Department of the Treasury

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

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

2009

OMB No 1545-0047

Open to Public

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

micmai	i (CVCIIdC	0011100					Inspection
A Fo	r the	2009 ca	alendar yea	r, or tax year beginning 07-01-2009 and ending 06-30-2010		D Employer id	entification number
		pplicable	Please	C Name of organization Claremont University Consortium			
Add	lress ch	nange	use IRS label or	Doing Business As		95-478674 E Telephone no	
☐ Nar	ne cha	inge	print or type. See	Doing business As		·	
┌ Inıt	ıal retu	ırn	Specific	Number and street (or P O box if mail is not delivered to street address	) Room/suite	(909) 621-	
┌ <sub>Ter</sub>	mınate	ed .	Instruc- tions.	150 East 8th Street No Ste A	, , , , , , , , , , , , , , , , , , , ,	<b>G</b> Gross receipts	\$ 80,825,017
┌ Am	ended	return		City or town, state or country, and ZIP + 4			
_		n pending		Claremont, CA 917113978			
, , , ,	inca tio i	, penang	E Nam				
			Robert	ne and address of principal officer Walton	<b>H(a)</b> Is the affilia	s a group retur tes?	n for ┌ Yes ┍ No
				st 8th Street No Ste A	anna		1 103 1 100
			Clarem	ont, CA 917113978	H(b) Are al	l affiliates includ	led?
		npt status	<u> </u>	(2) <b>d</b> (mart m) <b>L</b> (0/2/2)(1) on <b>L</b> 522			(see instructions)
<u> </u>	x-exem	ipt status	J♥ 501(c)	(3) ◀ (insert no )	H(c) Grou	ip exemption nu	ımber 🟲
J W	ebsite	e: 🕨 ww	w cuc clare	mont edu			
<b>K</b> Forn	n of or	ganızatıon	✓ Corporat	ion	<b>L</b> Year of fo	rmation 2000	State of legal domicile CA
Pai	rt I	Sum	mary		<u>'</u>	•	
Governance				laremont Colleges by promoting collaboration, by providing in services, and by supporting the establishment of new institu		gh quality, and	cost effective
	2			if the organization discontinued its operations or disposed on the governing body (Part VI, line 1a)		25% of its net	assets
20 (/)	4		-	dent voting members of the governing body (Part VI, line 1b)		. 4	
≝	5			aployees (Part V, line 2a)			
Activities &	6			lunteers (estimate if necessary)		6	22
đ				ted business revenue from Part VIII, column (C), line 12		7:	a 0
		_		ness taxable income from Form 990-T, line 34	•	7	
			Ciacoa Basi	The standard means and the standard sta	Prio	r Year	Current Year
	8	Contri	hutions and	i grants (Part VIII, line 1h)	7110	367,656	138,937
횰	9			revenue (Part VIII, line 2g)		34,494,165	32,942,548
Revenue	10	-		ne (Part VIII, column (A), lines 3, 4, and 7d)		1,037,424	582,503
æ	11			art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		269,723	284,649
	12			dd lines 8 through 11 (must equal Part VIII, column (A), line		203,723	201,013
						36,168,968	33,948,637
	13	Grants	s and simila	r amounts paid (Part IX, column (A), lines 1-3)			0
	14	Benefi	ts paid to o	r for members (Part IX, column (A), line 4)			0
82	15	Saları 10)	es, other co	empensation, employee benefits (Part IX, column (A), lines 5-		23,113,649	18,693,879
æ €	16a	Profes	sional fund	raising fees (Part IX, column (A), line 11e)			0
Expenses	ь	Total fu	ındraısıng exp	enses (Part IX, column (D), line 25) ► 54,916			
	17	Other	expenses (	Part IX, column (A), lines 11a-11d, 11f-24f)		13,719,428	13,546,168
	18	Total	expenses A	Add lines 13–17 (must equal Part IX, column (A), line 25)		36,833,077	32,240,047
	19	Reven	ue less exp	enses Subtract line 18 from line 12		-664,109	1,708,590
Net Assets or Fund Balances						g of Current ear	End of Year
9889 Başka	20	Total	assets (Par	t X, line 16)		72,948,596	76,778,360
	21	Total	lıabılıtıes (F	Part X, line 26)		26,020,951	25,880,605
żΞ	22	Netas	sets or fun	d balances Subtract line 21 from line 20		46,927,645	50,897,755

#### Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete $\,$ Declaration of preparer (other than of Sign \*\*\*\*\* Signature of officer Here Mıa Alonzo Controller Type or print name and title Date Preparer's signature Tracy S Paglia Paid Preparer's Firm's name (or yours Moss Adams LLP if self-employed), address, and ZIP + 4 **Use Only** 3121 West March Lane Suite 100

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

Stockton, CA 952192303

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To advance The Claremont Colleges by promoting collaboration, by providing innovative, high quality, and cost effective customer-oriented services, and by supporting the establishment of new institutions

