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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  
**2012**  
**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013**

<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 Number and street (or P O box if mail is not delivered to street address) Room/suite 550 N COLLEGE AVENUE Suite City or town, state or country, and ZIP + 4 CLAREMONT, CA 917114434 <b>F</b> Name and address of principal officer DAVID OXTOBY 550 N COLLEGE AVENUE CLAREMONT, CA 917114434	<b>D</b> Employer identification number 95-1664112 <b>E</b> Telephone number (909) 621-8135 <b>G</b> Gross receipts \$ 724,971,580 <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 A HIGHLY RANKED INDEPENDENT, COEDUCATIONAL LIBERAL ARTS INSTITUTION DEDICATED TO THE PURSUIT OF KNOWLEDGE AND UNDERSTANDING THROUGH THE STUDY OF THE SCIENCES AND THE HUMANITIES <hr/> <hr/> <hr/> <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> 34 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 33 <b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . . <b>5</b> 2,645 <b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 842 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> -3,712,968 <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b> -5,523,029																									
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .</td> <td style="text-align: right;">18,863,210</td> <td style="text-align: right;">17,708,985</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) . . . . .</td> <td style="text-align: right;">83,234,388</td> <td style="text-align: right;">87,546,415</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .</td> <td style="text-align: right;">121,638,843</td> <td style="text-align: right;">92,990,068</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">1,433,277</td> <td style="text-align: right;">1,409,408</td> </tr> <tr> <td><b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .</td> <td style="text-align: right;">225,169,718</td> <td style="text-align: right;">199,654,876</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	18,863,210	17,708,985	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	83,234,388	87,546,415	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	121,638,843	92,990,068	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,433,277	1,409,408	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	225,169,718	199,654,876						
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**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 KAREN SISSON VP & TREASURER Type or print name and title	Date 2014-05-13
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<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name Firm's name <b>KPMG LLP</b> Firm's address <b>355 S Grand Ave Suite 2000</b> Los Angeles, CA 90071	Preparer's signature Date	Check <input type="checkbox"/> if self-employed Firm's EIN	PTIN Phone no (213) 972-4000
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May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

Through close ties among a diverse group of faculty, staff and classmates, Pomona seeks to inspire students to engage in the probing inquiry and creative learning that will enable them to identify and address their intellectual passions CONTINUED SCHEDULE O

**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 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 \$ 89,520,737 including grants of \$ 31,922,456 ) (Revenue \$ 86,649,656 )

Instruction & Research RANKED IN 2013 AS THE NO 2 COLLEGE IN THE NATION BY FORBES, POMONA OFFERS AN ACADEMIC PROGRAM THAT ENCOMPASSES THE 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 CONTINUED SCHEDULE O

**4b** (Code ) (Expenses \$ 25,210,856 including grants of \$ 0 ) (Revenue \$ 674,526 )

Auxiliary Enterprises POMONA COLLEGE GUARANTEES ITS STUDENTS ON-CAMPUS HOUSING ALL FOUR YEARS A TESTAMENT TO THE QUALITY OF LIFE ON CAMPUS IS THAT ONLY TWO TO THREE PERCENT OF STUDENTS CHOOSE TO LIVE ELSEWHERE THE SCALE AND ARRANGEMENT OF POMONA'S 16 RESIDENCE HALLS ENCOURAGE STUDENTS TO GET TO KNOW EACH OTHER RANGING IN SIZE FROM 60 TO 250 STUDENTS, WITH AN AVERAGE OF ABOUT 120 EACH, THESE COEDUCATIONAL RESIDENCES ARE LARGE ENOUGH TO BRING TOGETHER STUDENTS WITH A VARIETY OF INTERESTS AND EXPERIENCES, BUT SMALL ENOUGH TO ALLOW RESIDENTS TO WORK AS A COHESIVE GROUP CONTINUED SCHEDULE O

**4c** (Code ) (Expenses \$ 16,710,732 including grants of \$ 0 ) (Revenue \$ 33,707 )

Student Services POMONA COLLEGE OFFERS STUDENTS A WIDE VARIETY OF PROGRAMS TO EXTEND THEIR EDUCATION BEYOND THE CLASSROOM, INCLUDING CLUBS, SPORTS, THE STUDENT LIFE NEWSPAPER AND STUDENT GOVERNMENT OTHER RESOURCES OFFERED TO STUDENTS INCLUDE THE OFFICE OF BLACK STUDENT AFFAIRS, THE ASIAN AMERICAN RESOURCE CENTER, THE CHICANO/LATIN STUDENT AFFAIRS CENTER, THE WOMEN'S UNION AND THE QUEER RESOURCE CENTER CONTINUED SCHEDULE O

(Code ) (Expenses \$ 30,225,379 including grants of \$ 0 ) (Revenue \$ 189,688 )

