes | No |
| (1) M CONFORTI PURCHASE AND IMPROVEMENTS TO RESIDENCE | | X | 51 | 10,000 | 266,113 | | No | Yes | | Yes | |
| (2) A KING PURCHASE RESIDENCE | | Х | 7 | 70,000 | 26,439 | | No | Yes | | Yes | |
| (3) M HOLLY PURCHASE RESIDENCE | | Х | 7 | 70,000 | 28,000 | | No | Yes | | Yes | |
| (4) R RAND PURCHASE RESIDENCE | | Х | 10 | 000,000 | 71,844 | | No | Yes | | Yes | |
| (5) J SKAVLEM PURCHASE RESIDENCE | | Х | 10 | 000,000 | 84,198 | | No | Yes | | Yes | |
| (6) T LOUGHMAN PURCHASE RESIDENCE | | Х | 10 | 000,000 | 85,986 | | No | Yes | | Yes | |
| (7) T LOUGHMAN RESIDENCE BRIDGE LOAN | | Х | | 40,500 | | | No | Yes | | Yes | |
| Total | ce Ber | efitti | | ► \$ | 562,580 | | | | | | |
| Complete if the organ | | | | | | /, line 2 | 27. | | | | |
| (a) Name of interested perso | n | (b) | | | en interested per ganization | rson | (c) A m | nount of g | rant or typ | e of assıs | tance |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | _ | | | | | | | | | | |
| | | | | | | | | | | | |

| Complete if the organization | | | ne 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 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Schedule L (Form 990 or 990-EZ) 2011

Additional Data

Software ID:

Software Version:

EIN: 04-2163004

Name: STERLING AND FRANCINE CLARK ART INSTITUTE

Form 990, Schedule L, Part II - Loans to and from Interested Persons

| (a) Name of interested person and purpose | or fro | oan to m the zation? | (c)Original principal amount \$ | (d) Balance due \$ | |) In Jult? | A pprob boar comm | ved by d or | (g)W agree | ritten ment? |
|---|--------|----------------------------|---------------------------------------|------------------------------|-----|---------------|-------------------------|----------------|---------------|-----------------|
| | То | From | | | Yes | No | Yes | No | Yes | No |
| M CONFORTI PURCHASE AND IMPROVEMENTS TO RESIDENCE | | х | 510,000 | 266,113 | | No | Yes | | Yes | |
| A KING PURCHASE RESIDENCE | | х | 70,000 | 26,439 | | No | Yes | | Yes | |
| M HOLLY PURCHASE RESIDENCE | | х | 70,000 | 28,000 | | No | Yes | | Yes | |
| R RAND PURCHASE RESIDENCE | | х | 100,000 | 71,844 | | No | Yes | | Yes | |
| J SKAVLEM PURCHASE RESIDENCE | | х | 100,000 | 84,198 | | No | Yes | | Yes | |
| T LOUGHMAN PURCHASE RESIDENCE | | х | 100,000 | 85,986 | | No | Yes | | Yes | |
| T LOUGHMAN RESIDENCE BRIDGE LOAN | | х | 40,500 | | | No | Yes | | Yes | |

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NonCash Contributions

DLN: 93493134019913

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Name of the organization STERLING AND FRANCINE CLARK ART INSTITUTE