2	Did the organization undertak the prior Form 990 or 990-EZ		program se	rvices during the yea		Yes ▽ No
	If "Yes," describe these new s	ervices on Sched	dule O			
3	Did the organization cease co	nducting, or mak	e sıgnıfıcan	t changes in how it co		_ Yes ▽ No
	If "Yes," describe these chang	es on Schedule (	0			
4		(4) organizations	and section	on 4947(a)(1) trusts a	largest program services by e are required to report the amou service reported	•
4a	(Code ) (Ex	penses \$	10,965,531	ıncludıng grants of \$	0 ) (Revenue \$	12,624,060 )
	Academic Support services provided for the faculty and students of the		ınclude the ce	entral library system and bo	ookstore providing library services and	l makıng textbooks avaılable
4b	(Code ) (Ex	penses \$	3,705,526	ıncludıng grants of \$	0 ) (Revenue \$	3,911,916 )
	Student services provided to the Cl campus safety	aremont Colleges by	the Consortiu	ım ınclude health and cou	nseling services, ethnic centers, an ir	nterfaith office of chaplains and
	(Code ) (Ex	penses \$	13,006,305	ıncludıng grants of \$	0 ) (Revenue \$	16,406,572 )
	payroll and accounting, information	technology, real es	tate, risk mar	nagement, and employee	od services administration, physical pl benefits Additional functions include a ce promoting cooperation among men	dvancing The Claremont
4d	Other program services (De	scribe in Schedu	le O )			
	(Expenses \$	ıncludır	ng grants of	<sup>-</sup> \$	) (Revenue \$	)
4e	Total program service expen	ses <b>⊭</b> \$	27,677,36	2		
	-					Form <b>990</b> (2009)

Part TV	Check	dist of	Required	Schedules
	CHECK	VIISL OI	Reuulleu	<b>Scheuules</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

orm	990 (2009)			Page
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country •			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5b		
6a	Prohibited Tax Shelter Transaction?	5c 6a		No
h	organization solicit any contributions that were not tax deductible?			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		No
9 -	Sponsoring organizations maintaining donor advised funds.	<b>C</b> -		
a		9a oh		
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
O	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
				I

year

12b

150 E 8th Street Ste A Claremont, CA 91711 (909) 621-8043

**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.

	processes, or changes in Schedule O. See instructions.						
Se	ection A. Governing Body and Management		П				
		г		Yes	No		
1a	Enter the number of voting members of the governing body   1a	23					
ь	Enter the number of voting members that are independent 1b	14					
	· · · · · · · · · · · · · · · · · · ·						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation other officer, director, trustee, or key employee?		2		Νo		
3	Did the organization delegate control over management duties customarily performed by or under supervision of officers, directors or trustees, or key employees to a management company or othe		3		Νo		
4	Did the organization make any significant changes to its organizational documents since the prior filed?	Form 990 was	4		No		
5	Did the organization become aware during the year of a material diversion of the organization's ass	sets?	5		Νo		
6	Does the organization have members or stockholders?	[	6		Νο		
7a	Does the organization have members, stockholders, or other persons who may elect one or more n	nembers of the	7a	Yes			
<b>L</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other p		7a 7b	Yes			
Ь		-	/D	res			
8	Did the organization contemporaneously document the meetings held or written actions undertake year by the following	n during the					
а	The governing body?		8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	[	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Νo		
Se	ection B. Policies (This Section B requests information about policies not required by	the Internal					
Re	evenue Code.)		1				
		r		Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?		10a		Νo		
b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	filing the form?					
			11	Yes			
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 .						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Yes			
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that	could give rise					
_	to conflicts?		12b	Yes			
·	describe in Schedule O how this is done		12c	Yes			
13	Does the organization have a written whistleblower policy?	[	13	Yes			
14	Does the organization have a written document retention and destruction policy?	†	14		Νο		
15	Did the process for determining compensation of the following persons include a review and approximate independent persons, comparability data, and contemporaneous substantiation of the deliberation						
•	The organization's CEO, Executive Director, or top management official		15a	Yes			
a b		-	15a 15b	Yes			
b	If "Yes" to line a or b, describe the process in Schedule O (See instructions )		130	162			
	Ti fes to line a or b, describe the process in schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arraitaxable entity during the year?	ngement with a	16a		Νο		
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev	valuate its			110		
	participation in joint venture arrangements under applicable federal tax law, and taken steps to sa organization's exempt status with respect to such arrangements?	feguard the	166				
<u> </u>			16b				
	ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed▶CA						
17							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 99 (3)s only) available for public inspection. Indicate how you make these available. Check all that a Own website. Another's website. Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflict of					
	interest policy, and financial statements available to the public See Additional Data Table				L.		
20	State the name, physical address, and telephone number of the person who possesses the books a Mia Alonzo	and records of the	e orga	nızatıor	n <b>₽</b> -		
	MIA ATOTIZO						

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee											
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Key employee Officer Institutional Trustee Individual trustee or director		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
See add'l data											

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►12

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

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
J T Communications Inc 1607 Erin Ave Upland, CA 91784	Telephone Service Consultant	565,002
Statewide California Electronic Library PO Box 60330 Los Angeles, CA 90060	Web access for library ref mat	281,762
CP Construction Co Inc 105 South Loma Place Upland, CA 91786	Construction	264,045
AeroFund Financial 6910 Santa Teresa Blvd San Jose, CA 95119	Hazardous Material Disposal	253,608
Lewis Tsurumaki Lewis Architects 227 W 29th St 7th Fl New York, NY 10001	Architects	231,675
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►11	who received more than	

