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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Pomona College		D Employer identification number 95-1664112
	Doing Business As		E Telephone number (909) 621-8135
	Number and street (or P O box if mail is not delivered to street address) 550 N COLLEGE AVENUE	Room/suite	G Gross receipts \$ 932,814,151
	City or town, state or country, and ZIP + 4 CLAREMONT, CA 917114434		

F Name and address of principal officer
 DAVID OXTOBY
 550 N COLLEGE AVENUE
 CLAREMONT, CA 917114434

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: WWW.POMONA.EDU

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1887 **M** State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities POMONA COLLEGE IS AN INDEPENDENT, COEDUCATIONAL LIBERAL ARTS INSTITUTION DEDICATED TO THE PURSUIT OF KNOWLEDGE AND UNDERSTANDING THROUGH THE STUDY OF THE SCIENCES AND THE HUMANITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	40
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	39
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2,507
	6 Total number of volunteers (estimate if necessary)	6	1,161
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,048,710
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	25,368,344	38,530,152
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	76,653,569	79,068,898
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,192,806	78,691,324
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,010	930,587
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	154,221,729	197,220,961
	14 Benefits paid to or for members (Part IX, column (A), line 4)	26,124,820	27,222,121
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	64,140,400	67,224,204
	b Total fundraising expenses (Part IX, column (D), line 25) ▶7,855,435	21,110	51,000
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	58,674,790	64,810,761
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	148,961,120	159,308,086
19 Revenue less expenses Subtract line 18 from line 12	5,260,609	37,912,875	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,105,313,227	2,368,878,238
	22 Net assets or fund balances Subtract line 21 from line 20	319,294,534	300,854,150
		1,786,018,693	2,068,024,088

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: 2012-05-10

KAREN L SISSON TREASURER
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ KPMG LLP				Firm's EIN ▶
	Firm's address ▶ 355 S Grand Ave Suite 2000 Los Angeles, CA 90071				Phone no ▶ (213) 972-4000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
POMONA COLLEGE IS AN INDEPENDENT, COEDUCATIONAL LIBERAL ARTS INSTITUTION DEDICATED TO THE PURSUIT OF KNOWLEDGE AND UNDERSTANDING THROUGH THE STUDY OF THE SCIENCES AND THE HUMANITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 143,550,923 including grants of \$ 27,222,121) (Revenue \$ 79,069,426)
HIGHER EDUCATION THE COLLEGES ACADEMIC PROGRAM ENCOMPASSES ALL MAJOR FIELDS OF THE ARTS, HUMANITIES, NATURAL SCIENCES, AND SOCIAL SCIENCES LEARNING IS ENCOURAGED THROUGH THEORY-BUILDING AND EMPIRICAL RESEARCH, HISTORICAL AND LINGUISTIC ANALYSIS, INQUIRY AND ETHICAL DEBATE POMONA COLLEGE'S LIBERAL ARTS CURRICULUM, SMALL CLASSES, RESIDENTIAL CAMPUS, AND SOPHISTICATED LABORATORIES AND STUDIOS PREPARE STUDENTS FOR LIVES OF PERSONAL FULFILLMENT AND SOCIAL RESPONSIBILITY IN A GLOBAL CONTEXT POMONA GRADUATES NOT ONLY RECEIVE EXCELLENT LIFELONG PREPARATION FOR A VARIETY OF CAREERS, BUT ARE ENCOURAGED TO DEVELOP THE RATIONAL DISCRIMINATION, AESTHETIC APPRECIATION, COMPASSION, AND UNDERSTANDING THAT ONLY KNOWLEDGE CAN FOSTER POMONA OFFERS 45 MAJORS IN THE NATURAL SCIENCES, HUMANITIES, SOCIAL SCIENCES AND FINE ARTS STUDENTS MAY ALSO TAKE COURSES AT ANY OF THE OTHER CLAREMONT COLLEGES THE MOST POPULAR MAJORS OVER THE PAST FIVE YEARS HAVE BEEN ECONOMICS, ENGLISH, POLITICS, PSYCHOLOGY, BIOLOGY, HISTORY, NEUROSCIENCE, INTERNATIONAL RELATIONS, MEDIA STUDIES, MATHEMATICS, PUBLIC POLICY ANALYSIS, AND CHEMISTRY ALSO COMMON ARE INTERDISCIPLINARY MAJORS, DOUBLE MAJORS AND INDIVIDUAL SPECIAL MAJORS, CRAFTED BY THE STUDENT WITH GUIDANCE FROM FACULTY WHATEVER THE MAJOR, POMONA'S CURRICULUM IS DESIGNED TO TRAIN THE MIND BROADLY AND DEEPLY FIRST-YEAR STUDENTS DELVE INTO A CRITICAL INQUIRY SEMINAR TO DEVELOP SKILLS IN CRITICAL THINKING, ANALYSIS AND WRITING THE COLLEGE OFFERS 600 CLASSES EACH YEAR, AND STUDENTS ALSO HAVE ACCESS TO THE MORE THAN 2,500 CLASSES AT THE CLAREMONT COLLEGES

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 143,550,923

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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 "Yes," complete Schedule C, Part II.</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part IV.</i>	Yes	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>	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? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	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? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	No
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	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

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	2,625		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2a	2,507		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI 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.
 Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed CA
- 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 make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 MARY LOU WOODS
 550 N COLLEGE AVENUE
 CLAREMONT, CA 917114434
 (909) 621-8135

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,615,498	0	526,746	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**135

	Yes	No
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>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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

(A) Name and business address	(B) Description of services	(C) Compensation
Hathaway Dinwiddie Construction 811 Wilshire Boulevard Suite 1500 LOS ANGELES, CA 900172632	CONSTRUCTION	28,751,116
The Whiting-Turner Cont Co 3 Corporate Park SUITE 100 IRVINE, CA 92606	CONSTRUCTION	11,525,127
Claremont University Consortium 101 South Mills Avenue CLAREMONT, CA 91711	CENTRAL ADMIN SVCS	6,834,154
Sodexo Inc Affiliates Department 43283 LOS ANGELES, CA 900883283	FOOD SERVICES	3,690,793
McEachron Construction Design 1308 Monte Vista Avenue SUITE 7 UPLAND, CA 917868224	CONSTRUCTION	2,963,174

