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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  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012**

<b>B</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	<b>C</b> Name of organization Pomona College  Doing Business As	<b>D</b> Employer identification number 95-1664112
	Number and street (or P O box if mail is not delivered to street address) Room/suite 550 N COLLEGE AVENUE	<b>E</b> Telephone number (909) 621-8135
City or town, state or country, and ZIP + 4 CLAREMONT, CA 917114434		<b>G</b> Gross receipts \$ 800,260,729
<b>F</b> Name and address of principal officer DAVID OXTOBY 550 N COLLEGE AVENUE CLAREMONT, CA 917114434		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.POMONA.EDU		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1887 <b>M</b> State of legal domicile CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	39
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	38
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	2,592
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,099
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-4,726,287
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-5,540,680	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	38,530,152	18,863,210
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,068,898	83,234,388
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,691,324	121,638,843
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	930,587	1,433,277
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	197,220,961	225,169,718
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	27,222,121	29,426,100
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	67,224,204	72,494,015
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,118,176	51,000	21,300
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	64,810,761	65,866,145
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	159,308,086	167,807,560
<b>19</b> Revenue less expenses Subtract line 18 from line 12	37,912,875	57,362,158	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	2,368,878,238	2,350,970,300
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	300,854,150	303,962,297
		2,068,024,088	2,047,008,003

**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.

<b>Sign Here</b>	Signature of officer	2013-05-14		
	karen sisson treasurer Type or print name and title	Date		
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 355 S Grand Ave Suite 2000 Los Angeles, CA 90071	EIN ▶	Phone no ▶ (213) 972-4000
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 150,977,206 including grants of \$ 29,426,100 ) (Revenue \$ 83,235,328 )  
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** \$ 150,977,206

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> 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> <input checked="" type="checkbox"/>		No
<b>4 Section 501(c)(3) organizations.</b> 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> <input checked="" type="checkbox"/>	Yes	
<b>5</b> 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> <input checked="" type="checkbox"/>		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
<b>7</b> 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> <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>	Yes	
<b>9</b> 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> <input checked="" type="checkbox"/>	Yes	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
<b>11</b> 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		
<b>a</b> 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> <input checked="" type="checkbox"/>	Yes	
<b>b</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> <input checked="" type="checkbox"/>	Yes	
<b>c</b> 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> <input checked="" type="checkbox"/>		No
<b>d</b> 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> <input checked="" type="checkbox"/>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b> 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> <input checked="" type="checkbox"/>	Yes	
<b>12a</b> 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> <input checked="" type="checkbox"/>	Yes	
<b>b</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> <input checked="" type="checkbox"/>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> <input checked="" type="checkbox"/>	Yes	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> <input checked="" type="checkbox"/>	Yes	
<b>15</b> 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, Part II and IV.</i> <input checked="" type="checkbox"/>		No
<b>16</b> 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, Part III and IV.</i> <input checked="" type="checkbox"/>	Yes	
<b>17</b> Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> <input checked="" type="checkbox"/>	Yes	
<b>18</b> 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> <input checked="" type="checkbox"/>		No
<b>19</b> 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> <input checked="" type="checkbox"/>		No
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .		

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	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> . . . . . <input checked="" type="checkbox"/>	<b>21</b>		No
<b>22</b>	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> . . . . . <input checked="" type="checkbox"/>	<b>22</b>	Yes	
<b>23</b>	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> . . . . . <input checked="" type="checkbox"/>	<b>23</b>	Yes	
<b>24a</b>	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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . . <input checked="" type="checkbox"/>	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . . <input checked="" type="checkbox"/>	<b>25a</b>		No
<b>b</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> . . . . . <input checked="" type="checkbox"/>	<b>25b</b>		No
<b>26</b>	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> . . . . . <input checked="" type="checkbox"/>	<b>26</b>	Yes	
<b>27</b>	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> . . . . . <input checked="" type="checkbox"/>	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	<b>28b</b>	Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . . <input checked="" type="checkbox"/>	<b>30</b>	Yes	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . . <input checked="" type="checkbox"/>	<b>33</b>		No
<b>34</b>	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> . . . . . <input checked="" type="checkbox"/>	<b>34</b>	Yes	
<b>35a</b>	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/>	<b>35b</b>		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/>	<b>36</b>		No
<b>37</b>	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> <input checked="" type="checkbox"/>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a-14a regarding Form 1096, W-2G, Form W-3, federal employment tax returns, unrelated business gross income, prohibited tax shelter transactions, annual gross receipts, deductible contributions, sponsoring organizations, and charitable trusts.