Form 9								Page <b>9</b>
Part \	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
##	1a	Federated cam	paigns 1a					
e Ta	ь	Membership du	es <b>1b</b>					
ائ <sup>ر</sup> ∰	C		ents 1c					
<u>ਜ਼</u> ੍ਹੋਂ <u>ਜ਼</u>	d		rations 1d					
Contributions, gifts, grants and other similar amounts	e	Government grants		120.027				
E 5	f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	138,937				
きま	g		butions included in					
Se	h		s 1a-1f	▶	138,937			
				Business Code				
Program Service Revenue	2a	Support services		611,710	32,942,548	32,942,548		
- Fe	ь							
- 00 - 00	c							
ž. Ž	d							
Ē	e							
00 12	f	All other progra	am service revenue					
<u>Ā</u>	g	Total. Add lines	s 2a – 2f		32,942,548			
	3		ome (including dividend	. F				222.722
	١,		ar amounts) stment of tax-exempt bond p	-	333,730 1,474			333,730 1,474
	5			· · · · · · · · · · · · · · · · · · ·	1,171			1,1,1
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	284,649					
	Ь	Less rental expenses						
	c	Rental income or (loss)	284,649					
	d		me or (loss)		284,649			284,649
	_	C	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	47,123,679					
	ь	Less cost or other basis and	46,876,380					
	c	sales expenses Gain or (loss)	247,299					
	d		s)		247,299			247,299
	8a	Gross income f	rom fundraising					
Other Revenue			luding  reported on line 1c)  ie 18					
her	ь	Less direct ex	penses b					
5	С	Net income or (	(loss) from fundraising e	events 🟲				
	9a	Gross income f See Part IV, lin	rom gaming activities ie 19 a					
	b c		penses <b>b</b> (loss) from gamıng actıv	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold <b>b</b>					
	С		(loss) from sales of inve	entory 🕨				
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							
	C	A 11 - +1						
	d e	All other reven						
		i Otali Add IIII es	, _ 1 4 1 4 1 1 1	· · · · •				
	12	Total revenue.	See Instructions	►	33,948,637	32,942,548	0	867,152

	990 (2009)				Page <b>10</b>
Par	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	other organizations must complete column (A) but are not required to bot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			γ	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,076,285	310,247	752,795	13,243
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	2,038	2,038		
7	Other salaries and wages	13,052,202	11,671,403	1,380,799	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,513,909	1,344,406	169,503	
9	Other employee benefits	1,942,984	1,694,379	248,605	
10	Payroll taxes	1,106,461	, ,	<del>                                     </del>	
11	Fees for services (non-employees)	, ,	,	<u> </u>	
а	Management	710,795	624,518	59,049	27,228
ь	Legal	279,696	,	· · ·	
c	Accounting	209,196		<del>                                     </del>	
d	Lobbying		,		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	130,477		130,477	_
g	Other	209,356	160,571	<del>                                     </del>	563
12	Advertising and promotion	85,859	,	<del>'                                    </del>	
13	Office expenses	1,930,869	,	<del>'  </del>	7,560
14	Information technology	707,607	209,305	<del>'  </del>	7,500
15	Royalties	707,007	203,303	130,302	
16	Occupancy	1,071,649	978,363	93,286	
17	Travel	272,325		<del>                                     </del>	888
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	272,323	200,402	02,373	
19	Conferences, conventions, and meetings	145,912	101,900	43,139	873
20	Interest	774,498	•	<del>'  </del>	
21	Payments to affiliates	354,197	,	<del>                                     </del>	207
22	Depreciation, depletion, and amortization	1,618,470	,	<del>                                     </del>	
23	Insurance	109,633	, ,	<del>                                     </del>	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )	200,000		5,3.7	
а	Books & periodicals	3,246,199	3,246,199		
b	Building repair	1,349,010	1,091,363	257,647	
c	Miscellaneous	340,420	193,059	143,007	4,354
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	32,240,047	27,677,362	4,507,769	54,916
26	Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	campaign and idinaraising solicitation		l .		

Pa	rt X	Balance Sheet						
					(A) Beginning of year		<b>(B)</b> End of year	
	1	Cash—non-interest-bearing			186,213	1	146,764	
	2	Savings and temporary cash investments			1,882,460	2	1,426,909	
	3	Pledges and grants receivable, net			1,342,776	3	1,388,621	
	4	Accounts receivable, net			2,244,092	4	2,567,940	
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and				
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		14958(f)(1)) and				
		Schedule L				6		
Assets	7	Notes and loans receivable, net			7	615,552		
8	8	Inventories for sale or use		417,216	8	387,411		
⋖	9	Prepaid expenses and deferred charges			1,243,076	9	1,209,244	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	58,670,109				
	ь	Less accumulated depreciation	10b	24,737,208	31,556,475	10c	33,932,901	
	11	Investments—publicly traded securities			23,499,590	11	21,803,228	
	12	Investments—other securities See Part IV, line 11			5,811,328	12	8,399,735	
	13	Investments—program-related See Part IV, line 11		13				
	14	Intangible assets	· · ·					
	15	Other assets See Part IV, line 11						
	16	Total assets. Add lines 1 through 15 (must equal line 34)			72,948,596	16	76,778,360	
	17	Accounts payable and accrued expenses .			6,746,980	17	4,115,222	
	18	Grants payable		18				
	19	Deferred revenue			7,730	19		
	20	Tax-exempt bond liabilities			15,231,442	20	14,769,369	
Se	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ria Lia		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties				23	373,597	
	24	Unsecured notes and loans payable to unrelated third parties				24	584,821	
	25	Other liabilities Complete Part X of Schedule D			4,034,799	25	6,037,596	
	26	Total liabilities. Add lines 17 through 25			26,020,951	26	25,880,605	
Fund Balances		Organizations that follow SFAS 117, check here ▶ 🔽 and comp through 29, and lines 33 and 34.	let e I	ines 27				
anc	27	Unrestricted net assets			24,666,069	27	26,234,228	
B	28	Temporarily restricted net assets	10,379,660	28	12,612,091			
Į Į	29	Permanently restricted net assets	11,881,916	29	12,051,436			
ᆵ		Organizations that do not follow SFAS 117, check here 🕨 🧀 an	d con	ıplete				
or I		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances			46,927,645	33	50,897,755	
_	34	Total liabilities and net assets/fund balances			72,948,596	34	76,778,360	