Employer identification number

| | | | | | 04-2163004 | | | |
|-----|---|----------------------------------|--|---|--|--------|------|----|
| Pa | rt I Types of Property | 1 | - | Г | | | | |
| | | (a) Check ıf applıcable | (b) Number of Contributions or items contributed | (c) Contribution amounts reported on Form 990, Part VIII, line 1g | (d Method of d contribution | etermı | _ | |
| 1 | Art—Works of art | Х | 6 | | SFAS 116 | | | |
| 2 | Art—Historical treasures . | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | Х | | | SFAS 116 | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded . | Χ | 9 | 613,798 | AVG FMV ON TRAI | NSFER | DATE | : |
| 10 | Securities—Closely held stock \cdot | | | | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | | | | |
| 14 | Qualified conservation contribution—Other | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | |
| 21 | Taxıdermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| | Archeological artifacts | | | | | | | |
| 25 | O ther ▶ () | | | | | | | |
| 26 | O ther ▶() | | | | | | | |
| | O ther ►() | | | | | | | |
| 28 | Other ► () | | | | <u> </u> | | | |
| 29 | Number of Forms 8283 received | | | | 29 | | | 3 |
| | for which the organization compl | etea Form a | 8283, Part IV, Donee Ackr | iowieagement | | | Yes | |
| 30a | During the year, did the organiza | ation receiv | e by contribution any prope | orty reported in Part I lines | 1-28 that it | | 165 | No |
| 504 | must hold for at least three year | | | | | | | |
| | for exempt purposes for the enti | | | on, and which is not require | a to be used | 200 | | No |
| h | If "Yes," describe the arrangement | | | | | 30a | | |
| 31 | Does the organization have a gif | | | review of any non-standard | contributions? | 31 | Yes | |
| 32- | Does the organization hire or us | | | | | | | |
| JZđ | contributions? | · · · | · · · · · · · | · · · · · · · · · | | 32a | Yes | |
| b | If "Yes," describe in Part II | | | | | | | |
| 33 | If the organization did not report describe in Part II | revenues i | n column (c) for a type of p | roperty for which column (a |) is checked, | | | |

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|--|--------------------|---|
| METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS | PART I, COLUMN (B) | THE CLARK IS REPORTING THE NUMBER OF CONTRIBUTIONS (NOT THE NUMBER OF ITEMS RECEIVED) |
| THIRD PARTY USE | PART I, LINE 32B | THE CLARK USES A CUSTODIAL BANK TO RECEIVE GIFTS OF PUBLICLY TRADED SECURITIES, AND AN INVESTMENT MANAGER TO DETERMINE WHETHER TO RETAIN, AS PART OF ITS GENERAL INVESTMENT PORTFOLIO, OR SELL EACH GIFTED SECURITY |
| NON REPORTING OF REVENUE | PART I, LINE 33 | THE CLARK ELECTED, AS PERMITTED UNDER SFAS 116 NOT TO REPORT IN ITS FINANCIAL STATEMENTS, WORKS OF ART AND LIBRARY COLLECTIONS HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE |

Schedule M (Form 990) 2011

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493134019913

2011

OMB No 1545-0047

Open to Public
Inspection

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Name of the organization
STERLING AND FRANCINE CLARK ART INSTITUTE

Employer identification number

04-2163004

| Identifier | Return Reference | Explanation |
|------------|-------------------|--|
| | SECTION A, LINE 2 | TWO OF THE CLARK'S TRUSTEES (PETER S WILLMOTT AND GEORGE D KENNEDY) ARE MANAGING PARTNERS IN TWO INVESTMENT FUNDS IN WHICH THE CLARK HAS A SMALL INVESTMENT (LESS THAN 0 01% OF ITS INVESTMENTS) |

| ldentifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION A, LINE 7A | THE-BY LAWS OF THE INSTITUTE, AS AMENDED MAY 9, 2009, PROVIDE THAT AT ALL TIMES THE MAJORITY OF THE TRUSTEES OF THE INSTITUTE SHALL BE ELECTED BY THE TRUSTEES OF WILLIAMS COLLEGE. IN ADDITION, THE BY-LAWS PROVIDE THAT THE PRESIDENT OF WILLIAMS COLLEGE SHALL BE A MEMBER OF THE BOARD OF TRUSTEES OF THE INSTITUTE DURING HIS OR HER TERM OF SERVICE AS PRESIDENT OF THE COLLEGE. THE BY-LAWS FURTHER PROVIDE THAT THE BOARD OF TRUSTEES OF THE INSTITUTE SHALL APPOINT, AS CHIEF EXECUTIVE OFFICER OF THE INSTITUTE, A DIRECTOR WHO SHALL BE AN EX-OFFICIO MEMBER OF THE BOARD THE BY-LAWS AND ARTICLES OF THE INSTITUTE MAY BE AMENDED BY THE MEMBERS OF THE INSTITUTE. THE BY-LAWS PROVIDE THAT THE PRESIDENT OF THE BOARD OF TRUSTEES SHALL BE A MEMBER OF THE INSTITUTE. THE BY-LAWS PROVIDE FURTHER THAT THOSE ELECTED AS TRUSTEES, WHETHER BY THE MEMBERSHIP OR THE TRUSTEES OF WILLIAMS COLLEGE ARE ALSO ELECTED IPSO FACTO AS MEMBERS OF THE INSTITUTE AND THAT ADDITIONAL MEMBERS MAY BE ELECTED FROM TIME TO TIME BY VOTE OF THE MEMBERS OR BY THE TRUSTEES |