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		No
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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? . . . . .		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	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
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> CA
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> MARY LOU WOODS 150 E EIGHTH ST CLAREMONT, CA 91711 (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 per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							3,238,693	0	688,902	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **141**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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	
<b>5</b> 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
The Whiting-Turner Cont Co 250 Commerce Ste 150 IRVINE, CA 92602	CONSTRUCTION	7,462,208
Hathaway Dinwiddie Construction 811 Wilshire Boulevard Ste 1500 LOS ANGELES, CA 900172632	CONSTRUCTION	1,456,265
Cambridge Associates LLC PO Box 10317 UNIONDALE, NY 115550317	Investment Mgt	1,456,265
Allied Air Conditioning Co 1480 East Third Street POMONA, CA 917662201	Maintenance Services	857,105
WHY Architecture 9520 Jefferson Boulevard Studio C CULVER CITY, CA 90232	Architecture	696,455

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **33**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b> 20,360					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b> 2,126,955					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 16,715,895					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 5,365,747					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	18,863,210				
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b>	TUITION AND FEES 611710 63,766,212	63,766,212	63,766,212			
	<b>b</b>	ROOM AND BOARD 611710 18,770,836	18,770,836	18,770,836			
	<b>c</b>	AUXILIARY & EDUCATIONAL SUPPORT 611710 697,340	697,340	697,340			
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶	83,234,388				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	65,983,638		-5,571,746	71,555,384	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . ▶	0				
	<b>5</b>	Royalties . . . . . ▶	178,814			178,814	
	<b>6a</b>	(i) Real (ii) Personal					
		Gross rents	1,668,214				
		Less rental expenses	706,341				
		Rental income or (loss)	961,873				
	<b>d</b>	Net rental income or (loss) . . . . . ▶	961,872		637,961	323,911	
	<b>7a</b>	(i) Securities (ii) Other					
		Gross amount from sales of assets other than inventory	629,817,426	222,449			
		Less cost or other basis and sales expenses	574,174,670	210,000			
		Gain or (loss)	55,642,756	12,449			
	<b>d</b>	Net gain or (loss) . . . . . ▶	55,655,205			55,655,205	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from fundraising events . . ▶	0				
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . ▶	0					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . ▶	0					
		Miscellaneous Revenue Business Code					
<b>11a</b>	CATERING & BANQUET REVENUE 722320 208,438	208,438	940	207,498			
<b>b</b>	REFUNDS & REBATES 900099 26,300	26,300			26,300		
<b>c</b>	MISCELLANEAOUS INCOME 900099 57,853	57,853			57,853		
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶	292,591					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶	225,169,718	83,235,328	-4,726,287	127,797,467		