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**38

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a	7,965				
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e	2,306,220				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	36,215,967				
	g Noncash contributions included in lines 1a-1f \$	1,796,983				
	h Total. Add lines 1a-1f		38,530,152			
Program Service Revenue	2a TUTION AND FEES	611710	60,497,187	60,497,187		
	b ROOM AND BOARD	611710	17,977,676	17,977,676		
	c SALES AND SERVICES	611710	594,035	594,035		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		79,068,898			
	Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		18,786,036	0	549,765
4 Income from investment of tax-exempt bond proceeds			-84,835		-84,835	
5 Royalties			0			
6a Gross Rents		(i) Real	1,335,186			
		(ii) Personal				
		b Less rental expenses	641,659			
		c Rental income or (loss)	693,527			
d Net rental income or (loss)			693,527		328,042	365,485
7a Gross amount from sales of assets other than inventory		(i) Securities	681,386,369			
		(ii) Other			113,555,285	
		b Less cost or other basis and sales expenses	655,532,760			
		c Gain or (loss)	25,853,609			
d Net gain or (loss)		59,990,123			59,990,123	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events		0			
9a Gross income from gaming activities See Part IV, line 19 a	b Less direct expenses b					
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances a	b Less cost of goods sold b				
c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS OTHER REVENUES		900099	65,629		65,629	
	b FOOD SERVICES	722320	171,431	528	170,903	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		237,060			
12 Total revenue. See Instructions		197,220,961	79,069,426	1,048,710	78,572,673	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	27,222,121	27,222,121		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,879,678	500,447	906,409	472,822
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	42,455	0	0	42,455
7	Other salaries and wages	50,506,973	46,259,247	650,906	3,596,820
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,838,391	4,454,953	36,524	346,914
9	Other employee benefits	5,444,137	5,052,579	27,780	363,778
10	Payroll taxes	4,512,570	4,103,861	90,474	318,235
a	Fees for services (non-employees)				
	Management	0			
b	Legal	492,744	347,036	8,870	136,838
c	Accounting	253,086	0	253,086	0
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	51,000			51,000
f	Investment management fees	3,781,781	0	3,781,781	0
g	Other	14,028,942	13,472,473	182,586	373,883
12	Advertising and promotion	557,133	440,596	0	116,537
13	Office expenses	9,877,016	8,718,401	90,660	1,067,955
14	Information technology	1,919,085	1,868,319	13,760	37,006
15	Royalties	0			
16	Occupancy	9,667,085	9,585,920	22,653	58,512
17	Travel	2,588,583	1,838,407	148,891	601,285
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	202,594	175,717	5,748	21,129
20	Interest	5,919,293	5,916,004	1,055	2,234
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	13,255,970	13,182,219	23,652	50,099
23	Insurance	298,657	276,814	7,005	14,838
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)				
a	ANNUITY PAYMENTS IN EXC	1,634,121	0	1,634,121	0
b	MISCELLANEOUS	334,671	135,809	15,767	183,095
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	159,308,086	143,550,923	7,901,728	7,855,435
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	25,225	1	6,025
	2 Savings and temporary cash investments	95,876,241	2	94,894,716
	3 Pledges and grants receivable, net	46,483,616	3	48,120,009
	4 Accounts receivable, net	2,608,440	4	11,147,009
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	1,716,000	5	1,658,016
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,665,417	9	1,322,028
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	487,799,457		
	b Less accumulated depreciation	146,925,813	10c	340,873,644
	11 Investments—publicly traded securities	650,174,000	11	756,124,176
	12 Investments—other securities See Part IV, line 11	957,817,596	12	1,078,811,307
	13 Investments—program-related See Part IV, line 11	36,539,924	13	35,921,308
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,105,313,227	16	2,368,878,238	
Liabilities	17 Accounts payable and accrued expenses	38,116,643	17	25,260,287
	18 Grants payable		18	
	19 Deferred revenue	1,590,318	19	1,526,162
	20 Tax-exempt bond liabilities	185,525,468	20	193,112,847
	21 Escrow or custodial account liability Complete Part IV of Schedule D	16,214,085	21	206,247
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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 Complete Part X of Schedule D	77,848,020	25	80,748,607
	26 Total liabilities. Add lines 17 through 25	319,294,534	26	300,854,150
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	891,633,671	27	1,013,269,636
	28 Temporarily restricted net assets	599,228,550	28	741,559,903
	29 Permanently restricted net assets	295,156,472	29	313,194,549
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,786,018,693	33	2,068,024,088	
34 Total liabilities and net assets/fund balances	2,105,313,227	34	2,368,878,238	

Part XI Reconciliation of Net Assets

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	197,220,961
2	Total expenses (must equal Part IX, column (A), line 25)	2	159,308,086
3	Revenue less expenses Subtract line 2 from line 1	3	37,912,875
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,786,018,693
5	Other changes in net assets or fund balances (explain in Schedule O)	5	244,092,520
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	2,068,024,088

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Pomona College

Employer identification number

95-1664112

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or 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 supporting organization, check this box
- 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) and (iii) below, the governing body of the the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 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

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part III Support Schedule for Organizations Described in Section 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 in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:
Software Version:
EIN: 95-1664112
Name: Pomona College

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL S EFRON TRUSTEE/CHAIRMAN OF THE BOARD	5 0	X						0	0	0
LUCILA ARANGO TRUSTEE	5 0	X						0	0	0
LIBBY G ARMINTROUT TRUSTEE	5 0	X						0	0	0
ANDREW F BARTH TRUSTEE	5 0	X						0	0	0
W BENTON BOONE TRUSTEE	5 0	X						0	0	0
LOUISE HENRY BRYSON TRUSTEE	5 0	X						0	0	0
JEANNE M BUCKLEY TRUSTEE	5 0	X						0	0	0
BERNARD CHAN TRUSTEE	5 0	X						0	0	0
CHRISTOPHER P DIALYNAS TRUSTEE	5 0	X						0	0	0
A REDMOND DOMS TRUSTEE	5 0	X						0	0	0
JENNIFER A DOUDNA TRUSTEE	5 0	X						0	0	0
RANNEY DRAPER TRUSTEE	5 0	X						0	0	0
CHRISTINE EBERHARDT TRUSTEE	5 0	X						0	0	0
PAUL F ECKSTEIN TRUSTEE	5 0	X						0	0	0
JOEL A FEUER TRUSTEE	5 0	X						0	0	0
MARK H FUKUNAGA TRUSTEE	5 0	X						0	0	0
ALEXANDER GONZALEZ TRUSTEE	5 0	X						0	0	0
SAM GLICK TRUSTEE	5 0	X						0	0	0
SCOTT GREEN TRUSTEE	5 0	X						0	0	0
TERRANCE G HODEL TRUSTEE	5 0	X						0	0	0
JEAN KAPLAN TRUSTEE	5 0	X						0	0	0
WILLIAM G KELLER TRUSTEE	5 0	X						0	0	0
MARGARET LODISE TRUSTEE	5 0	X						0	0	0
SCOTT D OLIVET TRUSTEE	5 0	X						0	0	0
MARYLYN P PAULEY TRUSTEE	5 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN A PAYTON TRUSTEE	5 0	X						0	0	0
JASON ROSENTHAL TRUSTEE	5 0	X						0	0	0
FRANCINE SCINTO TRUSTEE	5 0	X						0	0	0
R CARLTON SEAVER TRUSTEE	5 0	X						0	0	0
MICHAEL S SEGAL TRUSTEE	5 0	X						0	0	0
STEWART R SMITH TRUSTEE	5 0	X						0	0	0
GORDON STEEL TRUSTEE	5 0	X						0	0	0
DEREK A WESTEN TRUSTEE	5 0	X						0	0	0
BRYAN WHITE TRUSTEE	5 0	X						0	0	0
EILEEN WILSON-OYELARAN TRUSTEE	5 0	X						0	0	0
CRAIG WRENCH TRUSTEE	5 0	X						0	0	0
MARK B WYLAND TRUSTEE	5 0	X						0	0	0
M LYNN YONEKURA TRUSTEE	5 0	X						0	0	0
REZA ZAFARI TRUSTEE	5 0	X						0	0	0
DAVID W OXTOBY PRESIDENT	40 0	X		X				394,644	0	77,691
TERESA SHAW SECRETARY	40 0			X				109,647	0	0
CHRISTOPHER PONCE VP INSTITUTIONAL ADVANCEMENT	40 0			X				252,286	0	52,341
KAREN L SISSON TREASURER	40 0			X				243,388	0	49,399
CECILIA CONRAD DEAN	40 0			X				227,592	0	65,016
RICHARD FASS VP PLANNING	40 0				X			191,862	0	52,999
ROBERT ROBINSON ASST VP FACILITIES/CAMPUS SERV	40 0				X			167,402	0	35,875
DEBORAH BURKE PROFESSOR	40 0					X		214,804	0	28,373
GARY SMITH PROFESSOR	40 0					X		228,024	0	49,923
JOHN NORTON VP MAJOR GIFTS	40 0					X		203,159	0	35,200
LAURA HOOPES PROFESSOR	40 0					X		189,831	0	36,916