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

Form **990** (2009)

Employer identification number

### - - - - - - - - - -

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047

2009

Open to Public Inspection

aremoi	ıt Unı	iversity Consortium			
		95-4786748			
Part		<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instruct ration is not a private foundation because it is (For lines 1 through 11, check only one box.)	ions		
1 [	_	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2 [	_				
	_	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3 [	_	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	= .		
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(</b> hospital's name, city, and state	III). Ente	rtne	
5 [	_	An organization operated for the benefit of a college or university owned or operated by a governmental unit	describe	- ed 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 described in section 170(b)(1)(A)(vi) (Complete Part II)	general	public	
8	_	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	_	An organization that normally receives (1) more than 331/3% of its support from contributions, membershi	p fees, a	nd gros	5 S
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than		_	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from	m busin	esses	
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )			
.o [	_	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).			
1 [	₹	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section $509(a)(1)$ or section $509(a)(2)$ See sect the box that describes the type of supporting organization and complete lines 11e through 11h		a)(3).	Checl
e [	<b>▽</b>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disorder than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)	•	-	
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sup check this box	porting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?		Гъ. П	
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)	44-7:3	Yes	No
		and (iii) below, the governing body of the the supported organization?	11g(i)		No
		(ii) a family member of a person described in (i) above?	11g(ii)		No
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		Νo
h		Provide the following information about the supported organization(s)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		Did you notify the organization in col (i) of your		(vi) Is the organizatio col (i) orga in the U S	nızed	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No			
See Additional Data Table											
_											
Total									0		

ınstructions

:	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIIE J,	,, or o or rait.	· · /		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2000	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the						
_	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
4	the organization without charge				+		
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by						
5	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						
6	(f) Public Support. Subtract line 5 from						
U	line 4						
S	ection B. Total Support						
Cale	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	in)		. ,	. ,	, ,		+ ` ′
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
12	through 10) [ Gross receipts from related activities	os ats /Saa inst	rustions \			140	
	·	•	•		661	12	<u> </u>
13	First Five Years If the Form 990 is for check this box and stop here	or the organizati	on's first, second	, thira, fourth, or	TITTN tax year as a	501(c)(3) orga	inization,
	check this box and stop here						. ,
S	ection C. Computation of Pub						
14	Public Support Percentage for 2009	(line 6 column (	(f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A, Pa	rt II, lıne 14			15	
16a	<b>33 1/3% support test—2009.</b> If the	-		,	line 14 is 33 1/3%	6 or more, chec	- <b>-</b>
_	and <b>stop here.</b> The organization qua				- 11 4-		<b>▶</b>
Ь	<b>33 1/3% support test—2008.</b> If the box and <b>stop here.</b> The organization				ba, and line 15 is	33 1/3% or moi	re, check this
17a	10%-facts-and-circumstances test-			-	ne 13.16a or 16	b and line 14	F-1
	is 10% or more, and if the organizat						ın
	ın Part IV how the organization mee						orted
	organization						<b>▶</b> ┌
b	10%-facts-and-circumstances test-	_					
	15 is 10% or more, and if the organ Explain in Part IV how the organizat						cly
	supported organization	.ion meets the T	acis allu CIICUMS	tances test Inc	: organization qua	iiiiles as a publi	e iy ▶[
10	Deirecta Considering If the agreement	an did not abasi	a hay an line 12	16- 16- 17	17	hay and sas	- ,

**▶**□

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

	(Complete only if you	checked the	box on line 9 of	f Part I.)			
	ction A. Public Support						•
Cale	ndar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	in)			+			
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	A mounts included on lines 1, 2,						
7 a	and 3 received from disqualified						
	persons						
ь	A mounts 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 Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
0	from line 6)						
Se	ction B. Total Support	<u>.I.</u>		<u> </u>		I	1
	ndar year (or fiscal year beginning		(1) 2006	( ) 2007	/ IN 2000		(C) T
	in)	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	( <b>e)</b> 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
L	sources Unrelated business taxable						
Ь	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)		<u> </u>				
13	Total support (Add lines 9, 10c,						
	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
	ction C. Computation of Publ	ic Support F	)orcontago				
				1.2 column (f)		T 4- T	
15	Public Support Percentage for 2009	-		13 column (I))		15	
16	Public support percentage from 200	8 Schedule A , F	Part III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for <b>2</b>				n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III. line 1	.7		18	
	33 1/3% support tests—2009. If the				line 15 is mars		dline 17 is not
TZG	more than 33 1/3%, check this box a					a.i 53 1/3%0 and	a iiiie 17 18 1100
	organization	F	organization qu	aannes as a pabi	, Japporteu		
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	19a, and line 1	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