**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)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22	27,800,498	27,800,498		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	1,625,602	1,625,602		
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	2,815,280	1,153,267	1,167,161	494,852
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	44,634			44,634
<b>7</b>	Other salaries and wages	53,406,984	48,938,352	648,402	3,820,230
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,441,150	4,978,558	64,840	397,752
<b>9</b>	Other employee benefits	5,939,294	5,442,136	72,138	425,020
<b>10</b>	Payroll taxes	4,846,673	4,415,453	93,785	337,435
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management	0			
<b>b</b>	Legal	1,658,176	1,449,592	38,047	170,537
<b>c</b>	Accounting	210,205		210,205	
<b>d</b>	Lobbying	0			
<b>e</b>	Professional fundraising See Part IV, line 17	21,300			21,300
<b>f</b>	Investment management fees	4,025,890		4,025,890	
<b>g</b>	Other	11,770,119	11,445,173	119,421	205,525
<b>12</b>	Advertising and promotion	507,855	387,882		119,973
<b>13</b>	Office expenses	11,992,848	10,891,606	151,169	950,073
<b>14</b>	Information technology	1,941,715	1,885,329	6,076	50,310
<b>15</b>	Royalties	0			
<b>16</b>	Occupancy	8,339,196	8,249,497	28,502	61,197
<b>17</b>	Travel	2,674,808	1,920,803	58,737	695,268
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b>	Conferences, conventions, and meetings	234,290	216,449	2,827	15,014
<b>20</b>	Interest	7,883,279	7,879,838	1,136	2,305
<b>21</b>	Payments to affiliates	0			
<b>22</b>	Depreciation, depletion, and amortization	11,274,984	11,144,315	43,143	87,526
<b>23</b>	Insurance	296,821	274,751	7,287	14,783
<b>24</b>	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 )				
<b>a</b>	CHARITABLE GIFT ANNUITY PYMT	1,836,857		1,836,857	
<b>b</b>	IN-KIND ASSET DONATION	119,130		119,130	
<b>c</b>	OTHER	1,099,972	878,105	17,425	204,442
<b>d</b>					
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	167,807,560	150,977,206	8,712,178	8,118,176
<b>26</b>	<b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,025	<b>1</b>	7,226
	<b>2</b> Savings and temporary cash investments . . . . .	94,894,716	<b>2</b>	101,534,855
	<b>3</b> Pledges and grants receivable, net . . . . .	48,120,009	<b>3</b>	45,993,799
	<b>4</b> Accounts receivable, net . . . . .	11,147,009	<b>4</b>	3,424,927
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	1,658,016	<b>5</b>	1,028,875
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,322,028	<b>9</b>	1,651,942
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	509,180,363		
	<b>b</b> Less accumulated depreciation . . . . .	161,282,748	<b>10c</b>	347,897,615
	<b>11</b> Investments—publicly traded securities . . . . .	353,345,246	<b>11</b>	285,545,221
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	1,481,590,237	<b>12</b>	1,529,066,552
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	35,921,308	<b>13</b>	34,819,288
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,368,878,238	<b>16</b>	2,350,970,300	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	19,302,399	<b>17</b>	20,877,803
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	1,526,162	<b>19</b>	1,681,110
	<b>20</b> Tax-exempt bond liabilities . . . . .	193,112,847	<b>20</b>	192,111,490
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	206,247	<b>21</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	86,706,495	<b>25</b>	89,291,894
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	300,854,150	<b>26</b>	303,962,297
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,013,269,636	<b>27</b>	1,003,859,167
	<b>28</b> Temporarily restricted net assets . . . . .	741,559,903	<b>28</b>	719,238,787
	<b>29</b> Permanently restricted net assets . . . . .	313,194,549	<b>29</b>	323,910,049
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	2,068,024,088	<b>33</b>	2,047,008,003	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,368,878,238	<b>34</b>	2,350,970,300	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	225,169,718
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	167,807,560
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	57,362,158
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,068,024,088
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-78,378,243
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	2,047,008,003

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	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	
<b>d</b>	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		
<b>3a</b>	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>b</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

**2011**

**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 **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
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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	
<b>Total</b>									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (See instructions)					<b>12</b>	

**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**

<b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
<b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12.)						
<b>14 First Five Years</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
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<b>Explanation</b>
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

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, line 35c (Proxy Tax), then

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

Name of the organization Pomona College

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 on behalf of or in opposition to candidates for public office 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?
4a Was a correction made?
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?
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 and promptly and directly delivered to a separate political organization.