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY KATES PROFESSOR	40 0					X		192,859	0	43,013

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2010

Open to Public Inspection

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Table with 2 columns: Name of the organization (Pomona College) and Employer identification number (95-1664112)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group
B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots non-taxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		3,467
j Total lines 1c through 1i			3,467
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1(I)	THE ORGANIZATION PAID MEMBERSHIP DUES OF \$3,086 TO NACUBO AND \$15,697 IN DUES TO THE ASSOCIATION OF INDEPENDENT CALIFORNIA COLLEGE AND UNIVERSITIES, WHICH MAY ENGAGE IN LOBBYING ACTIVITIES OF THESE AMOUNTS, \$3,467 IS ATTRIBUTABLE TO LOBBY RELATED EXPENSES FOR HIGHER EDUCATION ISSUES

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Pomona College

Employer identification number 95-1664112

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 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

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,454,834,506	1,340,402,250	1,791,072,550		
b Contributions	16,786,752	26,434,588	9,457,994		
c Investment earnings or losses	297,388,042	169,589,920	-383,340,375		
d Grants or scholarships	26,897,738	25,822,164	25,099,811		
e Other expenditures for facilities and programs	37,450,459	51,857,374	47,784,472		
f Administrative expenses	4,206,597	3,912,714	3,903,636		
g End of year balance	1,700,454,506	1,454,834,506	1,340,402,250		

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 44.322 %
- b** Permanent endowment ▶ 15.960 %
- c** Term endowment ▶ 39.718 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,569,906		1,569,906
b Buildings		419,075,983	110,706,934	308,369,049
c Leasehold improvements				
d Equipment		41,516,056	36,218,879	5,297,177
e Other		25,637,512		25,637,512
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				340,873,644

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	197,220,961
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	159,308,086
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	37,912,875
4	Net unrealized gains (losses) on investments	4	224,830,927
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	19,261,014
9	Total adjustments (net) Add lines 4 - 8	9	244,091,941
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	282,004,816

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	410,621,361
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	224,830,927
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	33,617,640
e	Add lines 2a through 2d	2e	258,448,567
3	Subtract line 2e from line 1	3	152,172,794
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,207,178
b	Other (Describe in Part XIV)	4b	40,840,989
c	Add lines 4a and 4b	4c	45,048,167
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	197,220,961

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	128,616,545
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	413,375
e	Add lines 2a through 2d	2e	413,375
3	Subtract line 2e from line 1	3	128,203,170
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,207,178
b	Other (Describe in Part XIV)	4b	26,897,738
c	Add lines 4a and 4b	4c	31,104,916
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	159,308,086

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DISCLOSURE FOR MAINTAINING COLLECTIONS OF ART, HISTORICAL TREASURES, OR	OTHER SIMILAR ASSETS HELD FOR PUBLIC EXHIBITION, EDUCATION OR RESEARCH	PART III, LINE 1A THE COLLEGE FOLLOWS A POLICY NOT TO RECORD OR CAPITALIZE ITS ART COLLECTIONS THE COLLEGE'S ART COLLECTIONS CONSIST OF OBJECTS OF HISTORICAL AND AESTHETIC SIGNIFICANCE HELD FOR PUBLIC EXHIBITION AND EDUCATIONAL PURPOSES ALL WORKS IN THE COLLECTION ARE CATALOGUED, PRESERVED, CARED FOR AND MONITORED ACCORDING TO PROFESSIONAL MUSEUM STANDARDS, AND ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM DE-ACCESSION TO BE USED EXCLUSIVELY FOR ACQUISITION
DESCRIPTION OF ORGANIZATION'S COLLECTIONS	PART III, LINE 4	THE FINE ART COLLECTIONS OF POMONA COLLEGE ARE HOUSED IN THE POMONA COLLEGE MUSEUM OF ART AT THE MONTGOMERY ART CENTER, WHICH WAS INAUGURATED IN 1958 AND NAMED AFTER THE LATE GLADYS K MONTGOMERY, POMONA TRUSTEE AND LOS ANGELES CIVIC LEADER AMONG IMPORTANT HOLDINGS ARE THE KRESS COLLECTION OF 15TH- AND 16TH-CENTURY ITALIAN PANEL PAINTINGS, OVER 5,000 EXAMPLES OF PRE-COLUMBIAN TO 20TH-CENTURY AMERICAN INDIAN ART AND ARTIFACTS, INCLUDING BASKETRY, CERAMICS, AND BEADWORK, AND A LARGE COLLECTION OF AMERICAN AND EUROPEAN PRINTS, DRAWINGS, AND PHOTOGRAPHS IN ADDITION TO SERVING AS THE BASIS FOR EXHIBITIONS, THE COLLECTIONS, WHICH ARE ALWAYS AVAILABLE FOR INDIVIDUAL STUDY AND RESEARCH, ARE FREQUENTLY USED FOR CLASSES THE POMONA COLLEGE MUSEUM OF ART ALSO IS THE SITE OF AN ACTIVE PROGRAM OF TEMPORARY EXHIBITIONS THROUGHOUT THE ACADEMIC YEAR THESE INCLUDE REGULAR FACULTY AND STUDENT SHOWS, AS WELL AS HISTORICAL AND CONTEMPORARY EXHIBITIONS DESIGNED TO COMPLEMENT THE COLLEGES CURRICULA AND TO EXPOSE STUDENTS TO AS WIDE A VARIETY OF WORKS OF ART AS POSSIBLE ALL EXHIBITIONS OPEN WITH PUBLIC RECEPTIONS AND INCLUDE LECTURES AND RELATED PROGRAMS FOR THE COLLEGE COMMUNITY
DISCLOSURE FOR REVOCABLE TRUSTS	PART IV, LINE 2B	THE COLLEGE HAS CERTAIN REVOCABLE TRUSTS THAT ARE RECOGNIZED AS FUNDS HELD IN TRUST FOR OTHERS
DISCLOSURE FOR INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE COLLEGES ENDOWMENT CONSISTS OF APPROXIMATELY 1,800 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS THE COLLEGE HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR 4 5% TO 5 5% OF ITS ENDOWMENT FUNDS' AVERAGE FAIR VALUE OVER THE PRIOR 12 QUARTERS THROUGH THE SEPTEMBER 30TH OF THE PRECEDING FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED THESE FUNDS ARE USED TO FURTHER THE EDUCATIONAL MISSION OF THE COLLEGE
FIN 48 DISCLOSURE	PART X, FIN 48	THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH GAAP PRESCRIBES FOR ALL ENTITIES, INCLUDING PASS-THROUGH ENTITIES, MINIMUM THRESHOLDS FOR FINANCIAL STATEMENT RECOGNITION OF A POSITION TAKEN IN FILING TAX RETURNS (INCLUDING WHETHER AN ENTITY IS TAXABLE IN A PARTICULAR JURISDICTION) AND REQUIRES CERTAIN EXPANDED TAX DISCLOSURES NO SUCH UNCERTAIN TAX POSITIONS EXIST FOR THE COLLEGE AT JUNE 30, 2011 THE COLLEGE FILES INCOME TAX RETURNS IN THE U S FEDERAL AND VARIOUS STATE JURISDICTIONS WITH FEW EXCEPTIONS, THE COLLEGE IS NO LONGER SUBJECT TO U S FEDERAL, STATE AND LOCAL, OR NON-U S INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS BEFORE 2007
OTHER RECONCILIATION ADJUSTMENTS	PART XI, LINE 8	Changes in actuarially determined gift liabilities 21,412,960 Comprehensive gain/loss on staff retirement plan 1,108,678 K-1 Partnership Investment Income (3,260,624) ----- Total Change 19,261,014
REVENUE ON BOOKS NOT ON RETURN	PART XII, LINE 2D	Changes in actuarially determined gift liabilities 21,412,960 Comprehensive gain/loss on staff retirement plan 1,108,678 K-1 Partnership Investment Income 11,096,002 ----- Total 33,617,640
REVENUE ON RETURN NOT ON BOOKS	PART XII, LINE 4B	Reclassification of Student Financial Aid (Rev to Exp) 26,897,738 K-1 Partnership Investment Income 14,356,626 Rental Expense Re-class (400,253) Catering Expense Re-class (13,022) ----- Total 40,840,989
EXPENSE ON RETURN NOT ON BOOKS	PART XIII, 4B	Reclassification of Student financial Aid (Rev to Exp) 26,897,738 ----- Total 26,897,738
EXPENSE ON BOOKS NOT ON RETURN	PART XIII, LINE 2D	Rental Expense Re-class 400,353 Catering Expense Re-class 13,022 ----- Total 413,375