#### **Explanation**

Schedule A, Part IV, Supplemental Information Schedule A, Part I, Line 11(h), Column (vii) - A mount of Support The purpose of Claremont University Consortium is to support The Claremont Colleges (organizations listed under Schedule A, Part I, item 11h) Therefore, all of the \$27,677,362 of program expenses are support paid for the benefit of the organizations listed

Schedule A (Form 990 or 990-EZ) 2009

# Software ID: Software Version:

**EIN:** 95-4786748

Name: Claremont University Consortium

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

Compensated Employees, and	Independ	ent C	ontr	act	ors					
(A) Name and Title	(B) Average hours	Posi t	tion ( that a	(che	')			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Robert Walton Chief Exec Officer	40 00	х		х				247,003	0	33,044
Robert Gipson Member at Large	1 00	Х						0	0	0
Robert Adler Vice Chair of the Board	1 00	Х						0	0	0
Robert Curry Constituent Member	1 00	Х						0	0	0
Bryant Danner Chair of the Board	1 00	Х						0	0	0
Moctesuma Esparza Member at Large	1 00	Х						0	0	0
Pamela B Gann Constituent Member	1 00	Х						0	409,668	125,034
R Stanton Hales Member at Large	1 00	Х						0	0	0
Maria Klawe Constituent Member	1 00	Х						0	392,112	88,245
Joseph Hough Constituent Member	1 00	Х						0	267,830	26,606
Robin Kramer Constituent Member	1 00	Х						0	0	0
Brenda Levin Member at Large	1 00	Х						0	0	0
Harry McMahon Constituent Member	1 00	Х						0	0	0
William Mingst Constituent Member	1 00	Х						0	0	0
David Oxtoby Constituent Member	1 00	Х						0	394,008	90,338
Sheldon Schuster Constituent Member	1 00	Х						0	311,847	72,695
Laura Skandera Trombley Constituent Member	1 00	Х						0	397,069	92,774
Donald Baker Constituent Member	1 00	Х						0	0	0
Lorı Bettison-Varga Constituent Member	1 00	Х						0	177,748	59,170
Paul S Efron Constituent Member	1 00	Х						0	0	0
Susan A Nelson Member at Large	1 00	Х						0	0	0
Lında Davıs Taylor Constituent Member	1 00	Х						0	0	0
Franklin E Ulf Member at Large	1 00	Х						0	0	0
John Beckman Chief Admin Officer	40 00			х				146,844	0	24,789
Kenneth L Pıfer Treasurer/CFO	40 00			x				142,673	0	24,324

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other compensation
	per week	×   c =   =         賞造    organization (\		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations				
Bonnie Clemens Sec to Bd/Asst to CEO	40 00			Х				162,164	0	20,600
Timothy Morrison Assoc VP/Fac/Mgmt & Pln	40 00			х				133,631	0	14,234
Mıa Alonzo Controller	40 00			х				109,726	0	20,273
Rene Yang Dır Info Tech	40 00					×		128,326	0	20,915
Bruce Spena Dır Central Facılıtıes	40 00					×		114,230	0	21,831
Peter Grant Dır/Rısk Mgmt & Emp Ben	40 00					Х		130,926	0	6,988
Alberta Walker Asst Dir/Libraries	40 00					х		126,162	0	8,167
Lena Robinson Dir/Campus Safety	40 00					х		110,208	0	7,248