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION A, LINE 7B | THE SELECTION OF THE AUDITING FIRM IS RECOMMENDED BY THE GOVERNING BODY AND APPROVED BY THE MEMBERS |

| Identifier | Return Reference | Explanation |
|------------|---|--|
| | FORM 990, PART VI, SECTION B, LINE 11 | MANAGEMENT SUBMITS A DRAFT OF THE INTERNAL REVENUE SERVICE (IRS) 990 FORM TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR INITAL REVIEW AND COMMENTS AFTER MEETING THEIR APPROVAL, THE AUDIT COMMITTEE THEN SUBMITS THE 990 FORM TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR FINAL REVIEW AND APPROVAL BEFORE FILING |

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

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION B, LINE 15 | THE COMPENSATION COMMITTEE MEETS PERIODICALLY TO DISCUSS DIRECTOR COMPENSATION MATTERS PRIOR TO THE EXPIRATION OF THE DIRECTOR'S EMPLOY MENT CONTRACT (AND DURING THE CONTRACT PERIOD IF NECESSARY), THE COMMITTEE ENGAGES APPROPRIATE CONSULTING EXPERTISE TO ASSESS THE COMPETITIVENESS AND REASONABLENESS OF THE DIRECTOR'S COMPENSATION PACKAGE. THE CONSULTING FIRM UTILIZES COMPENSATION SURVEYS AND OTHER MATERIAL TO ALLOW COMPARATIVE ANALYSIS WITH SIMILAR INSTITUTIONS. THE RESULTS OF THE ANALYSIS ARE USED BY THE CHAIR OF THE COMMITTEE TO NEGOTIATE A WRITTEN CONTRACT WITH THE DIRECTOR. THE COMMITTEE'S RECOMMENDATIONS FOR COMPENSATION ARE PRESENTED TO THE EXECUTIVE COMMITTEE AND THEN TO THE BOARD OF TRUSTEES FOR FINAL APPROVAL. THE COMPENSATION COMMITTEE ALSO REVIEWS AND APPROVES THE DIRECTOR'S RECOMMENDATION FOR COMPENSATION LEVELS FOR CERTAIN OTHER SENIOR MANAGEMENT POSITIONS, NOTABLY THE DEPUTY DIRECTOR. |

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

| ldentifier | Return Reference | Explanation |
|---|------------------------------|---|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED LOSSES ON INVESTMENTS -10,064,810 PURCHASED WORKS OF ART AND LIBARY COLLECTIONS -1,331,559 TOTAL TO FORM 990, PART XI, LINE 5 - 11,396,369 |