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2010

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Pomona College

Employer identification number
95-1664112

Part I

- 1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	

- 4** Does the organization maintain the following?
 - a** Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d** Copies of all material used by the organization or on its behalf to solicit contributions?
 If you answered "No" to any of the above, please explain. If you need more space, use Part II

4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	

- 5** Does the organization discriminate by race in any way with respect to
 - a** Students' rights or privileges?
 - b** Admissions policies?
 - c** Employment of faculty or administrative staff?
 - d** Scholarships or other financial assistance?
 - e** Educational policies?
 - f** Use of facilities?
 - g** Athletic programs?
 - h** Other extracurricular activities?
 If you answered "Yes" to any of the above, please explain. If you need more space, use Part II

5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No

- 6a** Does the organization receive any financial aid or assistance from a governmental agency?
 - b** Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, explain on Part II
- 7** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

6a	Yes	
6b		No
7	Yes	

Part III Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
DISCLOSURE FOR SOLICITATION	SCHEDULE E, LINE 3	ALL BROCHURES AND CATALOGS SENT TO THE GENERAL PUBLIC CONTAIN THE COLLEGE'S NONDISCRIMINATORY POLICY. THESE BROCHURES AND CATALOGS ARE AVAILABLE ON CAMPUS FOR INSPECTION.
DISCLOSURE FOR GRANTS RECEIVED FROM GOVERNMENT AGENCIES	SCHEDULE E, PART I, LINE 6A	POMONA COLLEGE IS AWARDED GRANTS FROM GOVERNMENT AGENCIES, SUCH AS THE DEPARTMENT OF EDUCATION, TO PROVIDE FINANCIAL AID TO STUDENTS.

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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE F, PART I, LINE 2		THE COLLEGE DOES NOT CURRENTLY TRACK FOREIGN EXPENDITURES FOR EACH PROGRAM SEPARATELY

Identifier	Return Reference	Explanation
SCHEDULE F, PART I, LINE 3		TOTAL STUDY ABROAD EXPENSES ARE \$4,247,583 FOR THE YEAR ENDED JUNE 30, 2011

Schedule F (Form 990) 2010

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization Pomona College

Employer identification number 95-1664112

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

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

AL, AR, CA, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NE, NV, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VT, VA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	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 lines 4 through 9 in column (d) ▶				
11 Net income summary Combine lines 3 and 10 in column (d) ▶					

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FIN AID & GRANTS TO STUDENTS OF POMONA COLLEGE	842	27,222,121	0	N/A	n/a

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
SCHEDULE I, PART I, LINE 2		ADMISSION TO POMONA COLLEGE IS ON A NEED BLIND BASIS THIS POLICY IS MAINTAINED TO ACCOMPLISH DIVERSIFICATION OF THE STUDENT BODY REGARDLESS OF THE FINANCIAL STATUS OF THE APPLICANTS A PERMANENT FILE OF ALL STUDENTS WHO ARE RECIPIENTS OF SCHOLARSHIPS AND GRANTS IS MAINTAINED IN THE FINANCIAL AID OFFICE OF POMONA COLLEGE AN ACCOUNTING SYSTEM TRACKS ALL AWARDS TO INDIVIDUAL STUDENTS FOR TUITION AND OTHER COSTS OF ATTENDING THE COLLEGE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Pomona College

Employer identification number

95-1664112

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>		No								
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>		No								
<p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>		No								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		No								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID WOXTOBY	(i)	394,644	0	0	32,377	45,314	472,335	0
	(ii)	0	0	0	0	0	0	0
(2) CHRISTOPHER PONCE	(i)	252,286	0	0	32,377	19,964	304,627	0
	(ii)	0	0	0	0	0	0	0
(3) KAREN L SISSON	(i)	243,388	0	0	32,377	17,022	292,787	0
	(ii)	0	0	0	0	0	0	0
(4) CECILIA CONRAD	(i)	227,592	0	0	32,563	32,453	292,608	0
	(ii)	0	0	0	0	0	0	0
(5) RICHARD FASS	(i)	191,862	0	0	33,838	19,161	244,861	0
	(ii)	0	0	0	0	0	0	0
(6) ROBERT ROBINSON	(i)	167,402	0	0	25,636	10,239	203,277	0
	(ii)	0	0	0	0	0	0	0
(7) DEBORAH BURKE	(i)	214,804	0	0	27,637	736	243,177	0
	(ii)	0	0	0	0	0	0	0
(8) GARY SMITH	(i)	228,024	0	0	31,163	18,760	277,947	0
	(ii)	0	0	0	0	0	0	0
(9) JOHN NORTON	(i)	203,159	0	0	25,991	9,209	238,359	0
	(ii)	0	0	0	0	0	0	0
(10) LAURA HOOPES	(i)	189,831	0	0	24,488	12,428	226,747	0
	(ii)	0	0	0	0	0	0	0
(11) GARY KATES	(i)	192,859	0	0	25,390	17,623	235,872	0
	(ii)	0	0	0	0	0	0	0
(12)								
(13)								
(14)								
(15)								
(16)								

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.