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DLN: 93493136059201

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

### **Supplemental Financial Statements**

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

Open to Public

erna	l Revenue Service	► Attach to F	orm 990. 🕨 See separate instruction	ıs		Inspect	tion
	me of the organi			Emp	loyer identifica	ation numbe	r
∠ıa	remont University C	onsoruum		95-	4786748		
Pa	rt I Organ	izations Maintaining Donor A	dvised Funds or Other Simil			s. Complet	te if the
	organiz	zation answered "Yes" to Form 99		1			
			(a) Donor advised funds		( <b>b)</b> Funds and o	other accou	nts
	Total number a	t end of year					
	Aggregate con	tributions to (during year)					
	Aggregate grar	nts from (during year)					
	Aggregate valu	ue at end of year					
		zation inform all donors and donor adv organization's property, subject to the			sed	☐ Yes	┌ No
	used only for c	zation inform all grantees, donors, and haritable purposes and not for the ber ermissible private benefit	<del>_</del>			☐ Yes	┌ No
а	rt III Conse	rvation Easements. Complete	if the organization answered "\	es" to Forn	n 990, Part I'	V, line 7.	
	Purpose(s) of	conservation easements held by the o	rganızatıon (check all that apply)				
	_	ion of land for public use (e g , recreat			ıcally ımportan	•	а
	Protection	n of natural habitat	Preservation	n of a certifie	d historic struc	ture	
	☐ Preservat	ion of open space					
		s 2a–2d ıfthe organızatıon held a qual he last day ofthe tax year	ified conservation contribution in th	e form of a co	onservation		
					Held at the	End of the	Year
а	Total number o	of conservation easements		2a			
)	Total acreage	restricted by conservation easements		2b			
:	Number of con	servation easements on a certified his	storic structure included in (a)	2c			
t	Number of con	servation easements included in (c) a	cquired after 8/17/06	2d			
		servation easements modified, transfe	erred, released, extinguished, or terr	mınated by th	ne organization	during	
	·	ar <b>-</b>					
		tes where property subject to conserv					
		nization have a written policy regardin f the conservation easements it holds		n, handling of	violations, and	☐ Yes	☐ No
		nteer hours devoted to monitoring, ins					
		enses incurred in monitoring, inspecti			g the year 🟲 \$		
		nservation easement reported on line 2 ) and 170(h)(4)(B)(II)?	2(d) above satisfy the requirements	ofsection		☐ Yes	☐ No
	balance sheet,	escribe how the organization reports c , and include, if applicable, the text of on's accounting for conservation easer	the footnote to the organization's fin	•			
a r	t IIII Organ	<b>lizations Maintaining Collection</b> ete if the organization answered	ons of Art, Historical Treasu		her Similar	Assets.	
a	If the organiza art, historical t	tion elected, as permitted under SFAS treasures, or other similar assets held t XIV, the text of the footnote to its fir	116, not to report in its revenue st for public exhibition, education or r	atement and esearch in fu			ì,
b	historical treas	tion elected, as permitted under SFAS sures, or other similar assets held for lowing amounts relating to these item	public exhibition, education, or rese				
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets Inc	luded in Form 990, Part X			<b>F</b> \$	;	31,600
	If the organiza	tion received or held works of art, hist ints required to be reported under SFA		sets for finan			
а	_	·	<del>-</del>		<b>b.</b> #		
-	Revenues incli	uded in Form 990, Part VIII, line 1			<b>►</b> \$		

**b** Assets included in Form 990, Part X

'ar	Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	toric	al Tre	eası	ires, or C	<u>)the</u>	r Simila	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne follo	wing th	nat ai	re a significa	ant u	ise of its co	ollectio	n	
а	Public exhibition		d	굣	Loan o	rexc	hange prog	rams				
b	Scholarly research		e	굣	Other	See	Part XIV					
c	✓ Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	further	the	organızatıor	ı's ex	kempt purp	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t								nılar	Г	Yes	√ No
Pai	tt IV Escrow and Custodial Arrang	•			_		n answere	d "Y	es" to Fo	rm 990	0,	
	Part IV, line 9, or reported an ar		•									
la	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for co	ntribut	ions	or other ass	ets	not	Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing tal	ble		г		<u> </u>			
							-			A mo	unt	
С.	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance						L	1f				
a:	Did the organization include an amount on Fe	orm 990, Part X, line	e 21?							Γ	Yes	☐ No
ь	If "Yes," explain the arrangement in Part XI\	/										
Pa	rt V Endowment Funds. Complete											
		(a)Current Year	(b	Prior \			Two Years Bac	k (d	Three Years	Back (	e)Four Ye	ears Back
a	Beginning of year balance	22,571,181		•	,342,554	+		+				
Ь	Contributions	12,047			117,340	1		$\perp$				
С	Investment earnings or losses	3,380,558		-6,	585,804	╄		+				
d	Grants or scholarships	21,218			20,286	+		_				
e	Other expenditures for facilities and programs	1,362,868		1,	.282,623							
f	Administrative expenses							$\top$				
g	End of year balance	24,579,700		22,	,571,181			$\top$				
2	Provide the estimated percentage of the yea	r end balance held a	as							I		
а	Board designated or quasi-endowment	1.000 %										
_	Permanent endowment 49.000 %											
b	remailent endowment F											
c Ba	Term endowment <b>F 50.000</b> %  Are there endowment funds not in the posse	ccion of the organiz	ation t	that ar	ro hold	and '	administoro	d for	tho			
ď	organization by	331011 Of the organize	2011	tiiat ai	ie neiu	anu c	aummstere	u ioi	tile		Yes	No
	(i) unrelated organizations									3a(i)	Yes	
	(ii) related organizations									3a(ii)		Νo
b	If "Yes" to 3a(II), are the related organization									3b		
	Describe in Part XIV the intended uses of th											
aı	t VI Investments—Land, Building	s, and Equipme	nt. S	ee Fo	orm 99	0, P						
	Description of investment				Cost or o (investm		( <b>b)</b> Cost or o basis (othe		(c) Accumu depreciai		( <b>d</b> ) Boo	ok value
.a	Land				3,277	7,775	5,292	2,004			;	8,569,779
b	Buildings						34,956	,592	12,0	94,301	2	2,862,29
c	Leasehold improvements		•									
d	Equipment						13,896	,841	11,5	33,964	:	2,362,877
е	Other			1			1,246	,897	1,1	08,943		137,954