OTHER-PUBLIC SERVICE


















**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 30,225,379 including grants of \$ 0 ) (Revenue \$ 189,688 )

**4e Total program service expenses** 161,667,704

**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>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	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>		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>	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>		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>		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>		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>	Yes	
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	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>	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>	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>	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>		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>		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>	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>	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 and XII.</i>	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 and XII is optional.</i>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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, Parts I and IV.</i>	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 United States? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		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 United States? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
<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 (see instructions).</i>	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>		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>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . 	<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> . . . . . 	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . . 	<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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . . 	<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> . . . . . 	<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> . . . . . 	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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> . . . . . 	<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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . 	<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> . . . . . 	<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> . . . . . 	<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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 	<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> . . . . . 	<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> . . . . . 	<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> . . . . . 	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . . 	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<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> . . . . . 	<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> 	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1a</b> 644		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1b</b> 0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 2,645		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. <b>7d</b>		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <b>10a</b>		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders. <b>11a</b>		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. <b>13a</b>		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <b>13b</b>		
<b>13c</b>	Enter the amount of reserves on hand. <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>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 this 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**

- 17** List the States with which a copy of this Form 990 is required to be filed  CA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 MARY LOU WOODS 150 E EIGHTH ST CLAREMONT, CA (909) 621-8135





**Part VIII Statement of Revenue**

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

			(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>	19,299				
	<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>	2,755,240				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	14,934,446				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	2,848,698				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	17,708,985				
<b>Program Service Revenue</b>	<b>2a</b>	TUITION AND FEES	611710	67,161,864	67,161,864		
	<b>b</b>	ROOM AND BOARD	611710	19,474,586	19,474,586		
	<b>c</b>	AUXILIARY & EDUCATIONAL SUPPORT	611710	909,965	909,965		
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		87,546,415			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		14,269,171		-4,792,373	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		195,318		195,318	
	<b>6a</b>	Gross rents	(i) Real	1,510,103			
			(ii) Personal				
			<b>b</b> Less rental expenses	770,834			
			<b>c</b> Rental income or (loss)	739,269	0		
	<b>d</b>	Net rental income or (loss) . . . . .		739,269		642,128	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	602,170,150			
			(ii) Other		1,096,617		
			<b>b</b> Less cost or other basis and sales expenses	524,545,870			
			<b>c</b> Gain or (loss)	77,624,280	1,096,617		
	<b>d</b>	Net gain or (loss) . . . . .		78,720,897		78,720,897	
	<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	438,439	1,162	437,277		
<b>b</b>	MISCELLANEOUS REFUNDS	900099	23,460			23,460	
<b>c</b>	FORFEITED FEE DEPOSITS	900099	5,600			5,600	
<b>d</b>	All other revenue . . . . .		7,322			7,322	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		474,821				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		199,654,876	87,547,577	-3,712,968	98,111,282	

**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)

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	31,922,456	31,922,456		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	3,223,056	1,284,396	1,608,100	330,560
<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)	47,167			47,167
<b>7</b>	Other salaries and wages	55,889,967	51,638,771	334,586	3,916,610
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,667,949	5,239,987	33,459	394,503
<b>9</b>	Other employee benefits	5,353,871	4,946,441	32,066	375,364
<b>10</b>	Payroll taxes	5,659,502	5,563,075	85,026	11,401
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management	0			
<b>b</b>	Legal	631,216	558,317	14,672	58,227
<b>c</b>	Accounting	321,315		321,315	
<b>d</b>	Lobbying	0			
<b>e</b>	Professional fundraising services. See Part IV, line 17	266,107			266,107
<b>f</b>	Investment management fees	3,856,829		3,856,829	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,996,929	12,388,672	300,835	307,422
<b>12</b>	Advertising and promotion	539,337	423,399		115,938
<b>13</b>	Office expenses	12,155,395	10,966,670	207,721	981,004
<b>14</b>	Information technology	1,885,976	1,794,187	6,638	85,151
<b>15</b>	Royalties	0			
<b>16</b>	Occupancy	8,466,841	8,340,594	35,635	90,612
<b>17</b>	Travel	2,446,291	1,900,280	140,932	405,079
<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	233,321	204,122	5,166	24,033
<b>20</b>	Interest	8,032,470	8,032,470		
<b>21</b>	Payments to affiliates	0			
<b>22</b>	Depreciation, depletion, and amortization	15,471,964	15,313,221	52,412	106,331
<b>23</b>	Insurance	329,945	305,905	7,937	16,103
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b>	CHARITABLE GIFT ANNUITY PYMT	1,992,774		1,992,774	
<b>b</b>	EQUIPMENT	16,552	16,552		
<b>c</b>	OTHER	1,032,462	828,189	12,041	192,232
<b>d</b>					
<b>e</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	178,439,692	161,667,704	9,048,144	7,723,844
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	7,226	<b>1</b>	8,021
	<b>2</b> Savings and temporary cash investments . . . . .	101,534,855	<b>2</b>	98,800,324
	<b>3</b> Pledges and grants receivable, net . . . . .	45,993,799	<b>3</b>	44,540,019
	<b>4</b> Accounts receivable, net . . . . .	3,424,927	<b>4</b>	2,352,476
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	1,028,875	<b>5</b>	1,376,644
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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 . . . . .	1,651,942	<b>9</b>	1,547,403
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 526,371,461		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 173,983,567	347,897,615	<b>10c</b> 352,387,894
	<b>11</b> Investments—publicly traded securities . . . . .	285,545,221	<b>11</b>	321,576,675
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	1,529,066,552	<b>12</b>	1,650,654,412
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	34,819,288	<b>13</b>	36,509,017
	<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) . . . . .	2,350,970,300	<b>16</b>	2,509,752,885	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	20,877,803	<b>17</b>	19,839,828
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	1,681,110	<b>19</b>	1,446,171
	<b>20</b> Tax-exempt bond liabilities . . . . .	192,111,490	<b>20</b>	190,974,505
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other 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 . . . . .	89,291,894	<b>25</b>	96,309,169
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	303,962,297	<b>26</b>	308,569,673
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,003,859,167	<b>27</b>	1,073,567,441
	<b>28</b> Temporarily restricted net assets . . . . .	719,238,787	<b>28</b>	795,685,013
	<b>29</b> Permanently restricted net assets . . . . .	323,910,049	<b>29</b>	331,930,758
	<b>Organizations that do not follow SFAS 117 (ASC 958), 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 . . . . .	2,047,008,003	<b>33</b>	2,201,183,212	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,350,970,300	<b>34</b>	2,509,752,885	