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	TRAVEL FOR COMPANIONS	<p>IN CONNECTION WITH HER SERVICES TO THE COLLEGE, THE PRESIDENT'S SPOUSE, A COLLEGE EMPLOYEE, MAY ON OCCASION, TRAVEL FOR BUSINESS PURPOSES WITH THE PRESIDENT IN CONNECTION WITH FUNDRAISING AND DONOR CULTIVATION EVENTS ON BEHALF OF THE COLLEGE. THE SPOUSAL TRAVEL PROVIDED TO THE PRESIDENT IS NOT TREATED AS TAXABLE COMPENSATION. Companion travel is normally not paid, except for the President's wife, AS MENTIONED ABOVE. If companion travel for any other listed person was otherwise reimbursed, it would be reported as taxable income. FORM 990, SCHEDULE J, PART I, LINE 1A TAX INDEMNIFICATION AND GROSS-UP PAYMENTS GROSS-UP PAYMENTS RELATE TO THE COST OF LIFE INSURANCE POLICIES FOR CERTAIN OFFICERS AND ARE PROVIDED PER THE INDIVIDUALS' ORIGINAL EMPLOYMENT CONTRACT. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS ARE REPORTED AS TAXABLE COMPENSATION. FORM 990, SCHEDULE J, PART I, LINE 1A HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE PER THE EMPLOYMENT CONTRACTS FOR THE PRESIDENT, VICE PRESIDENT/DEAN OF THE COLLEGE AND DEAN OF STUDENTS, RESIDENCE ON-CAMPUS IS A CONDITION OF THEIR EMPLOYMENT AND HOUSING IS PROVIDED FOR THE CONVENIENCE OF THE EMPLOYER. HOUSING FOR THESE LISTED PERSONS IS LOCATED ON THE CAMPUS AND IS REQUIRED AS A CONDITION OF THEIR EMPLOYMENT, THUS IS NOT TREATED AS TAXABLE COMPENSATION. PARTS OF THE FACILITIES ARE CARED FOR BY COLLEGE STAFF TO ENSURE READINESS FOR COLLEGE RELATED EVENTS. FORM 990, SCHEDULE J, PART I, LINE 1A HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES THE BOARD OF THE COLLEGE REQUIRES THE PRESIDENT TO BE A MEMBER OF A LOCAL CLUB SO THAT BUSINESS MEETINGS MAY BE HELD THERE. THERE IS NO PERSONAL USE OF THE MEMBERSHIP BY THE PRESIDENT, THUS NO PART OF THE DUES OR INITIATION FEES ARE TREATED AS TAXABLE COMPENSATION.</p>
FORM 990, SCHEDULE J, PART I, LINE 1B		<p>THE ITEMS LISTED ABOVE ARE PROVIDED IN CONNECTION WITH THE EMPLOYMENT CONTRACTS OF THE INDIVIDUALS AS APPROVED BY THE BOARD.</p>

**Schedule K
(Form 990)**

OMB No 1545-0047

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.**

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Pomona College

Employer identification number

95-1664112

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130175W99	02-04-2005	41,879,739	CAMPUS FAC, ISS COSTS & REFUNDING		X		X		X
B	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130178NN2	06-26-2008	59,475,000	EDUC FAC & COSTS OF ISS OF BOND		X		X		X
C	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130178SE7	04-02-2009	62,290,000	EDUC FAC & PARTIAL REFUNDING		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	42,565,205		64,248,356		67,960,259			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrow	0		0		0			
7	Issuance costs from proceeds	576,345		739,587		888,077			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	25,785,275		63,508,769		0			
11	Other spent proceeds	16,203,585		0		67,072,182			
12	Other unspent proceeds	0		0		2,310,609			
13	Year of substantial completion	2008		2011		2011			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			
15	Were the bonds issued as part of an advance refunding issue?	X			X	X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use?		X		X		X		
b Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X			
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	0 %		0 %		0 %			
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	0 %		0 %		0 %			
6 Total of lines 4 and 5	0 %		0 %		0 %			
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

	A		B		C		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?		X		X		X		
3a Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								
4a Were gross proceeds invested in a GIC?	X		X			X		
b Name of provider	AIG		FSA					
c Term of GIC	3 8		3 2					
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X					
5 Were any gross proceeds invested beyond an available temporary period?	X			X		X		
6 Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
BOND ISSUES, SCHEDULE K, PART I	A DIFF BETWEEN ISSUE PRICE & PROCEEDS IS ORIGINAL ISSUE PREMIUM OF	\$685,466 B DIFF BETWEEN ISSUE PRICE & PROCEEDS IS ORIGINAL ISSUE PREMIUM OF \$4,773,356 c DIFF BETWEEN ISSUE PRICE & PROCEEDS IS ORIGINAL ISSUE PREMIUM OF \$5,670,259

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization Pomona College

Employer identification number 95-1664112

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 columns: (a) Name of interested person and purpose, (b) Loan to or from the organization (To/From), (c) Original principal amount, (d) Balance due, (e) In default? (Yes/No), (f) Approved by board or committee? (Yes/No), (g) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Claire Oxtoby	Wife of President	42,455	WAGES		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
LOANS TO AND FROM INTERESTED PERSONS	SCHEDULE L, PART II	(A) NAME OF PERSON ROBERT ROBINSON (A) PURPOSE OF LOAN RELOCATION LOAN (B) LOAN TO OR FROM ORGANIZATION? = FROM (C) ORIGINAL PRINCIPAL AMOUNT \$555,000 (D) BALANCE DUE \$529,781 (E) LOAN IN DEFAULT? = NO (F) APPROVED BY BOARD OR COMMITTEE? = YES (G) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON JOHN NORTON (A) PURPOSE OF LOAN RELOCATION LOAN (B) LOAN TO OR FROM ORGANIZATION? = FROM (C) ORIGINAL PRINCIPAL AMOUNT \$522,500 (D) BALANCE DUE \$486,413 (E) LOAN IN DEFAULT? = NO (F) APPROVED BY BOARD OR COMMITTEE? = YES (G) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON LAURA HOOPES (A) PURPOSE OF LOAN RELOCATION LOAN (B) LOAN TO OR FROM ORGANIZATION? = FROM (C) ORIGINAL PRINCIPAL AMOUNT \$215,000 (D) BALANCE DUE \$114,380 (E) LOAN IN DEFAULT? = NO (F) APPROVED BY BOARD OR COMMITTEE? = YES (G) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON GARY KATES (A) PURPOSE OF LOAN RELOCATION LOAN (B) LOAN TO OR FROM ORGANIZATION? = FROM (C) ORIGINAL PRINCIPAL AMOUNT \$555,000 (D) BALANCE DUE \$527,442 (E) LOAN IN DEFAULT? = NO (F) APPROVED BY BOARD OR COMMITTEE? = YES (G) WRITTEN AGREEMENT? = YES
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	(A) NAME OF PERSON CLAIRE OXTOBY (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION WIFE OF PRESIDENT (C) AMOUNT OF TRANSACTION \$42,455 (D) DESCRIPTION OF TRANSACTION WAGES (E) SHARING OF ORGANIZATION REVENUE? = NO

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

OMB No 1545-0047
2010
Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization
Pomona College

Employer identification number
95-1664112

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	149	0	PROF APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	0	RETAIL VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	85	1,586,983	DAILY AVG FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	210,000	APPRAISAL
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (THEATRE TICKETS)	X	38	0	RETAIL VALUE
26 Other ▶ (MISC SUPPLIES/EQUIPMENT)	X	58	0	RETAIL VALUE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 | 9