33,932,901

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		Cost of end-of-year market value
Closely-held equity interests	258,002	С
O ther		
Endowment Venture Partners II - Venture Capital	26,276	F
Weatherlow - Absolute Return	5,480,871	F
HRJ - Private Equity/Venture Capital	2,364,311	F
Oaktree - Private Equity	270,275	F
outside :aid Equity	273,273	·
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	8,399,735	
Part VIII Investments—Program Related. See	- / / ·	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	,	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Funds held in trust		1,807,070
Assets whose use is limited		3,092,985
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		▶ 4,900,055
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability		
	(b) A mount	
Federal Income Taxes		
Defined benefit plan payable	4,027,054	
Funds held in trust for others	1,807,070	
Asset retirement obligation	203,472	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	6,037,596	

Total revenue (Form 990, Part VIII, column (A), line 12)

33,948,637

1

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,240,04
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,708,59
4	Net unrealized gains (losses) on investments	4	3,063,04
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-801,52
9	Total adjustments (net) Add lines 4 - 8	9	2,261,52
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,970,11
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	38,122,97
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 1,241,766		
e	Add lines <b>2a</b> through <b>2d</b>	2e	4,304,81
3	Subtract line <b>2e</b> from line <b>1</b>	3	33,818,16
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 130,477		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	130,47
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	33,948,63
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	34,152,86
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<del>- +</del>	
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 2,043,295	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	2,043,29
3	Subtract line <b>2e</b> from line <b>1</b>	3	32,109,57
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		. ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 130,477		
ь	Other (Describe in Part XIV) 4b	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	130,47
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	32,240,04

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

### Part XIV Supplemental Information

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

Ident if ier	Return Reference	Explanation
Part III, Line 4		Claremont University Consortium holds a historic musical instrument (violin), which is used for research, exhibition, teaching, performance, loan programs and preservation for future generations, which furthers the educational purpose of the affiliated institutions
Part V, Line 4	Description of Intended Use of Endowment Funds	Claremont University Consortium uses the earnings of its endowment funds according to the direction of the donor Earnings are primarily used to support the Libraries of the Claremont Colleges and intercollegiate scholarships and professorships Where no donor intent is specified, the earnings fund the general operations of the Consortium
Part X	Description of Uncertain Tax Positions Under FIN 48	In accordance with generally accepted accounting principles, the Consortium had no uncertain tax positions at June 30, 2010 and 2009
Part XI, Line 8 - Other Adjustments		Comprehensive pension expense -968763 Actuarial adjustment 167234
Part XII, Line 2d - Other Adjustments		Cost of sale 1074532 Actuarial Adjustment 167234
Part XIII, Line 2d - Other Adjustments		Comprehensive Pension Expense 968763 Cost of sale 1074532

DLN: 93493136059201

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Claremont University Consortium

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			95-4786748			
Pa	rt I Questions Regarding Compensation	n	<u> </u>			
					Yes	Νo
1a	Check the appropiate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all to Compensation committee  Independent compensation consultant	that appl				
	Form 990 of other organizations	,  -	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	, Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	Ipaymen	nt?	4a		No
ь	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-l	based co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and p					
	Only 501(c)(3) and 501(c)(4) organizations only m	iust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III		•	8		No
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Robert Walton	(ı) (ıı)	188,683 0	0	58,320 0	22,986 0	10,058 0	280,047 0	
Pamela B Gann	(ı) (ıı)	0 396,681	0	0 12,987	0 70,264	0 54,770	0 534,702	
Maria Klawe	(ı) (ıı)	0 384,118	0	0 7,994	0 46,800	0 41,445	0 480,357	
Joseph Hough	(ı) (ıı)	0 259,348	0	0 8,482	0 25,802	0 804	0 294,436	
David Oxtoby	(ı) (ıı)	0 387,997	0	0 6,011	0 48,877	0 41,461	0 484,346	
Sheldon Schuster	(ı) (ıı)	0 306,354	0	0 5,493	0 30,291	0 42,404	0	
Laura Skandera Trombley	(ı) (ıı)	0 392,750	0	0 4,319	0 45,900	0 46,874	0 489,843	
Lorı Bettison-Varga	(ı) (ıı)	0 163,593	0	0 14,155	0 20,700	0 38,470	0 236,918	
John Beckman	(ı) (ıı)	140,945	0	5,899 0	15,876 0	8,913 0	171,633 0	
Kenneth L Pıfer	(ı) (ıı)	135,476 0	0	7,197 0	15,431 0	8,893 0	166,997 0	
Bonnie Clemens	(I) (II)	139,509 0	0	22,655 0	14,693 0	5,907 0	182,764 0	
		1						

#### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
	1 '	Presidents of the Claremont Colleges participate in Section 457(f) plans provided by their respective institution. No payments were made to listed persons under the plans during the year

Schedule J (Form 990) 2009

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DLN: 93493136059201

OMB No 1545-0047

2009

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### **Supplemental Information on Tax Exempt Bonds**