**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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">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													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		2,057
<b>j</b> Total lines 1c through 1i			2,057
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**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".**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 \$3,378 TO NACUBO AND \$19,075 IN DUES TO THE ASSOCIATION OF INDEPENDENT CALIFORNIA COLLEGE AND UNIVERSITIES, WHICH MAY ENGAGE IN LOBBYING ACTIVITIES OF THESE AMOUNTS, \$2,057 IS ATTRIBUTABLE TO LOBBY RELATED EXPENSES FOR HIGHER EDUCATION ISSUES

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> 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
<b>1a</b> Beginning of year balance . . . . .	1,700,454,506	1,454,834,506	1,340,402,250	1,791,072,550	
<b>b</b> Contributions . . . . .	11,291,840	16,786,752	26,434,588	9,457,994	
<b>c</b> Investment earnings or losses . . . . .	32,615,985	297,388,042	169,589,920	-383,340,375	
<b>d</b> Grants or scholarships . . . . .	29,014,695	26,897,738	25,822,164	25,099,811	
<b>e</b> Other expenditures for facilities and programs . . . . .	31,509,422	37,450,459	51,857,374	47,784,472	
<b>f</b> Administrative expenses . . . . .	4,497,850	4,206,597	3,912,714	3,903,636	
<b>g</b> End of year balance . . . . .	1,679,340,364	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 ▶ 43.957 %
- b** Permanent endowment ▶ 16.818 %
- c** Term endowment ▶ 39.225 %

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		6,597,560		6,597,560
<b>b</b> Buildings . . . . .		430,859,569	107,973,487	322,886,082
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		42,784,208	36,660,208	6,124,000
<b>e</b> Other . . . . .		28,939,026	16,649,053	12,289,973
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				347,897,615



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	225,169,718
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	167,807,560
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	57,362,158
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-31,757,606
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-46,620,637
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-78,378,243
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-21,016,085

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	113,469,871
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	-31,757,606
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	13,890,232
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-17,867,374
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	131,337,245
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	4,497,850
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	89,334,623
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	93,832,473
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	225,169,718

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	134,485,956
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	310,071
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	310,071
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	134,175,885
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	4,497,850
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	29,133,825
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	33,631,675
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	167,807,560

**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 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, 2012 AND 2011 THE COLLEGE FILES INCOME TAX RETURNS IN THE U S FEDERAL AND THE STATE OF CALIFORNIA JURISDICTIONS, AND IS NO LONGER SUBJECT TO FEDERAL AND STATE INCOME TAX EXAMINATION FOR TAX YEARS BEFORE 2008 AND 2007, RESPECTIVELY
OTHER RECONCILIATION ADJUSTMENTS	PART XI, LINE 8	Changes in actuarially determined gift liabilities 7,055,953 Comprehensive gain/(loss) on staff retirement plan (1,381,909) K-1 Partnership Investment Income Per Books 7,906,117 K-1 Partnership Investment Income Per K-1s (60,200,798) ----- Total Change (46,620,637)
REVENUE ON BOOKS NOT ON RETURN	PART XII, LINE 2D	Changes in actuarially determined gift liabilities 7,055,953 Comprehensive gain/(loss) on staff retirement plan (1,381,909) K-1 Partnership Investment Income per Books 7,906,117 Rental Expenses Reported Net on Form 990 310,071 ----- Total 13,890,232
REVENUE ON RETURN NOT ON BOOKS	PART XII, LINE 4B	Student Financial Aid Reported Gross on Form 990 29,014,695 K-1 Partnership Investment Income Per K-1s 60,200,798 In-Kind Donation Reported on Form 990 119,130 ----- Total 89,334,623
EXPENSE ON BOOKS NOT ON RETURN	PART XIII, 2D	Rental Expenses Reported Net on Form 990 310,071 ----- Total 310,071
EXPENSE ON RETURN NOT ON BOOKS	PART XIII, 4B	Student Financial Aid Reported Gross on Form 990 29,014,695 In-Kind Donation Reported on Form 990 119,130 ----- Total 29,133,825