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

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
NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED	SCHEDULE M, PART I, COLUMN (B)	COLUMN B REFLECTS THE NUMBER OF ITEMS RECEIVED FROM VARIOUS CONTRIBUTORS, EXCEPT IN THE CASE OF SECURITIES, WHICH REFLECTS THE NUMBER OF CONTRIBUTORS
USE OF THIRD PARTIES OR RELATED ORGANIZATIONS FOR NONCASH CONTRIBUTIONS	SCHEDULE M, LINE 32B	ANY GIFT OF UNNEEDED PERSONAL OR REAL PROPERTY IS SOLD BY PROFESSIONAL REPRESENTATIVES. BROKERS ARE USED TO FACILITATE THE SALE OF SECURITIES
TYPES OF PROPERTY RECEIVED FOR NONCASH CONTRIBUTIONS	SCHEDULE M, LINE 33	THE COLLEGE FOLLOWS A POLICY TO NOT RECORD OR CAPITALIZE ITS COLLECTIONS. THE COLLEGE'S ART COLLECTIONS CONSIST OF OBJECTS OF HISTORICAL AND AESTHETIC SIGNIFICANCE HELD FOR PUBLIC EXHIBITION AND EDUCATIONAL PURPOSES. ALL WORKS IN THE COLLECTION ARE CATALOGUED, PRESERVED, CARED FOR AND MONITORED ACCORDING TO PROFESSIONAL MUSEUM STANDARDS, AND ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM DE-ACCESSION TO BE USED EXCLUSIVELY FOR ACQUISITION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
Pomona College

Employer identification number

95-1664112

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION MISSION	FORM 990, PART III, LINE 1	THROUGHOUT ITS HISTORY, POMONA COLLEGE HAS EDUCATED MEN AND WOMEN OF EXCEPTIONAL PROMISE. WE GATHER STUDENTS, REGARDLESS OF FINANCIAL CIRCUMSTANCES, INTO A SMALL RESIDENTIAL COMMUNITY THAT IS STRONGLY ROOTED IN SOUTHERN CALIFORNIA. YET GLOBAL IN ITS ORIENTATION THROUGH CLOSE TIES AMONG A DIVERSE GROUP OF FACULTY, STAFF AND CLASSMATES, POMONA STUDENTS ARE INSPIRED TO ENGAGE IN THE PROBING INQUIRY AND CREATIVE LEARNING THAT ENABLE THEM TO IDENTIFY AND ADDRESS THEIR INTELLECTUAL PASSIONS. THIS EXPERIENCE WILL CONTINUE TO GUIDE THEIR CONTRIBUTIONS AS THE NEXT GENERATION OF LEADERS, SCHOLARS, ARTISTS AND CITIZENS.

Identifier	Return Reference	Explanation
RELATIONSHIP AMONG OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEES	FORM 990, PART VI, SECTION A, LINE 2	A TRUSTEE, STEWART SMITH, AND THE PRESIDENT, DAVID OXTOBY, ARE OVERSEERS OF THE CLAREMONT UNIVERSITY CONSORTIUM, A NON-PROFIT ORGANIZATION THAT SUPPORTS THE ACTIVITIES OF THE CLAREMONT COLLEGES, OF WHICH POMONA COLLEGE IS A MEMBER

Identifier	Return Reference	Explanation
REVIEW OF FORM 990	FORM 990, PART VI, SECTION B, LINE 11	THE INFORMATIONAL RETURN IS PREPARED BY OUTSIDE ACCOUNTANTS AND IS REVIEWED BY THE AUDIT COMMITTEE. AFTER PRELIMINARY REVIEW AND APPROVAL BY THE VICE PRESIDENT/TREASURER, THE RETURN IS THEN MADE AVAILABLE FOR REVIEW BY ALL VOTING MEMBERS OF THE BOARD PRIOR TO ELECTRONIC FILING

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF TRUSTEES ("THE BOARD") OF POMONA COLLEGE HAS INCORPORATED ITS CODE OF CONDUCT AND CONFLICT OF INTEREST POLICIES INTO ITS BYLAWS. THE AUDIT COMMITTEE ("THE COMMITTEE") OF THE BOARD MONITORS ENFORCEMENT OF AND COMPLIANCE WITH THE CODE AND THE POLICIES, AND REPORTS THE RESULTS THEREOF TO THE BOARD. THE COMMITTEE MONITORS COMPLIANCE BY MEANS OF AN ANNUAL CODE OF CONDUCT QUESTIONNAIRE. IN MAY, THE COLLEGE DISTRIBUTES THE QUESTIONNAIRE TO ALL TRUSTEES, OFFICERS, FACULTY PROGRAM COORDINATORS AND DEPARTMENT CHAIRS AND STAFF AT THE DIRECTOR LEVEL AND ABOVE. THE PRESIDENT'S OFFICE COLLECTS THE COMPLETED QUESTIONNAIRES AND COMPILES THE RESULTS, INCLUDING IDENTIFYING NEGATIVE RESPONSES AND ACCOMPANYING EXPLANATIONS. IN OCTOBER, AN EXECUTIVE SUMMARY OF THE RESULTS ARE PROVIDED TO THE COMMITTEE, AND THE COMMITTEE REPORTS THOSE RESULTS TO THE BOARD. HOWEVER, THROUGHOUT THE ANNUAL QUESTIONNAIRE DISTRIBUTION, COLLECTION AND COMPILATION PROCESS, ANY URGENT AND HERETOFORE UNKNOWN MATTERS IDENTIFIED BY QUESTIONNAIRE RESPONDENTS ARE ESCALATED IMMEDIATELY TO THE APPROPRIATE MEMBERS OF THE BOARD AND MANAGEMENT.

Identifier	Return Reference	Explanation
PROCESS OF DETERMINING COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15	<p>THE COLLEGE HAS IMPLEMENTED PROCEDURES TO FAIRLY COMPENSATE EMPLOYEES OF THE COLLEGE AND PROVIDE AN APPROPRIATE PROCESS FOR SETTING AND APPROVING REASONABLE LEVELS OF COMPENSATION FOR INDIVIDUALS WHO ARE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE COLLEGE, SUCH AS THE PRESIDENT, VP PLANNING, TREASURER, DEAN OF FACULTY, DEAN OF STUDENTS, VP MAJOR GIFTS, VP INSTITUTIONAL ADVANCEMENT, ASSISTANT VP FACILITES/CAMPUS SERVICES AND PROFESSORS CONSIDERED AS KEY EMPLOYEES THESE PROCEDURES PROVIDE FOR REVIEW AND APPROVAL BY INDEPENDENT TRUSTEES, USE OF COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE EXECUTIVE COMMITTEE OF THE BOARD UTILIZES BENCHMARK SALARY DATA FROM COMPARABLE HIGHER EDUCATION INSTITUTION GROUPS FOR EXECUTIVE MANAGEMENT POSITIONS THE INITIAL PROCESS IN DETERMINING COMPENSATION LEVELS CONSISTS OF GATHERING COMPENSATION DATA OF PEER GROUP INSTITUTIONS, WHICH IS AVAILABLE FROM SUBSCRIBED SURVEY DATA SOURCES THE SALARY MEDIANS OF THE COMPARABLE EDUCATION INSTITUTION GROUPS WILL INFORM THE COMMITTEE AND BE USED AS GUIDES THE COMMITTEE WILL ALSO REVIEW SALARY IN RELATION TO LOCAL AND NATIONAL INFLATION MEASURES, INDIVIDUAL PERFORMANCE, AS EVIDENCED BY THE ANNUAL WRITTEN PERFORMANCE EVALUATIONS, AND THE INDIVIDUAL'S LENGTH OF SERVICE IN THE POSITION SALARY INCREASE RECOMMENDATIONS ARE APPROVED BY THIS COMMITTEE DURING THE MAY BOARD OF TRUSTEES REGULAR MEETING THIS PROCESS WAS LAST UNDERTAKEN AND COMPLETED FOR ALL EXECUTIVE POSITIONS IN 2011</p>