**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>	199,654,876
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	178,439,692
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	21,215,184
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,047,008,003
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	118,229,786
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	14,730,239
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,201,183,212

**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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	Yes	
<b>2c</b> If "Yes," to line 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>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>3b</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	

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
JEANNE M BUCKLEY TRUSTEE/BOARD CHAIR	50 00	X		X				0	0	0
CRAIG WRENCH TRUSTEE/BOARD VICE CHAIR	30 00	X		X				0	0	0
MARGARET LODISE TRUSTEE/BOARD VICE CHAIR	30 00	X		X				0	0	0
SAMUEL GLICK TRUSTEE/BOARD VICE CHAIR	30 00	X		X				0	0	0
MARK H FUKUNAGA TRUSTEE/BOARD VICE CHAIR	30 00	X		X				0	0	0
JOEL A FEUER TRUSTEE/BOARD VICE CHAIR	30 00	X		X				0	0	0
PAUL F ECKSTEIN TRUSTEE/BOARD VICE CHAIR	30 00	X		X				0	0	0
ANDREW F BARTH TRUSTEE/BOARD VICE CHAIR	30 00	X		X				0	0	0
LIBBY G ARMINTROUT TRUSTEE	20 00	X						0	0	0
W BENTON BOONE TRUSTEE	20 00	X						0	0	0
ALISON REMPEL BROWN TRUSTEE	20 00	X						0	0	0
LOUISE HENRY BRYSON TRUSTEE	20 00	X						0	0	0
BERNARD CHAN TRUSTEE	20 00	X						0	0	0
CHRISTOPHER P DIALYNAS TRUSTEE	20 00	X						0	0	0
A REDMOND DOMS TRUSTEE	20 00	X						0	0	0
SCOTT GREEN TRUSTEE	20 00	X						0	0	0
TERRANCE G HODEL TRUSTEE	20 00	X						0	0	0
JEAN KAPLAN TRUSTEE	20 00	X						0	0	0
WILLIAM G KELLER TRUSTEE	20 00	X						0	0	0
D SCOTT OLIVET TRUSTEE	20 00	X						0	0	0
MARYLYN P PAULEY TRUSTEE	20 00	X						0	0	0
JASON ROSENTHAL TRUSTEE	20 00	X						0	0	0
FRANCINE SCINTO TRUSTEE	20 00	X						0	0	0
R CARLTON SEAVER TRUSTEE	20 00	X						0	0	0
MICHAEL S SEGAL TRUSTEE	20 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
STEWART R SMITH TRUSTEE	20 00	X						0	0	0
BRYAN WHITE TRUSTEE	20 00	X						0	0	0
JENNIFER WILCOX TRUSTEE	20 00	X						0	0	0
EILEEN WILSON-OYELARAN TRUSTEE	20 00	X						0	0	0
MARK B WYLAND TRUSTEE	20 00	X						0	0	0
M LYNN YONEKURA TRUSTEE	20 00	X						0	0	0
REZA ZAFARI TRUSTEE	20 00	X						0	0	0
LASZLO BOCK TRUSTEE	20 00	X						0	0	0
DAVID W OXTOBY PRESIDENT	40 00	X		X				440,196	0	79,184
TERESA SHAW SECRETARY TO BOARD, PRES ASST	40 00			X				117,527	0	16,959
CHRISTOPHER PONCE VP FOR ADVANCEMENT(THRU 10/12)	40 00			X				244,253	0	46,287
KAREN SISSON VP TREASURER	40 00			X				260,604	0	45,423
CECILIA CONRAD DEAN OF THE COLLEGE (THRU 01/1	40 00			X				274,292	0	68,255
MIRIAM FELDBLUM VP DEAN OF STUDENTS	40 00			X				192,524	0	57,688
CHRISTOPHER ALLEN VP DEAN OF ADMISSIONS	40 00			X				223,158	0	36,558
MARGARET ADORNO REGISTRAR	40 00			X				115,924	0	16,570
ELIZABETH CHRUGHTON INT DEAN OF COLL (2/13- 6/13)	40 00			X				66,542	0	13,094
DAMARIS HANKINS ASST SECRETARY	40 00			X				17,255	0	3,548
STEPHANIE NAVARRO ASST SECRETARY	40 00			X				59,302	0	19,494
JANIS MOORMANN ASST TREASURER	40 00			X				111,920	0	22,442
DANA WOOD ASST TREASURER	40 00			X				103,010	0	20,233
RICHARD FASS VP OF PLANNING OFFICE	40 00				X			205,420	0	54,539
ROBERT ROBINSON ASST VP OF FACILITIES	40 00				X			182,305	0	38,302
MARY LOU WOODS ASST VP CONTROLLER	40 00				X			171,145	0	40,587
DEBORAH BURKE PROFESSOR	40 00					X		214,884	0	26,014