## Additional Data

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
US EQUITY	193,078,717	F
NON US EQUITY	139,990,771	F
EMERGING MARKETS	76,440,547	F
FIXED INCOME	142,333,569	F
VENTURE CAPITAL	201,427,922	F
PRIVATE EQUITY	154,439,392	F
ABSOLUTE RETURN	385,681,292	F
REAL ASSETS	226,062,567	F
OTHER	9,611,775	F

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

**Schools**

OMB No 1545-0047

**2011**

**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**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
<b>3</b> 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	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <b>d</b> 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	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to <b>a</b> Students' rights or privileges? <b>b</b> Admissions policies? <b>c</b> Employment of faculty or administrative staff? <b>d</b> Scholarships or other financial assistance? <b>e</b> Educational policies? <b>f</b> Use of facilities? <b>g</b> Athletic programs? <b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
<b>b</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		No
<b>7</b> 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	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 AND THE CALIFORNIA STUDENT AID COMMISSION, TO PROVIDE FINANCIAL AID TO STUDENTS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. 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 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance...
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
3 Activities per Region (Use Part V if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region or independent contractors, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region/investments in region. Includes sub-totals and totals at the bottom.





**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 INDIRECT INTERNAL EXPENDITURES FOR EACH PROGRAM SEPARATELY. GRANT MONITORING 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 F (Form 990) 2010**

**Additional Data**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	STUDY ABROAD DIRECT EX	1,293,814
East Asia and the Pacific	0	0	Program Services	STUDY ABROAD DIRECT EX	143,936
Middle East and North Africa	0	0	Program Services	STUDY ABROAD DIRECT EX	22,600
Central America and the Caribbean	0	0	Program Services	STUDY ABROAD DIRECT EX	900
South America	0	0	Program Services	STUDY ABROAD DIRECT EX	101,156
South Asia	0	0	Program Services	STUDY ABROAD DIRECT EX	39,687
Sub-Saharan Africa	0	0	Program Services	STUDY ABROAD DIRECT EX	56,806
North America	0	0	Program Services	STUDY ABROAD DIRECT EX	1,730
Europe (Including Iceland and Greenland)	0	0	Program Services	OTHER PROGRAM EXPENSES	347,278
East Asia and the Pacific	0	0	Program Services	OTHER PROGRAM EXPENSES	105,560
Middle East and North Africa	0	0	Program Services	OTHER PROGRAM EXPENSES	5,119
Central America and the Caribbean	0	0	Program Services	OTHER PROGRAM EXPENSES	8,180
South America	0	0	Program Services	OTHER PROGRAM EXPENSES	4,228
Russia and the Newly Independent States	0	0	Program Services	OTHER PROGRAM EXPENSES	7,132
South Asia	0	0	Program Services	OTHER PROGRAM EXPENSES	1,864
Sub-Saharan Africa	0	0	Program Services	OTHER PROGRAM EXPENSES	1,298
North America	0	0	Program Services	OTHER PROGRAM EXPENSES	81,773
Europe (Including Iceland and Greenland)	0	0	Grantmaking	STUDY ABROAD FIN AID	1,266,524
East Asia and the Pacific	0	0	Grantmaking	STUDY ABROAD FIN AID	140,900
Middle East and North Africa	0	0	Grantmaking	STUDY ABROAD FIN AID	22,123
Central America and the Caribbean	0	0	Grantmaking	STUDY ABROAD FIN AID	881
South America	0	0	Grantmaking	STUDY ABROAD FIN AID	99,022
South Asia	0	0	Grantmaking	STUDY ABROAD FIN AID	38,850
Sub-Saharan Africa	0	0	Grantmaking	STUDY ABROAD FIN AID	55,608
North America	0	0	Grantmaking	STUDY ABROAD FIN AID	1,694

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

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. Includes entry for MARTS LUNDY INC.

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.