Identifier	Return Reference	Explanation
AVAILABILITY OF PUBLIC INSPECTION COPY DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 18	FORM 1023 AND ALL OTHER INFORMATIONAL RETURN DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
DISCLOSURE OF DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19	THE POLICY OF POMONA COLLEGE IS TO MAKE ITS GOVERNING DOCUMENTS, INCLUDING THE ARTICLES OF INCORPORATION AND BY LAWS, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC WHEN REQUESTED

Identifier	Return Reference	Explanation
AUDIT OVERSIGHT AND SELECTION PROCESS	FORM 990, PART XII, LINE 2C	SINCE THE FILING OF PRIOR YEAR 2009 TAX RETURN, THERE HAVE BEEN NO CHANGES TO THE AUDIT OVERSIGHT AND SELECTION PROCESS

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	Unrealized Gains 224,830,927 Changes in actuarially determined gift liabilities 21,412,960 Comprehensive gain/loss on staff retirement 1,108,678 K-1 PARTNERSHIP INVESTMENT INCOME (3,260,624) Prior period rounding adjustment 579 ----- Total Change 244,092,520

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Pomona College

Employer identification number

95-1664112

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 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)	(d) Direct controlling entity	(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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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) Primary 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
See Additional Data Table							

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		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 relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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) 2010**

Software ID:
Software Version:
EIN: 95-1664112
Name: Pomona College

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary 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
JJE 122 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6407494	Trust	CA	NA	Trust	8,339,364	0	55 000 %
EF 184 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6227436	CRT	CA	NA	Trust	10,222	971,091	100 000 %
FY 190 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6918799	CRT	CA	NA	Trust	127,314	0	100 000 %
WEC 191 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-4390508	CRT	CA	NA	Trust	0	67,889	100 000 %
EWA 195 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7016960	CRT	CA	NA	Trust	0	350,111	100 000 %
EWA 196 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7017537	CRT	CA	NA	Trust	0	99,013	100 000 %
GEB 208 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6205575	CRT	CA	NA	Trust	0	120,584	100 000 %
GEB 209 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6205574	CRT	CA	NA	Trust	0	130,528	100 000 %
HEE 213 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6190066	CRT	CA	NA	Trust	0	174,173	100 000 %
ECM 224 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6201953	CRT	CA	NA	Trust	0	71,406	100 000 %
RS 228 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6252211	CRT	CA	NA	Trust	345,923	0	100 000 %
PC 234 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6104174	CRT	CA	NA	Trust	0	21,724	100 000 %
SG 235 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6126469	CRT	CA	NA	Trust	0	33,892	100 000 %
LMC 296 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6886740	CRT	CA	NA	Trust	0	13,337	100 000 %
HAB 503 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6073360	CRT	CA	NA	Trust	0	29,822	100 000 %
NH 524 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6073381	CRT	CA	NA	Trust	18,672	0	100 000 %
FM 534 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6073390	CRT	CA	NA	Trust	0	26,668	100 000 %
JM 536 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6073392	CRT	CA	NA	Trust	0	10,937	100 000 %
PLBM 538 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6073394	CRT	CA	NA	Trust	0	9,934	100 000 %
JPBM 540 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6073396	CRT	CA	NA	Trust	0	5,423	100 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust							
(a) Name, address, and EIN of related organization	(b) Primary 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
CMAM 602 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-3841123	CRT	CA	NA	Trust	0	31,288	100 000 %
CMAM 604 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-3841116	CRT	CA	NA	Trust	0	31,288	100 000 %
HR 606 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6801576	CRT	CA	NA	Trust	0	82,639	100 000 %
VJ 608 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6802753	CRT	CA	NA	Trust	0	42,804	100 000 %
DM 618 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6823078	CRT	CA	NA	Trust	0	25,501	100 000 %
GB 623 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6854298	CRT	CA	NA	Trust	0	476,928	100 000 %
VJ 624 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6855175	CRT	CA	NA	Trust	0	52,840	100 000 %
MF 625 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6860807	CRT	CA	NA	Trust	37,291	0	100 000 %
HC 630 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6866619	CRT	CA	NA	Trust	0	9,969	100 000 %
HC 635 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6866613	CRT	CA	NA	Trust	0	11,620	100 000 %
HC 640 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6866445	CRT	CA	NA	Trust	0	64,491	100 000 %
LC 645 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6870215	CRT	CA	NA	Trust	0	58,198	100 000 %
LES 653 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-4248702	CRT	CA	NA	Trust	151,157	0	100 000 %
RB 657 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6914423	CRT	CA	NA	Trust	0	177,004	100 000 %
RB 658 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6914422	CRT	CA	NA	Trust	0	177,004	100 000 %
HVL 659 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6919147	CRT	CA	NA	Trust	0	354,504	100 000 %
CM 663 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-4337532	CRT	CA	NA	Trust	26,251	0	100 000 %
JS 665 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6923971	CRT	CA	NA	Trust	0	697,203	100 000 %
CM 675 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-4390501	CRT	CA	NA	Trust	0	34,730	100 000 %
DJM 676 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6949288	CRT	CA	NA	Trust	0	445,765	100 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary 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
FMA 679 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6949298	CRT	CA	NA	Trust	0	61,873	100 000 %
AFA 682 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6968126	CRT	CA	NA	Trust	0	218,100	100 000 %
FMA 688 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-4499809	CRT	CA	NA	Trust	0	111,990	100 000 %
JP 689 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6984013	CRT	CA	NA	Trust	0	632,909	100 000 %
RCK 690 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6985365	CRT	CA	NA	Trust	0	241,179	100 000 %
AFA 691 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6985595	CRT	CA	NA	Trust	0	45,512	100 000 %
DC 692 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6989722	CRT	CA	NA	Trust	0	1,216,487	100 000 %
WMD 698 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6982390	CRT	CA	NA	Trust	0	630,016	75 000 %
GA 702 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7005330	CRT	CA	NA	Trust	0	69,595	100 000 %
DJM 708 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7019433	CRT	CA	NA	Trust	0	185,036	100 000 %
MNM 710 Pomona Col Trustee 550 NCollege A Claremont, CA91711 77-6143236	CRT	CA	NA	Trust	0	498,982	100 000 %
RD 711 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7035094	CRT	CA	NA	Trust	0	393,720	100 000 %
SH 712 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7042766	CRT	CA	NA	Trust	0	187,791	100 000 %
WPL 713 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7037322	CRT	CA	NA	Trust	0	226,522	100 000 %
WPL 714 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7037320	CRT	CA	NA	Trust	0	286,312	100 000 %
HK 715 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7037722	CRT	CA	NA	Trust	0	228,614	100 000 %
MJG 716 Pomona Col Trustee 550 NCollege A Claremont, CA91711 33-6212828	CRT	CA	NA	Trust	0	45,282	100 000 %
JZ 717 Pomona Col Trustee 550 NCollege A Claremont, CA91711 33-6213422	CRT	CA	NA	Trust	0	159,647	100 000 %
BK 718 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7042658	CRT	CA	NA	Trust	0	87,951	100 000 %
RSF 723 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7060070	CRT	CA	NA	Trust	0	87,775	55 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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CS 724 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7068461	CRT	CA	NA	Trust	0	214,588	100 000 %
CS 725 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7068462	CRT	CA	NA	Trust	0	202,918	100 000 %
GM 728 Pomona Col Trustee 550 NCollege A Claremont, CA91711 91-2002464	CRT	CA	NA	Trust	0	162,894	100 000 %
RMS 730 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7086592	CRT	CA	NA	Trust	0	156,965	100 000 %
NC 731 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7091184	CRT	CA	NA	Trust	0	440,885	100 000 %
JD 732 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7096396	CRT	CA	NA	Trust	0	867,006	90 000 %
FS 733 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7098678	CRT	CA	NA	Trust	0	352,532	100 000 %
JB 734 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7108163	CRT	CA	NA	Trust	0	231,496	100 000 %
RM 735 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-4835883	CRT	CA	NA	Trust	0	400,451	80 000 %
AAH 736 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7114740	CRT	CA	NA	Trust	0	226,356	100 000 %
AJAP 737 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-7126115	CRT	CA	NA	Trust	0	340,254	100 000 %
GM 739 Pomona Col Trustee 550 NCollege A Claremont, CA91711 52-7237658	CRT	CA	NA	Trust	0	4,627,072	100 000 %
EAP 740 Pomona Col Trustee 550 NCollege A Claremont, CA91711 91-2168463	CRT	CA	NA	Trust	0	144,020	100 000 %
RB 741 Pomona Col Trustee 550 NCollege A Claremont, CA91711 26-6006236	CRT	CA	NA	Trust	0	252,312	60 000 %
RK 742 Pomona Col Trustee 550 NCollege A Claremont, CA91711 33-6331536	CRT	CA	NA	Trust	0	1,877,921	100 000 %
ESWS 743 Pomona Col Trustee 550 NCollege A Claremont, CA91711 42-6634327	CRT	CA	NA	Trust	0	1,175,551	100 000 %
RGH 744 Pomona Col Trustee 550 NCollege A Claremont, CA91711 42-6630767	CRT	CA	NA	Trust	0	322,533	100 000 %
RGH 745 Pomona Col Trustee 550 NCollege A Claremont, CA91711 82-6105260	CRT	CA	NA	Trust	0	258,896	100 000 %
CSC 746 Pomona Col Trustee 550 NCollege A Claremont, CA91711 46-6125090	CRT	CA	NA	Trust	0	340,028	100 000 %
FVH 747 Pomona Col Trustee 550 NCollege A Claremont, CA91711 20-6068734	CRT	CA	NA	Trust	0	631,074	100 000 %