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 0 0					X		252,083	0	50,619
GARY KATES PROFESSOR	40 0 0 0					X		212,175	0	38,197
ELEANOR BROWN PROFESSOR	40 0 0 0					X		199,091	0	32,599
STEVE ERICKSON PROFESSOR	40 0 0 0					X		199,879	0	38,076

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Pomona College

Employer identification number  
95-1664112

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 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> . . . . . ▶						

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2011 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶		
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶		
<b>17a 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
<b>b 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
-------------------------------------

<b>Explanation</b>

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527
- Complete if the organization is described below. - Attach to Form 990 or Form 990-EZ.
- See separate instructions.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received 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: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable 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?	Yes		2,121
<b>j</b>	Total Add lines 1c through 1i			2,121
<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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) 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) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<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, Part II-A (affiliated group list), Part II-A, line 2, 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 \$3,798 TO NACUBO AND \$16,168 IN DUES TO THE ASSOCIATION OF INDEPENDENT CALIFORNIA COLLEGE AND UNIVERSITIES, WHICH MAY ENGAGE IN LOBBYING ACTIVITIES OF THESE AMOUNTS, \$2,121 IS ATTRIBUTABLE TO LOBBY RELATED EXPENSES FOR HIGHER EDUCATION ISSUES

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 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 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a list of questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 3.

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

3 Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment 43.096%
b Permanent endowment 15.382%
c Temporarily restricted endowment 41.523%
The percentages in lines 2a, 2b, and 2c should equal 100%

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

Table for 3a(i) and 3a(ii) with Yes/No columns. 3b: If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e: Land, Buildings, Leasehold improvements, Equipment, Other. Total: Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)



**Part XI 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>	297,090,400
<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>	118,229,786
<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 XIII ) . . . . .	<b>2d</b>	14,960,250
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	133,190,036
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	163,900,364
<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>	4,343,561
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	31,410,951
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	35,754,512
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	199,654,876

**Part XII 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>	142,915,191
<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 XIII ) . . . . .	<b>2d</b>	230,011
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	230,011
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	142,685,180
<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>	4,343,561
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	31,410,951
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	35,754,512
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	178,439,692

**Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, 2013 AND 2012 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
REVENUE ON BOOKS NOT ON RETURN	PART XI, LINE 2D	Changes in actuarially determined gift liabilities 12,955,005 Comprehensive gain/(loss) on staff retirement plan 1,775,234 Rental Expenses Reported Net on Form 990 230,011 ----- ----- Total 14,960,250
REVENUE ON RETURN NOT ON BOOKS	PART XI, LINE 4B	Student Financial Aid Reported Gross on Form 990 31,394,399 In-Kind Donation Reported on Form 990 16,552 ----- ----- Total 31,410,951
EXPENSE ON BOOKS NOT ON RETURN	PART XII, 2D	Rental Expenses Reported Net on Form 990 230,011
EXPENSE ON RETURN NOT ON BOOKS	PART XII, 4B	Student Financial Aid Reported Gross on Form 990 31,394,399 In-Kind Donation Reported on Form 990 16,552 ----- ----- Total 31,410,951

## 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
(3) Other (A) US EQUITY	224,571,563	F
(B) NON US EQUITY	180,810,335	F
(C) EMERGING MARKETS	120,056,307	F
(D) FIXED INCOME	135,236,764	F
(E) VENTURE CAPITAL	195,894,536	F
(F) PRIVATE EQUITY	152,617,477	F
(G) ABSOLUTE RETURN	437,617,213	F
(H) REAL ASSETS	193,280,205	F
(I) OTHER	10,570,012	F

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

**Schools**

OMB No 1545-0047

**2012**

**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? <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	Yes	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 COLLEGES 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

**2012**

**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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3** Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	<b>(c)</b> Number of employees, agents, and independent contractors in region	<b>(d)</b> Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	<b>(e)</b> If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total		5			4,746,845
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)		5			4,746,845