**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))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( )
	<b>11</b> 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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
<b>Direct Expenses</b>	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>Direct Expenses</b>	<b>6</b> 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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				( )
<b>Direct Expenses</b>	<b>8</b> 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

<b>a</b> The organization's facility	<b>13a</b>
<b>b</b> An outside facility	<b>13b</b>

**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
Part I, Line 2b, column (i)		Marts & Lundy, Inc Address 1200 Wall Street West Lyndhurst, NJ 07071



**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) Inst Aid & Grants to Students of Pomona College	757	27,389,093	0	N/A	N/A
(2) Other Grants and Awards given to Students	165	411,405	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

**2011**

**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><b>1a</b> 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 type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input 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 type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input 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 type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input 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>b</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><b>2</b> 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><b>3</b> 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><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p>		No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		No								
<p><b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b></p>										
<p><b>5</b> 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><b>a</b> The organization?</p>		No								
<p><b>b</b> Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p><b>6</b> 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><b>a</b> The organization?</p>		No								
<p><b>b</b> Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>		No								
<p><b>7</b> 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><b>8</b> 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><b>9</b> 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 Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of 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)	362,008	0	38,900	30,995	47,649	479,552	0
	(ii)	0	0	0	0	0	0	0
(2) CHRISTOPHER PONCE	(i)	256,005	0	0	30,995	18,625	305,625	0
	(ii)	0	0	0	0	0	0	0
(3) KAREN SISSON	(i)	250,695	0	0	30,995	14,333	296,023	0
	(ii)	0	0	0	0	0	0	0
(4) CECILIA CONRAD	(i)	233,080	0	0	31,445	32,154	296,679	0
	(ii)	0	0	0	0	0	0	0
(5) RICHARD FASS	(i)	174,412	0	25,000	32,453	24,327	256,192	0
	(ii)	0	0	0	0	0	0	0
(6) ROBERT ROBINSON	(i)	171,160	0	3,916	25,700	9,891	210,667	0
	(ii)	0	0	0	0	0	0	0
(7) DEBORAH BURKE	(i)	217,330	0	0	26,928	645	244,903	0
	(ii)	0	0	0	0	0	0	0
(8) GARY SMITH	(i)	231,703	0	0	30,470	20,170	282,343	0
	(ii)	0	0	0	0	0	0	0
(9) GARY KATES	(i)	163,208	0	38,711	25,366	17,238	244,523	0
	(ii)	0	0	0	0	0	0	0
(10) Eleanor Brown	(i)	150,186	0	38,500	22,998	29,343	241,027	0
	(ii)	0	0	0	0	0	0	0
(11) Steve Erickson	(i)	192,595	0	0	23,755	15,611	231,961	0
	(ii)	0	0	0	0	0	0	0
(12) Mary Lou Woods	(i)	166,027	0	0	26,381	9,881	202,289	0
	(ii)	0	0	0	0	0	0	0
(13) Miriam Feldblum	(i)	167,349	0	16,500	22,689	38,695	245,233	0
	(ii)	0	0	0	0	0	0	0

**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 No travel for companions was paid during the calendar year ended 12/31/11 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 NO TAX INDEMNIFICATION AND GROSS-UP PAYMENTS WERE PAID DURING THE CALENDAR YEAR ENDED 12/31/11 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.

**2011**

**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
<b>A</b> California Educational Facilities Authority	52-1705592	130175W99	02-04-2005	41,879,739	Campus fac, iss Cost & refunding		X		X		X
<b>B</b> California Educational Facilities Authority	52-1705592	130178NN2	06-26-2008	59,475,000	Educ fac & costs of iss Of bond		X		X		X
<b>C</b> California Educational Facilities Authority	52-1705592	130178SE7	04-20-2009	62,290,000	Educ fac & Partial refunding		X		X		X
<b>D</b> California Educational Facilities Authority	52-1705592	130178B39	07-12-2011	7,310,000	Refunding of remaining 2001 Bonds		X		X		X