| ldentifier | Return Reference | Explanation |
|------------|---------------------------------|--|
| | FORM 990, PART III LINE 1 | THE CLARK'S PURPOSE IS TO ADVANCE AND EXTEND THE PUBLIC UNDERSTANDING OF ART ALL OF OUR PROGRAMS ARE AN EXTENSION OF THIS MISSION EXHIBITIONS, LECTURES AND PERFORMANCES, CONFERENCES, PUBLICATIONS, AND OTHER EDUCATIONAL AND OUTREACH ACTIVITIES THAT ENGAGE DIVERSE AUDIENCES FROM PRE-SCHOOLERS TO SCHOLARS OPEN YEAR-ROUND, THE CLARK IS UNIQUELY POSITIONED TO INNOVATE AND EXPERIMENT WITH COMPELLING NEW IDEAS ABOUT ART, THE HISTORY OF ART, AND VISUAL CULTURE LOCATED IN A WELL KNOWN COLLEGE COMMUNITY IN THE BERKSHIRES, KNOWN FOR ITS NATIONALLY RECOGNIZED ATTRACTIONS, THE CLARK OPENED ITS DOORS IN 1955, WITH THE EXTRAORDINARY INAUGURAL GIFT OF THE COLLECTION OF ROBERT STERLING CLARK AND HIS WIFE FRANCINE. THE CLARK IS KNOWN THROUGHOUT THE WORLD FOR ITS REMARKABLE OLD MASTER AND 19TH CENTURY FRENCH AND AMERICAN PAINTINGS AND ITS MAJOR COLLECTIONS OF SILVER, PORCELAIN, PRINTS AND DRAWINGS Y EAR-ROUND INTERPRETIVE AND EDUCATIONAL PROGRAMS ENRICH THE VISITOR EXPERIENCE OF OUR PERMANENT COLLECTION AND SPECIAL EXHIBITIONS. THE LIBRARY, CONSIDERED ONE OF THE NATION'S PREMIER ART REFERENCE LIBRARIES FOR THE STUDY OF EUROPEAN AND AMERICAN ART, AND IS ALSO ONE OF ONLY A HANDFUL OF MAJOR INTERNATIONAL ART LIBRARIES OPEN TO THE PUBLIC WITHOUT QUALIFICATION |

| ldentifier | Return Reference | Explanation |
|---|----------------------------------|--|
| RESEARCH AND ACADEMIC PROGRAM ACCOMPLISHMENTS | FORM 990 PART III, LINE 4A | AS AN INTERNATIONAL CENTER FOR HIGHER LEARNING, THE CLARK IS DRIVEN BY A STRONG COMMITMENT TO THE GENERATION OF IDEAS AND A DISTINCT FOCUS ON EDUCATION THE CLARK'S RESEARCH AND ACADEMIC PROGRAM ENCOURAGES FRESH APPROACHES TO ADVANCING CRITICAL PERSPECTIVES IN THE VISUAL ARTS CLARK FELLOWS - CONSIDERED TO BE PROMISING AND ESTABLISHED SCHOLARS AND PRACTITIONERS IN THE VISUAL ARTS-FOSTER INTELLECTUAL DIALOGUE AND INQUIRY IN THE THEORY, HISTORY, AND INTERPRETATION OF VISUAL CULTURE CONFERENCES, SYMPOSIA, AND CONVERSATIONS FOCUS ON VITAL TOPICS IN THE FIELD AND ADDRESS QUESTIONS THAT CONTRIBUTE TO A BROADER PUBLIC UNDERSTANDING OF THE ROLE OF VISUAL CULTURE THE CLARK'S ART RESEARCH LIBRARY, ONE OF THE LARGEST IN THE COUNTRY, SERVES BOTH SCHOLARS AND THE PUBLIC SINCE ITS INCEPTION IN THE EARLY 1960S, THE LIBRARY COLLECTION HAS GROWN FROM ITS BASE - THE ROBERT STERLING CLARK COLLECTION OF ILLUSTRATED RARE BOOKS - TO ENCOMPASS NEARLY 250,000 VOLUMES THE LIBARY'S OPEN STACKS AND PROFESSIONAL STAFF ENSURE THAT MATERIALS ARE READILY AVAILABLE TO ALL PATRONS IN COOPERATION WITH WILLIAMS COLLEGE, THE CLARK OFFERS A MASTERS' PROGRAM IN THE HISTORY OF ART CONSIDERED TO BE ONE OF THE FINEST IN THE COUNTRY THE PROGRAM DRAWS UPON THE RICH RESOURCES OF THE CLARK AND WILLIAMS TO PREPARE GRADUATE STUDENTS FOR RESEARCH AND FURTHER STUDY IN THE ACADEMIC AND MUSEUM WORLDS |