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ \_\_\_\_\_
- 3** Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_



**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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*  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



## 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
Sub-Saharan Africa			Program Services	STUDY ABROAD DIRECT EX	317,363
East Asia and the Pacific			Program Services	STUDY ABROAD DIRECT EX	629,881
Central America and the Caribbean			Program Services	STUDY ABROAD DIRECT EX	86,724

**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)		5	Program Services	STUDY ABROAD DIRECT EX	2,355,630
Middle East and North Africa			Program Services	STUDY ABROAD DIRECT EX	82,853
Russia and the Newly Independent States			Program Services	STUDY ABROAD DIRECT EX	78,720

**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
South America			Program Services	STUDY ABROAD DIRECT EX	414,994
South Asia			Program Services	STUDY ABROAD DIRECT EX	73,240
Sub-Saharan Africa			Program Services	STUDY ABROAD OTHER EX	16,251

**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
East Asia and the Pacific			Program Services	STUDY ABROAD OTHER EX	178,243
Central America and the Caribbean			Program Services	STUDY ABROAD OTHER EX	26,944
Europe (Including Iceland and Greenland)			Program Services	STUDY ABROAD OTHER EX	411,212

**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
Middle East and North Africa			Program Services	STUDY ABROAD OTHER EX	21,773
Russia and the Newly Independent States			Program Services	STUDY ABROAD OTHER EX	4,912
South America			Program Services	STUDY ABROAD OTHER EX	21,858

**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
South Asia			Program Services	STUDY ABROAD OTHER EX	26,247

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

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. Form 990-EZ filers are not required to complete this part.

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 email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events

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

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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 Contributions . . . . .			
	<b>3</b>	Gross income (line 1 minus line 2) . . . . .			
<b>Direct Expenses</b>	<b>4</b>	Cash prizes . . . . .			
	<b>5</b>	Noncash 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 line 3, column (d), and line 10 . . . . . ▶				

**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>1</b>	Gross revenue . . . . .		
<b>Direct Expenses</b>	<b>2</b>	Cash prizes . . . . .			
	<b>3</b>	Non-cash prizes . . . . .			
	<b>4</b>	Rent/facility costs . . . . .			
	<b>5</b>	Other direct expenses . . . . .			
<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>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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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** Enter 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 of the third party

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 Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

Schedule I (Form 990)

OMB No 1545-0047

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

2012

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

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Pomona College

Employer identification number

95-1664112

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government (b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (h) Purpose of grant or assistance

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. The table is currently empty.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

**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.

Part III can be duplicated 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	905	30,765,776		N/A	N/A
(2) Other Grants and Awards given to Students	1280	628,623		n/a	n/a
(3) RESEARCH AWARDS & OTHER STUDENT ASST	661	528,057		N/A	N/A

**Part IV Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 I, PART III		In addition to the \$30,046,468 of grants and other assistance to individuals in the united states that was included in the audited financial statements, an additional \$528,057 of financial aid, which includes emergency student assistance, HBD Graduate scholars, national merit scholarships and research awards, is included on Schedule I and Part IX, Statement of Functional Expenses

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2012**

**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**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- |  |   |
|--|---|
| <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)            |

**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 of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |  |   |
|--|---|
| <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 |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** 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

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		No
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

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

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

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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 12/31/13. 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 12/31/13. 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 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>

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
DAVID WOXTOBY	(i) (ii)	406,234 0	0 0	33,962 0	30,176 0	49,008 0	519,380 0	0 0
CHRISTOPHER PONCE	(i) (ii)	241,386 0	0 0	2,867 0	31,433 0	14,854 0	290,540 0	0 0
KAREN SISSON	(i) (ii)	260,604 0	0 0	0 0	30,176 0	15,247 0	306,027 0	0 0
CECILIA CONRAD	(i) (ii)	274,292 0	0 0	0 0	35,498 0	32,757 0	342,547 0	0 0
MIRIAM FELDBLUM	(i) (ii)	170,024 0	0 0	22,500 0	22,504 0	35,184 0	250,212 0	0 0
CHRISTOPHER ALLEN	(i) (ii)	188,681 0	0 0	34,477 0	26,683 0	9,875 0	259,716 0	0 0
RICHARD FASS	(i) (ii)	180,420 0	0 0	25,000 0	31,510 0	23,029 0	259,959 0	0 0
ROBERT ROBINSON	(i) (ii)	182,305 0	0 0	0 0	29,176 0	9,126 0	220,607 0	0 0
MARY LOU WOODS	(i) (ii)	171,145 0	0 0	0 0	25,866 0	14,721 0	211,732 0	0 0
DEBORAH BURKE	(i) (ii)	214,884 0	0 0	0 0	25,365 0	649 0	240,898 0	0 0
GARY SMITH	(i) (ii)	252,083 0	0 0	0 0	31,270 0	19,349 0	302,702 0	0 0
GARY KATES	(i) (ii)	172,517 0	0 0	39,658 0	25,083 0	13,114 0	250,372 0	0 0
ELEANOR BROWN	(i) (ii)	159,591 0	0 0	39,500 0	23,436 0	9,163 0	231,690 0	0 0
STEVE ERICKSON	(i) (ii)	199,879 0	0 0	0 0	23,705 0	14,371 0	237,955 0	0 0