**Part II Proceeds**

	A	B	C	D				
<b>1</b> Amount of bonds retired	0	0	0	0				
<b>2</b> Amount of bonds defeased	0	0	0	0				
<b>3</b> Total proceeds of issue	42,565,205	64,248,356	67,960,259	8,034,728				
<b>4</b> Gross proceeds in reserve funds	0	0	0	0				
<b>5</b> Capitalized interest from proceeds	0	0	0	0				
<b>6</b> Proceeds in refunding escrow	0	0	0	0				
<b>7</b> Issuance costs from proceeds	576,345	739,587	888,077	289,803				
<b>8</b> Credit enhancement from proceeds	0	0	0	0				
<b>9</b> Working capital expenditures from proceeds	0	0	0	0				
<b>10</b> Capital expenditures from proceeds	25,785,275	63,508,769	0	0				
<b>11</b> Other spent proceeds	16,203,585	0	67,072,182	7,744,925				
<b>12</b> Other unspent proceeds	0	0	0	0				
<b>13</b> Year of substantial completion	2008	2011	2011	2011				
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?		X		X	X			X
<b>15</b> Were the bonds issued as part of an advance refunding issue?	X			X	X		X	
<b>16</b> Has the final allocation of proceeds been made?	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> 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		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

**Part III Private Business Use (Continued)**

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

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> 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		X
<b>2</b> Is the bond issue a variable rate issue?		X		X		X		X
<b>3a</b> Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider	0		0		0			
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was a hedge terminated?								
<b>4a</b> Were gross proceeds invested in a GIC?	X		X			X		X
<b>b</b> Name of provider	AIG		FSA		0		0	
<b>c</b> Term of GIC	3 8		3 2					
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X					
<b>5</b> Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
<b>6</b> Did the bond issue qualify for an exception to rebate?		X		X		X		X

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . .  Yes  No

**Part VI Supplemental Information**

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

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 3 main 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 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main 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	44,634	Salary/Benefits		No
(2) Christopher Allen	Officer	202,946	Purchase of Residence at FMV		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 INTERESTED PERSONS	SCHEDULE L, PART II	The loans made to interested persons from the college are relocation loans

**SCHEDULE M  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# NonCash Contributions

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

OMB No 1545-0047  
**2011**  
**Open to Public Inspection**

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
<b>1</b> Art—Works of art . . . . .	X	74	0	
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	69	4,791,617	AVG DAILY VALUE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .	X	1	455,000	APPRAISAL
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
Computer				
<b>25</b> Other ▶ ( <u>equipment</u> ) . . . . .	X	7	13,679	Retail Value
Musical				
<b>26</b> Other ▶ ( <u>Instruments</u> ) . . . . .	X	20	105,451	Retail Value
<b>27</b> Other ▶ ( _____ ) . . . . .				
<b>28</b> 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** 1

		Yes	No
<b>30a</b> 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? . . . . .	<b>30a</b>		No
<b>b</b> If "Yes," describe the arrangement in Part II			
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	<b>31</b>	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	<b>32a</b>	Yes	
<b>b</b> If "Yes," describe in Part II			
<b>33</b> 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

**2011**

**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
REVIEW OF FORM 990	FORM 990, PART VI, SECTION B, LINE 11	THE INFORMATIONAL RETURN IS PREPARED BY OUTSIDE ACCOUNTANTING FIRM AND IS INITIALLY REVIEWED BY THE VICE PRESIDENT/TREASURER AFTER PRELIMINARY REVIEW BY THE VICE PRESIDENT/TREASURER THE RETURN IS REVIEWED AT THE AUDIT COMMITTEE MEETING THE RETURN IS THEN PROVIDED TO THE FULL BOARD FOR REVIEW 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 FACILITIES/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, ACTING AS THE COMPENSATION COMMITTEE, 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. THE MINUTES INCLUDE THE TERMS OF THE TRANSACTIONS AND THE DATE APPROVED, THE MEMBERS OF THE COMMITTEE PRESENT FOR THE DELIBERATIONS AND WHO VOTED, AND THE DESCRIPTION OF THE COMPARABILITY DATA OBTAINED AND HOW IT WAS OBTAINED. THIS PROCESS WAS LAST UNDERTAKEN AND COMPLETED FOR ALL EXECUTIVE POSITIONS IN MAY 2011.</p>