| ldentifier | Return Reference | Explanation |
|-----------------------------------|----------------------------------|--|
| MUSEUM PROGRAM ACCOMPLISHMENTS | FORM 990 PART III, LINE 4B | SINCE ITS FOUNDING IN 1955, THE CLARK'S COLLECTION HAS CONTINUED TO GROW, NOW CONSISTING OF OVER 8,000 OBJECTS, INCLUDING 495 PAINTINGS AND SIGNIFICANT HOLDINGS OF WORKS ON PAPER AND DECORATIVE ARTS A MONG THE HIGHLIGHTS OF THE CLARK'S PERMANENT COLLECTION ARE ITALIAN AND FLEMISH PAINTINGS (UGOLINO DA SIENA, PIERO DELLA FRANCESCA), EARLY 19TH CENTURY FRENCH AND ENGLISH PAINTINGS (COROT, BOUGUREREAU, TURNER), FRENCH IMPRESSIONIST PAINTINGS (RENOIR, MONET, DEGAS, PISSARRO), AND AMERICAN HOLDINGS (HOMER, REMINGTON, CASSAT, SARGENT) PAINTINGS AND SCULPTURES, ALONG WITH MAJOR COLLECTIONS OF SILVER, PORCELAIN, AND PRINTS AND DRAWINGS, ARE DISPLAYED IN INTIMATE GALLERIES DEDICATED TO THE PERMANENT COLLECTION DURING 2007, THE CLARK WAS THE RECIPIENT OF A DONATION BY THE MANTON FOUNDATION OF A SIGNIFICANT COLLECTION OF BRITISH PAINTINGS, OLL SKETCHES, WATERCOLORS, AND OTHER WORKS ON PAPER BY J M W TURNER, JOHN CONSTABLE, AND THOMAS GAINSBOROUGH AMONG OTHERS THE CLARK ALSO ORGANIZES SPECIAL EXHIBITIONS IN COOPERATION WITH LEADING MUSEUMS IN THE UNITED STATES AND EUROPE RECENT EXHIBITIONS IN COOPERATION WITH LEADING MUSEUMS IN THE UNITED STATES AND EUROPE RECENT EXHIBITIONS IN COOPERATION WITH LEADING MUSEUMS IN THE UNITED STATES AND EUROPE RECENT EXHIBITIONS IN COOPERATION WITH LEADING MUSEUMS IN THE UNITED STATES AND EUROPE RECENT EXHIBITIONS IN COOPERATION WITH LEADING MUSEUMS IN THE UNITED STATES AND EUROPE RECENT EXHIBITIONS IN COOPERATION WITH LEADING MUSEUMS PROVIDED THROUGH THE SEASONS JAPANESE ART IN NATURE (SUMMER 2009), BOLDINI (SPRING 2010), PICASSO LOOKS AT DEGAS (SUMMER 2010), PICASSO LOOKS AT DEGAS (SUMMER 2010), PICASSO LOOKS AT DEGAS (SUMMER 2011), AND CHINESE ARCHAEOLOGY (SUMMER 2012) UPCOMING EXHIBITIONS INCLUDE ELECTRIC PARIS (WINTER-SPRING 2013), AND WINSLOW HOMER (SUMMER 2013) THE CLARK'S FIRST-EVER INTERNATIONAL TOUR OF MASTERPIECES FROM ITS COLLECTION LAUNCHED IN MILLAN, ITALY, ON MARCH 2, 2011 THE TOUR, INCLUDING 73 OF ITS GREATEST PAINTINGS BY RENOIR, MONET, DEGAS, MANET, MORISOT, PISSARRO AND OT |