**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 Part VI.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

**2012**

**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 legally 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 escrows	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 of bond-financed property?		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 00000%		0 00000%		0 00000%		0 00000%	
<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 00000%		0 00000%		0 00000%		0 00000%	
<b>6</b> Total of lines 4 and 5	0 00000%		0 00000%		0 00000%		0 00000%	
<b>7</b> Does the bond issue meet the private security or payment test?		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T?		X	X			X		X
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?		X				X		X
<b>b</b> Exception to rebate?		X				X	X	
<b>c</b> No rebate due?	X				X			X
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?		X		X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified 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?								

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (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>6</b> Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
schedule k, part iv, line 2c	0	COLUMN (A) - 2/24/2010 COLUMN (C) - 3/31/2011

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

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, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Pomona College

Employer identification number

95-1664112

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

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose 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	47,167	Salary/Benefits		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
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**SCHEDULE M  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No 1545-0047  
**2012**  
**Open to Public Inspection**

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

Name of the organization  
Pomona College

**Employer identification number**  
95-1664112

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<b>1</b> Art—Works of art . . . . .	X	5		appraisal
<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	76	967,146	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	3	1,865,000	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 . . . . .				
<b>25</b> Other ▶ (Computer equipment) . . . . .	X	14	16,552	RETAIL VALUE
<b>26</b> Other ▶ ( ) . . . . .				
<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 15

		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 noncash contributions? . . . . .	<b>32a</b>	Yes	
<b>b</b> If "Yes," describe in Part II			
<b>33</b> If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