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
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	Unrealized Gains (31,757,606) Changes in actuarially determined gift liabilities 7,055,953 Comprehensive gain/loss on staff retirement (1,381,909) K-1 Partnership Investment Income Per Books 7,906,117 K-1 Partnership Investment Income Per K-1S (60,200,798) ----- Total Change (78,378,243)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**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
<b>(1)</b> Charitable Remainder Trust (125)	CRT	CA	N/A	Trust			
<b>(2)</b> Pooled Income Fund (2)	Pooled Interest	CA	N/A	Trust			

**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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		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) 2011**

**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 SMITH PROFESSOR	40 0					X		231,703	0	50,640
GARY KATES PROFESSOR	40 0					X		201,919	0	42,604
Eleanor Brown Professor	40 0					X		188,686	0	52,341
Steve Erickson Professor	40 0					X		192,595	0	39,366

**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			
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
JENNIFER WILCOX TRUSTEE	5 0	X						0	0	0
EILEEN WILSON-OYELARAN TRUSTEE	5 0	X						0	0	0
CRAIG WRENCH TRUSTEE/BOARD VICE CHAIR	5 0	X		X				0	0	0
MARK B WYLAND TRUSTEE	5 0	X						0	0	0
M LYNN YONEKURA TRUSTEE/BOARD VICE CHAIR	5 0	X		X				0	0	0
REZA ZAFARI TRUSTEE	5 0	X						0	0	0
DAVID WOXTOBY PRESIDENT	40 0	X		X				400,908	0	78,644
TERESA SHAW SECRETARY TO THE BOARD	40 0			X				112,031	0	16,498
CHRISTOPHER PONCE VP INSTITUTIONAL ADVANCEMENT	40 0			X				256,005	0	49,620
KAREN SISSON VP TREASURER	40 0			X				250,695	0	45,328
CECILIA CONRAD DEAN of the College	40 0			X				233,080	0	63,599
Miriam Feldblum VP Student Affairs	40 0			X				183,849	0	61,384
Christopher Allen VP Admissions	40 0			X				119,541	0	15,807
Margaret Adorno Registrar	40 0			X				109,836	0	16,865
RICHARD FASS VP PLANNING	40 0				X			199,412	0	56,780
ROBERT ROBINSON ASST VP FACILITIES	40 0				X			175,076	0	35,591
Mary Lou Woods Asst VP Controller	40 0				X			166,027	0	36,262
DEBORAH BURKE PROFESSOR	40 0					X		217,330	0	27,573

**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		X				0	0	0
LIBBY G ARMINTROUT TRUSTEE	5 0	X						0	0	0
ANDREW F BARTH TRUSTEE/BOARD VICE CHAIR	5 0	X		X				0	0	0
W BENTON BOONE TRUSTEE	5 0	X						0	0	0
ALISON REMPEL BROWN 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
JOSEPHINE R BUMP 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/BOARD VICE CHAIR	5 0	X		X				0	0	0
JENNIFER A DOUDNA TRUSTEE	5 0	X						0	0	0
PAUL F ECKSTEIN TRUSTEE/BOARD VICE CHAIR	5 0	X		X				0	0	0
JOEL A FEUER TRUSTEE	5 0	X						0	0	0
MARK H FUKUNAGA TRUSTEE/BOARD VICE CHAIR	5 0	X		X				0	0	0
ALEXANDER GONZALEZ 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
STEPHEN B LOEB TRUSTEE	5 0	X						0	0	0
D SCOTT OLIVET TRUSTEE	5 0	X						0	0	0
MARYLYN P PAULEY TRUSTEE	5 0	X						0	0	0
JASON ROSENTHAL TRUSTEE	5 0	X						0	0	0