| ldentifier | Return Reference | Explanation |
|---|----------------------------------|---|
| EDUCATIONAL PROGRAM ACCOMPLISHMENTS | FORM 990 PART III, LINE 4C | SCHOOL PROGRAMS SERVE STUDENTS AND TEACHERS (PRE-K THROUGH 12) IN A FIVE-STATE AREA, WITH THE CLARK'S SCHOOL BUS PROGRAM PAYING FOR TRANSPORTATION OF ANY SCHOOL GROUP WITHIN A ONE DAY'S DRIVE. IN-GALLERY SCHOOL PROGRAMS FEATURE PARTICIPATORY, OBJECT-BASED LEARNING, TAILORED TO MEET NEEDS IDENTIFIED IN ADVANCE BY TEACHERS. IN-SERVICE TEACHER TRAINING SESSIONS IN THE MUSEUM, SCHOOLS AND TEACHER CENTERS ARE ARRANGED WITH PRINCIPALS AND TEACHER ORGANIZATIONS. ART MUSEUMS REGIONALLY, NATIONALLY AND INTERNATIONALLY REQUEST CLARK WORKSHOPS ON AUDIENCE ENGAGEMENT STRATEGIES AND OTHER UNIQUE CLARK PROGRAMS. WILLIAMS COLLEGE FACULTY UTILIZE THE PERMANENT COLLECTION AND SPECIAL EXHIBITIONS AS PART OF THEIR CURRICULUM, INCLUDING A FRENCH DEPARTMENT INITIATIVE TO DEVELOP A SERIES OF GALLERY VISITS CONDUCTED ONLY IN FRENCH, ENABLING STUDENTS TO HONE THEIR LANGUAGE SKILLS. ALTHOUGH WILLIAMSTOWN'S POPULATION IS 8,000 AND ABOUT 140,000 PEOPLE LIVE WITHIN AN HOUR'S DRIVE, THE CLARK'S ANNUAL VISITORSHIP AVERAGES BETWEEN 175,000 AND 200,000 PER YEAR TO ENGAGE NEW AUDIENCES AND DIVERSIFY OUR MEMBERSHIP BASE, THE CLARK IS INVOLVED IN A NUMBER OF OUTREACH INITIATIVES INCLUDING MARKETING, ADVERTISING (PRINT, RADIO, WEBBASED) AND PUBLIC RELATIONS OUR MEMBERSHIP NUMBERS HAVE GROWN STEADILY SINCE THE PROGRAM WAS IMPLEMENTED AND NOW STANDS AT OVER 4,000 MEMBERS ARE OFFERED A VARIETY OF SPECIAL PROGRAMS INCLUDING BEHIND THE SCENE TOURS, CURATOR TALKS AND MEMBERS-ONLY TRIPS. WE CONTINUOUSLY COMMUNICATE WITH OUR MEMBERS THROUGH OUR CALENDAR, NEWSLETTER AND E-MAIL UPDATES. |

| ldentifier | Return Reference | Explanation |
|--|--------------------------------------|--|
| DESCRIPTION OF HOW COLLECTIONS RELATE TO IT'S EXEMPT PURPOSE CONTINUED | FORM 990, SCHEDULE D, PART XIV | EDUCATION FOR ALL AGES. THE CLARK OFFERS AN ARRAY OF PUBLIC PROGRAMS AIMED AT ENGAGING AUDIENCES OF ALL AGES, FROM ENRICHING LECTURES TO GALLERY TALKS, FILMS, CONCERTS, AND PERFORMANCES THROUGHOUT THE YEAR. IN ADDITION TO PROVIDING TEACHER TRAINING, THE CLARK OFFERS FREE EDUCATIONAL PROGRAMMING AND PROVIDES AMPLE FUNDS FOR BUS TRANSPORTATION TO THE INSTITUTE FOR THOUSANDS OF SCHOOLCHILDREN EACH YEAR EXTENSIVE DOCENT TRAINING PROGRAMS BROADEN THE EXPERIENCE OF THE ARTS FOR ALL VISITORS POPULAR FAMILY DAY EVENTS EMBRACE THEMES RELATED TO CURRENT EXHIBITIONS IN OUTDOOR ACTIVITIES, LIVE ENTERTAINMENT, ART-MAKING PROJECTS, AND MORE ACTIVE PERFORMING ARTS AND FILM PROGRAMS COMPLEMENT OTHER EDUCATIONAL AND ENTERTAINMENT PROGRAMS TOGETHER, THESE PROGRAMS INSPIRE STUDENTS AND TEACHERS, CHILDREN AND ADULTS TO MAKE DISCOVERIES TOGETHER, DEEPEN THEIR UNDERSTANDING AND APPRECATION OF VISUAL CULTURE, BUILD NEW RELATIONSHIPS AND MAKE CRITICAL CONNECTIONS BETWEEN ART AND LIFE ADVANCE RESEARCH AND HIGHER EDUCATION ESSARCH AND ACADEMIC PROGRAM AS AN INTERNATIONAL CENTER FOR HIGHER EDUCATION EDUCATION THE CLARK'S RESEARCH AND ACADEMIC PROGRAM BENCOURAGES FRESH APPROACHES TO ADVANCING CRITICAL PERSPECTIVES IN THE VISUAL ARTS - FOSTER INTELLECTUAL DIALOGUE AND INQUIRY IN THE THEORY, HISTORY, AND INTERPRETATION OF VISUAL CULTURE CONFERENCES, SY MPOSIA AND CONVERSATIONS FOCUS ON VITAL TOPICS IN THE VISUAL ARTS - FOSTER INTELLECTUAL DIALOGUE AND INQUIRY IN THE THEORY, HISTORY, AND INTERPRETATION OF VISUAL CULTURE CONFERENCES, SY MPOSIA AND CONVERSATIONS FOCUS ON VITAL TOPICS IN THE FIELD AND ADDRESS QUESTIONS THAT CONTRIBUTE TO A BROADER PUBLIC UNDERSTANDING OF THE ROLE OF VISUAL CULTURE RESEARCH LIBRARY THE CLARK'S ART RESEARCH LIBRARY, ONE OF THE LARGEST IN THE COUNTRY, SERVES BOTH SCHOLARS AND THE PUBLIC SINCE ITS INCEPTION IN THE EARLY 1960'S, THE LIBRAY COLLECTION HAS GROWN FROM ITS BASE. THE ROBERT STERLING CLARK COLLECTION OF ILLUSTRATED RARE BOOKS - TO ENCOMPASS NEARLY 250,000 VOLUMES THE LIBRARY'S OPEN STACKS AND ACCESSIBLE P |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493134019913