**Part III Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.**

**2012**

**Open to Public  
Inspection**

Name of the organization  
Pomona College

**Employer identification number**

95-1664112

Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990, PART III, LINE 1, CONTINUED	<p>This experience will continue to guide their contributions as the next generation of leaders, scholars, artists, entrepreneurs and citizens to fulfill the vision of Pomona's founders to bear their added riches in trust for all. PROGRAM SERVICE FORM 990, PART III, LINE 4A, CONTINUED POMONA GRADUATES NOT ONLY RECEIVE EXCELLENT LIFELONG PREPARATION FOR A WIDE RANGE OF CAREERS, BUT ALSO ARE ENCOURAGED TO DEVELOP THE RATIONAL DISCRIMINATION, AESTHETIC APPRECIATION, COMPASSION, AND UNDERSTANDING THAT ONLY KNOWLEDGE CAN FOSTER. POMONA OFFERS 47 MAJORS IN THE NATURAL SCIENCES, HUMANITIES, SOCIAL SCIENCES FINE ARTS, AND INTERDISCIPLINARY FIELDS. ALSO COMMON ARE DOUBLE MAJORS AND INDIVIDUAL SPECIAL MAJORS, CRAFTED BY THE STUDENT WITH GUIDANCE FROM FACULTY. FIRST-YEAR STUDENTS DELVE INTO A CRITICAL INQUIRY SEMINAR TO DEVELOP SKILLS IN CRITICAL THINKING, ANALYSIS AND WRITING. POMONA'S SUMMER UNDERGRADUATE RESEARCH PROGRAM ENABLES STUDENTS TO CONDUCT EXTENDED, FOCUSED RESEARCH IN CLOSE COOPERATION WITH A POMONA FACULTY MEMBER, WITH PROJECTS TAKING PLACE BOTH ON CAMPUS AND IN THE FIELD. THE COLLEGE OFFERS APPROXIMATELY 600 CLASSES EACH YEAR, AND STUDENTS ALSO HAVE ACCESS TO THE MORE THAN 2,200 CLASSES AT THE CLAREMONT COLLEGES. FORM 990, PART III, LINE 4B, CONTINUED POMONA PROVIDES SELF-OPERATED DINING AND CATERING SERVICES AT THREE DINING HALLS. POMONA'S GOAL IS TO SERVE FOOD THAT IS HEALTHY, FRESH AND DELICIOUS AND THAT IS PRODUCED IN A JUST AND SUSTAINABLE MANNER. THE INSTRUCTIONAL AND EXTRA-CURRICULAR PROGRAMS ARE FURTHER SUPPORTED BY BRIDGES AUDITORIUM, A PERFORMING ARTS CENTER THAT SEATS 2,500, AND SEAVER THEATRE, A COMPREHENSIVE THEATRE COMPLEX FEATURING A 350-SEAT AUDITORIUM AND 100-SEAT EXPERIMENTAL THEATRE SPACE. ATHLETIC FACILITIES INCLUDE THE LILLIORE GREEN RAINS CENTER FOR SPORT AND RECREATION, THE HALDEMAN AQUATICS CENTER, AND FIELDS FOR SOFTBALL, BASEBALL, TRACK, SOCCER, FOOTBALL AND MORE. POMONA COLLEGE'S HAS MADE SIGNIFICANT INVESTMENTS TO MAKE THE CAMPUS MORE SUSTAINABLE, INCLUDING BUILDING THE FIRST LEED-PLATINUM LARGE-SCALE RESIDENCE HALLS IN THE WEST, TO INSTALLING SOLAR ENERGY AND REMOVING IMPERMEABLE SURFACES AND REPLACING THEM WITH DROUGHT RESISTANT LANDSCAPING AND PERMEABLE GROUND COVER. THE COLLEGE HAS PLEDGED TO BE CARBON-NEUTRAL BY 2030 AS PART OF THE AMERICAN COLLEGES AND UNIVERSITIES PRESIDENTS' CLIMATE COMMITMENT (ACUPCC). FORM 990, PART III, LINE 4C, CONTINUED THE COLLEGE ALSO ASSISTS STUDENTS WITH ORIENTATION, REGISTRATION AND ACADEMIC COUNSELING. FROM THE IR FIRST YEAR AT POMONA, STUDENTS CAN TURN TO THE CAREER DEVELOPMENT OFFICE, WHICH PROVIDES HELP WITH EVERYTHING FROM RESUME WRITING TO MOCK INTERVIEWS. STUDENTS ALSO CAN APPLY FOR THE CDO'S PROGRAM OF SUMMER INTERNSHIPS IN THE U.S. AND ABROAD. THE CLAREMONT COLLEGES' STUDENT HEALTH SERVICE STRESSES PREVENTATIVE MEDICINE AND HEALTH AWARENESS, WHILE MONSIEUR COUNSELING AND PSYCHOLOGICAL SERVICES HELP STUDENTS WITH PERSONAL AND EMOTIONAL PROBLEMS. THE INTERFAITH OFFICE OF THE CHAPLAINS DIRECTS THE PROGRAMS OF THE CLAREMONT COLLEGES' MCALISTER CENTER FOR RELIGIOUS ACTIVITIES, ASSISTING STUDENTS IN MAKING CONTACT WITH MEMBERS OF THEIR COMMUNITY OF BELIEF. WORKING CLOSELY WITH STUDENTS, FACULTY AND STAFF, THE DIVISION OF STUDENT AFFAIRS AIMS TO PROVIDE SERVICES, ACTIVITIES, AND RESOURCES THAT SUPPORT THE COLLEGE'S EDUCATIONAL ENTERPRISE AND ENABLE EACH STUDENT TO LEARN, GROW, AND DEVELOP WHILE HERE AT POMONA. FORM 990, PART III, LINE 4D Other-Public Service, Institutional Support, Academic Support. IN ORDER TO FACILITATE OUR PRIMARY PROGRAM SERVICE OF INSTRUCTION AND RESEARCH, POMONA COLLEGE PROVIDES INSTITUTIONAL SUPPORT THROUGH OUR BUSINESS OFFICE, ALUMNI RELATIONS, INFORMATION TECHNOLOGIES, COMMUNICATIONS, MAJOR GIFTS/GIVING AND STAFF EDUCATIONAL SUPPORT TO KEEP OUR STAFF INFORMED OF NEW AND DEVELOPING WAYS TO ADVANCE OUR PRIMARY MISSION. POMONA'S ACADEMIC SUPPORT RESOURCES OFFER EXPERT PEER INSTRUCTION TO HELP DEVELOP STRATEGIC LEARNING SKILLS, ASSIST IN ACHIEVING PERSONAL INTELLECTUAL POTENTIAL, AND PROMOTE LEADERSHIP AND SERVICE LEARNING OPPORTUNITIES THROUGH THE PEER FELLOWS PROGRAM. ACADEMIC SUPPORT CENTERS INCLUDE THE WRITING CENTER, THE QUANTITATIVE SKILLS CENTER, THE FOREIGN LANGUAGE RESOURCE CENTER AND THE LEARNING FELLOWS PROGRAM. THE HONNOLD/MUDD LIBRARY PARTNERS WITH POMONA COLLEGE AS WELL AS THE OTHER CLAREMONT COLLEGES IN SUPPORTING LEARNING, TEACHING, AND RESEARCH. THE LIBRARY TIES THE ACADEMIC COMMUNITY TO VARIED CULTURAL AND SCHOLARLY TRADITIONS BY OFFERING USER-CENTERED SERVICES, BUILDING COLLECTIONS, DEVELOPING INNOVATIVE TECHNOLOGIES, AND PROVIDING AN INVITING ENVIRONMENT FOR STUDY, COLLABORATION, AND REFLECTION. THE LIBRARY'S GENERAL COLLECTIONS INCLUDE NEARLY 2 MILLION VOLUMES. THE LIBRARY ALSO HAS EXTENSIVE HOLDINGS OF JOURNALS, MAGAZINES, AND NEWSPAPERS, PROVIDING ACCESS TO ARTICLES IN OVER 70,000 PERIODICALS. TEACHING FROM ORIGINAL WORKS OF ART IS CENTRAL TO THE MISSION AT THE POMONA COLLEGE MUSEUM OF ART THROUGHOUT.</p>