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EDJS 748 Pomona Col Trustee 550 NCollege A Claremont, CA91711 20-7298620	CRT	CA	NA	Trust	0	273,273	100 000 %
CC 749 Pomona Col Trustee 550 NCollege A Claremont, CA91711 20-6329248	CRT	CA	NA	Trust	0	385,930	100 000 %
RGH 750 Pomona Col Trustee 550 NCollege A Claremont, CA91711 20-6661909	CRT	CA	NA	Trust	0	364,078	100 000 %
HJME 751 Pomona Col Trustee 550 NCollege A Claremont, CA91711 20-6742049	CRT	CA	NA	Trust	0	42,491	75 000 %
RGH 752 Pomona Col Trustee 550 NCollege A Claremont, CA91711 20-6742063	CRT	CA	NA	Trust	0	323,870	100 000 %
APJ 754 Pomona Col Trustee 550 NCollege A Claremont, CA91711 26-6070262	CRT	CA	NA	Trust	0	125,585	100 000 %
AS 756 Pomona Col Trustee 550 NCollege A Claremont, CA91711 27-6511858	CRT	CA	NA	Trust	0	115,480	100 000 %
LGP 757 Pomona Col Trustee 550 NCollege A Claremont, CA91711 45-6242290	CRT	CA	NA	Trust	0	850,184	100 000 %
GFH 809 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6298956	CRT	CA	NA	Trust	0	82,570	100 000 %
GFH 810 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6298957	CRT	CA	NA	Trust	0	82,570	100 000 %
RL 813 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6373142	CRT	CA	NA	Trust	0	18,277	100 000 %
RL 814 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6373140	CRT	CA	NA	Trust	0	18,277	100 000 %
RL 815 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6373141	CRT	CA	NA	Trust	0	18,277	100 000 %
RM 831 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6370415	CRT	CA	NA	Trust	0	17,865	100 000 %
HMF 840 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6386813	CRT	CA	NA	Trust	226,525	0	100 000 %
HF 841 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6386812	CRT	CA	NA	Trust	23,115	0	100 000 %
DM 846 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6395310	CRT	CA	NA	Trust	0	134,773	100 000 %
MSMLM 850 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6400479	CRT	CA	NA	Trust	0	5,775	100 000 %
LG 856 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6412232	CRT	CA	NA	Trust	0	76,626	100 000 %
LO 866 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6444032	CRT	CA	NA	Trust	0	637,448	100 000 %

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GM 904 Pomona Col Trustee 550 NCollege A Claremont, CA91711 52-6180003	CRT	CA	NA	Trust	0	38,208	100 000 %
PN 908 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6602970	CRT	CA	NA	Trust	0	17,692	100 000 %
GG 912 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6612064	CRT	CA	NA	Trust	0	100,053	100 000 %
TJ 917 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-3203863	CRT	CA	NA	Trust	0	70,802	100 000 %
VJ 918 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-3203843	CRT	CA	NA	Trust	0	70,802	100 000 %
JZ 921 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6629175	CRT	CA	NA	Trust	0	272,284	100 000 %
EE 930 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-3315344	CRT	CA	NA	Trust	0	16,907	100 000 %
HE 931 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-3315348	CRT	CA	NA	Trust	0	16,907	100 000 %
LO 938 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-3315341	CRT	CA	NA	Trust	0	219,182	100 000 %
HLO 939 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-3315337	CRT	CA	NA	Trust	0	159,019	100 000 %
WEC 940 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-3315350	CRT	CA	NA	Trust	0	126,935	100 000 %
CMAM 945 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-3371130	CRT	CA	NA	Trust	0	91,639	100 000 %
CMAM 946 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-3371131	CRT	CA	NA	Trust	0	94,641	100 000 %
BJ 947 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6675531	CRT	CA	NA	Trust	117,564	0	100 000 %
IEC 949 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6676653	CRT	CA	NA	Trust	0	130,733	100 000 %
WEC 952 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6683708	CRT	CA	NA	Trust	0	127,227	100 000 %
HLO 971 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6718218	CRT	CA	NA	Trust	0	28,557	100 000 %
NLC 973 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6718217	CRT	CA	NA	Trust	0	35,724	100 000 %
NLC 974 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6718206	CRT	CA	NA	Trust	0	35,750	100 000 %
NLC 975 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6718215	CRT	CA	NA	Trust	0	35,746	100 000 %

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JL 976 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6718216	CRT	CA	NA	Trust	0	14,953	100 000 %
BL 977 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6723355	CRT	CA	NA	Trust	0	102,814	100 000 %
BL 978 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6723356	CRT	CA	NA	Trust	0	194,633	100 000 %
AP 980 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6722274	CRT	CA	NA	Trust	0	453,516	100 000 %
JN 985 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6746950	CRT	CA	NA	Trust	0	308,260	100 000 %
WJ 992 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-3724634	CRT	CA	NA	Trust	110,783	0	100 000 %
IN 999 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6792882	CRT	CA	NA	Trust	0	86,186	100 000 %
CF 390 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6730986	Pooled Income Fds	CA	NA	Trust	0	4,214,697	100 000 %
PIVPIF 700 Pomona Col Trustee 550 NCollege A Claremont, CA91711 95-6301784	Pooled Income Fds	CA	NA	Trust	1,879,986	8,455,122	100 000 %