Employer identification number

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

STERLING AND FRANCINE CLARK ART INSTITUTE 04-2163004 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a) (b) (c) (d) (e) (f) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| or more related tax-exempt organizations during | or more related tax-exempt organizations during the tax year.) | | | | | | | | | |
|---|--|---|----------------------------|---|--|--|---|--|--|--|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public chanty status (if section 501(c)(3)) | (f) Direct controlling entity | | g) 12(b)(13) rolled ızatıon | | | |
| | | | | | | Yes | No | | | |
| (1) WILLIAMS COLLEGE | | | | | | | | | | |
| 880 MAIN STREET | UNDERGRADUATE EDUCATION | MA | 501(C)3 | LINE 2 | N/A | | No | | | |
| WILLIAMSTOWN, MA 01267 04-2104847 | | | | | | | | | | |
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| For Drivery Act and Danomyork Poduction Act Notice con the Instru | For Drivery Act and Danomyork Poduction Act Notice see the Instructions for Form 900 | | | | | | | | | |

| Part III | Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line | e 34 |
|----------|--|------|
| | because it had one or more related organizations treated as a partnership during the tax year.) | |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | , | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproprtionate allocations? | | Disproprtionate | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | V—UBI General or n box 20 of managing ule K-1 partner? | | (k) Percentage ownership |
|---|--------------------------------|--|---|--|--|---|--|----|-----------------|-----|---|--|--|---------------------------------------|
| | | | | | | | Yes | No | | Yes | No | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Рптагу activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total Income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|-------------------------------|--|-------------------------------------|--|--|--|---------------------------------------|
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| Note. Complete line 1 if any entity is listed in Parts II, III or IV | | | | Y | s No | |
|--|---------------------------|----------------------|-----------------------|---------------|--------|--|
| 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related orga | anızatıons lısted ın Part | s II-IV? | | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | | 1 | la . | No | |
| b Gift, grant, or capital contribution to related organization(s) | | | 1 | b | No | |
| c Gift, grant, or capital contribution from related organization(s) | | | 1 | lc | No | |
| d Loans or loan guarantees to or for related organization(s) | | | 1 | ld | No | |
| e Loans or loan guarantees by related organization(s) | | | 1 | le | No | |
| | | | | | | |
| f Sale of assets to related organization(s) | | | 1 | Lf | No | |
| g Purchase of assets from related organization(s) | | | 1 | .g | No | |
| h Exchange of assets with related organization(s) | | | 1 | .h | No | |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | | | | |
| | | | | | | |
| j Lease of facilities, equipment, or other assets from related organization(s) | | | | | | |
| k Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | |
| l Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | |
| n Sharing of paid employees with related organization(s) | | | 1 | .n | No | |
| | | | | | | |
| • Reimbursement paid to related organization(s) for expenses | | | 1 | lo Ye | s | |
| p Reimbursement paid by related organization(s) for expenses | | | 1 | lp Ye | es | |
| | | | | | | |
| q Other transfer of cash or property to related organization(s) | | | 1 | lq | No | |
| r Other transfer of cash or property from related organization(s) | | | 1 | Lr | No | |
| | | | _ | | | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, | including covered relat | onships and transact | on thresholds | | | |
| (a) | (b) | (c) | (d |) | | |
| Name of other organization | Transaction type(a-r) | Amount involved | Method of determinyol | mınıng ved | amount | |
| (1) WILLIAMS COLLEGE (LESS THAN 50000) | I | 0 | N/A | | | |
| (2) WILLIAMS COLLEGE (LESS THAN 50000) | | | | | | |
| | М | 0 | N/A | | | |
| (3) WILLIAMS COLLEGE (LESS THAN 50000) | 0 | 0 | N/A | | | |
| (4) WILLIAMS COLLEGE (LESS THAN 50000) | Р | 0 | N/A | | | |
| (5) | | | , , . | | | |
| (-) | | | | | | |
| (6) | | | | | | |