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1, CONTINUED	<p>           UT THE ACADEMIC YEAR THE MUSEUM OFFERS A VARIETY OF EDUCATIONAL PROGRAMS HIGHLIGHTING THE EXHIBITIONS AND COLLECTIONS OF THE MUSEUM AND CONNECTING OUR STUDENTS WITH THE ARTS AND CONCERNS OF OUR TIME. POMONA COLLEGE FACULTY USES THE MUSEUM, ITS EXHIBITIONS, AND ITS COLLECTIONS AS A RESOURCE FOR TEACHING, AND AS A SUBJECT FOR RESEARCH AND WRITING. THE DRAPER CENTER FOR COMMUNITY PARTNERSHIPS IS THE COLLEGE'S MAIN AVENUE FOR FOSTERING MUTUALLY BENEFICIAL EXCHANGES AMONG COMMUNITY MEMBERS, STUDENTS, FACULTY AND STAFF IN ORDER TO SUPPORT EDUCATIONAL OUTREACH INITIATIVES, COMMUNITY-BASED RESEARCH AND LEARNING, AND OTHER COMMUNITY ENGAGEMENT ACTIVITIES. STUDENTS CAN EXPLORE AN ASSORTMENT OF COMMUNITY AND VOLUNTEER OPPORTUNITIES THROUGH THE DRAPER CENTER, INCLUDING COLLABORATIVE THEATRE WITH LOCAL MIDDLE-SCHOOL STUDENTS, FOOD RESCUE FOR LOCAL SHELTERS, EDUCATIONAL OUTREACH, VOLUNTEERING DURING SPRING BREAK AND TAKING CLASSES WITH COMMUNITY COLLABORATION.         </p>

Identifier	Return Reference	Explanation
REVIEW OF FORM 990	FORM 990, PART VI, SECTION B, LINE 11	THE INFORMATIONAL RETURN IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND IS INITIALLY REVIEWED BY THE ASST VICE PRESIDENT/TREASURER. AFTER PRELIMINARY REVIEW BY THE ASST 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 THE EXECUTIVE COMMITTEE CONSISTING OF 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 2013.</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 9	Changes in actuarially determined gift liabilities 12,955,005 Comprehensive gain/loss on staff retirement 1,775,234 ----- Total Change 14,730,239

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2012**

**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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity?	
						Yes	No
(1) CLAREMONT UNIVERSITY CONSORTIUM 100 S MILLS AVE CLAREMONT, CA 91711 95-4786748	SUPPORT UNIV	CA	501(C)(3)	11A	NA		No

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> Charitable Remainder Trust (125)	CRT	CA	NA	Trust	0	0	0 %	Yes	
<b>(2)</b> Pooled Income Fund (2)	Pooled Interest	CA	NA	Trust	0	0	0 %	Yes	

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

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

**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 or **(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** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

**j** Lease of facilities, equipment, or other assets to related organization(s)

**k** Lease of facilities, equipment, or other assets from related organization(s)

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

**m** Performance of services or membership or fundraising solicitations by related organization(s)

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

**o** Sharing of paid employees with related organization(s)

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

**q** Reimbursement paid by related organization(s) for expenses

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

**s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>	Yes	
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</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-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> CHARITABLE REMAINDER TRUSTS	C	3,265,000	CASH RECEIVED



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

**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation	
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Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No 1545-0172  
**2012**  
 Attachment  
 Sequence No **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return Pomona College	Business or activity to which this form relates GENERAL DEPRECIATION	<b>Identifying number</b>  95-1664112
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**Part I Election To Expense Certain Property Under Section 179**  
*Note: If you have any listed property, complete Part V before you complete Part I.*

<b>1</b> Maximum amount (see instructions)	<b>1</b>	
<b>2</b> Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b> Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	\$ 2,000,000
<b>4</b> Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b> Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	

<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>6</b>		
<b>7</b> Listed property Enter the amount from line 29	<b>7</b>	
<b>8</b> Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b> Tentative deduction Enter the smaller of line 5 or line 8	<b>9</b>	
<b>10</b> Carryover of disallowed deduction from line 13 of your 2011 Form 4562	<b>10</b>	
<b>11</b> Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
<b>12</b> Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
<b>13</b> Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	<b>13</b>	

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
<b>15</b> Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b> Other depreciation (including ACRS)	<b>16</b>	148,337

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2012	<b>17</b>	
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs		S/L	
<b>h</b> Residential rental property			27 5 yrs	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs	MM	S/L	

**Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life				S/L	
<b>b</b> 12-year			12 yrs		S/L
<b>c</b> 40-year			40 yrs	MM	S/L

**Part IV Summary** (see instructions)

<b>21</b> Listed property Enter amount from line 28	<b>21</b>	
<b>22 Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	148,337
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2012 tax year (see instructions) 43 Amortization of costs that began before your 2012 tax year 44 Total. Add amounts in column (f) See the instructions for where to report