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | org | (e) Are all partners section 501(c)(3) janizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate alloc | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man part | j) eral or aging ener? | (k) Percentage ownership |
|---|--------------------------------|---|---|-----|---|--|---|------------------------------|----|---|---------------------|--|---------------------------------------|
| | | | , | Yes | No | | | Yes | No | | Yes | No | |
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Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 04-2163004

Name: STERLING AND FRANCINE CLARK ART INSTITUTE

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

| Compensated Employees, and Independent Contractors | | | | | | | | | | | |
|---|--------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|--|--|--|
| (A) Name and Title | (B) A verage hours | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations | |
| FREDERICK W BEINECKE TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| DELPHINE DAFT TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| ADAM F FALK TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| JO SE FERNANDEZ TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| LIONEL GOLDFRANK III TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| DIANE HALVORSEN TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| ANDREAS HALVORSEN TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| GEORGE D KENNEDY TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| PATRICK J LANDERS TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| PAUL LECLERC TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| MARTHA BERMAN LIPP TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| MICHAEL LYNCH TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| SYLVIA A MARX TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| PAUL NEELY TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| SANDY M NILES TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| FRANCIS OAKLEY TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| SCOTT SCHWEIGHAUSER TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| ASO TAVITIAN TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| PETER S WILLMOTT PRESIDENT | 2 00 | Х | | Х | | | | 0 | 0 | 0 | |
| JOHN W HYLAND VICE PRESIDENT | 2 00 | Х | | х | | | | 0 | 0 | 0 | |
| JAMES E MOLTZ TREASURER | 2 00 | Х | | Х | | | | 0 | 0 | 0 | |
| MICHAEL CONFORTI MUSEUM DIRECTOR | 40 00 | Х | | Х | | | | 411,992 | 21,220 | 479,266 | |
| DAVID TROOB TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| ANTHONY G KING DEPUTY DIRECTOR & CLERK | 40 00 | | | Х | | | | 204,487 | 0 | 43,318 | |
| MICHAEL ANN HOLLY DIRECTOR OF RESEARCH & ACADEMIC PROGRAM | 40 00 | | | | | x | | 185,018 | 11,200 | 30,201 | |

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

| (A) Name and Title | (B) Average hours | (C) Position (check all that apply) | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other | |
|---|-------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|--|
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations | |
| JOHN SKAVLEM ASSOCIATE DIRECTOR INSTITUTIONAL RELATIONS | 40 00 | | | | | х | | 183,885 | 0 | 40,483 | |
| RICHARD RAND SENIOR CURATOR | 40 00 | | | | | Х | | 166,267 | 0 | 38,552 | |
| ROBERT GNIADEK DIRECTOR OF FINANCE/BUSINESS OPERATIONS | 40 00 | | | | | х | | 127,533 | 0 | 35,706 | |
| VICKI SALTZMAN DIRECTOR OF COMMUNICATIONS | 40 00 | | | | | х | | 118,716 | 0 | 32,846 | |