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

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

Name of the organization
Claremont University Consortium

Employer identification number 95-4786748

Pa	rt I Bond Issues													
	(a) Issuer Name (b) Issuer EIN (c) CUSIP #		(d) Date Issued (e) Issue Price (f		(f) Des	cription of	Purpose	(g) Defeased			On alf of uer			
											Yes	No	Yes	No
	CA Infrastructure & Econ Devel Bank	68-0304653	13033WHU0	05-08-2003		10,3	10,338,548		Facilities Renewal & Construct			×		х
Pai	rt III Proceeds													
					1	В	3	-		D			E	
1	Total proceeds of issue			1	1,065,105	5								
	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasan	ice escrows												
4	4 Other unspent proceeds				3,092,984	<u> </u>								
5	5 Issuance costs from proceeds				202,200									
6	6 Working capital expenditures from proceeds													
7	Capital expenditures from proceeds				7,769,921									
8	8 Year of substantial completion			20	07					•		•		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is	sue?		X									
10	Were the bonds issued as part of a	an advance refunding	ıssue?		Х									
11	Has the final allocation of proceed	ds been made?			Х									
12	Does the organization maintain ad the final allocation of proceeds?	dequate books and re	cords to support	×										
Par	t IIII Private Business Use								•	<u>'</u>			•	
				4	В	-			D			E		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in which owned property financed by		ember of an LLC,		Х									
2	Are there any lease arrangements which may result in private busine		х											
For P	Privacy Act and Paperwork Reduction Ac	ct Notice, see the Insti	ructions for Form 990			Cat No 50	)193E				Schedule	K (Form	990) 20	09

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		A		В		С		D			E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х								
3b	Are there any research agreements with respect to the financed property which may result in private business use?	х									
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		×								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		2 000 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %								
6	Total of lines 4 and 5		2 000 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х									
Dar	+ TV Arbitrage										

		Α		ı	В	(	С		D	ı	E
		Yes	No								
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x								
2	Is the bond issue a variable rate issue?		Х								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х								
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х								
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?	х									
6	Did the bond issue qualify for an exception to rebate?		х								
4											

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DLN: 93493136059201

Employer identification number

OMB No 1545-0047

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#### **Schedule L**

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

### **Transactions with Interested Persons**

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

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

Claremonic offiversity Consortium						٥	-47867	48		
Part I Excess Benefit Tran Complete If the organizat						4) organiz	ations	only).	40b	
1 (a) Name of disqu	ıalıfıed	nerson		( <b>h</b> ) Dag		. n . f transa	ation		(c) C	orrected
1 (a) Name of disqu	adililed	person		(b) Desc	criptio	on of transa	ction		Yes	No
2 Enter the amount of tax impos							ear unde	r .		
section 4958								- \$		
3 Enter the amount of tax, if any	on line	2, abo	ve, reimbursed by	the organization.	•			- \$		
Part II Loans to and/or F	rom	Intere	sted Persons							
Complete if the organiz					, or F	orm 990-E	Z, Part \	/, line 38a		
	( <b>b</b> ) L	oan to					(f)			
(a) Name of interested person and		m the	(c)O riginal	(d)Palamaa dua		e <b>)</b> In fault?	A ppro		<b>(g)</b> Writt agreeme	
purpose	organı	zation?	principal amour	nt (d)Balance due	l de	iauitr	commit	I	agreenie	1111
	То	From			Yes	No	Yes	No	Yes	No
otal			🕨 :	\$						
Part IIII Grants or Assistan										
Complete if the orga	nızatıc					e 27.				
(a) Name of interested pers	on			tween interested pe organization	rson	(c)A m	ount of g	rant or type	ofassis	tance
			and the	organization						
Part IV Business Transact	ions ]	Involv	ing Intereste	d Persons.		·				
Complete if the orga	nızatıc	n ansv	vered "Yes" on	Form 990, Part I\	/, lın	e 28a, 28l	o, or 28	Sc.		
		(b)	<b>)</b> Relationship							haring o
(a) Name of interested person between interes				(c) A mount of		(d) Descr	ıptıon of	transaction		iization's
			erson and the organization	transaction		, ,	•		Yes	enues?
· ·				434,	594	SCE provid	as elect	rıcal power		No No
Edison Int'lSo Cal Edison Robert Adler, Overseer, is an o			•	434,.		the Consort		ilcai powei		
		of Ed is	on Int'l, parent							
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Software ID: Software Version:

**EIN:** 95-4786748

Name: Claremont University Consortium

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DLN: 93493136059201

2009

Open to Public

## SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization Claremont University Consortium

Employer identification number

95-4786748

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The Claremont University Consortium ("CUC") is the central coordinating institution of The Claremont Colleges, a cluster of seven undergraduate, graduate, and professional academic institutions ("Member Institutions"). The governing body of the CUC is its Board of Overseers ("Board"). The Board is composed of 14 Constituent. Overseers (the Board Chair and the President of each of the seven Member Institutions, who are elected or appointed by the board of trustees of each respective Member Institution, and not by the Board of the CUC) and up to 11 At-Large Overseers, who are elected by the Board of the CUC.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The CUC is governed, in part, by a constitution Article VIII of that constitution provides that it may be amended by the Board, however amendments to six specific articles (Article II, Objectives, Article IV, Central Coordinating Institution, Article V, Size of Member Institutions, Article VI, Instructional Services, Article VII, Procedures for New Colleges and Other Institutions, and Article VIII, Amendments) become effective only "upon ratification by the respective boards of the member institutions" Approval of a majority of the boards of trustees of the Member Institutions is also required for certain land transactions

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 11		CUC utilizes a process for review of the IRS Form 990 Return of Organization Exempt from Income Tax that involves multiple layers of management as well as governing board members. CUC has engaged an outside accounting firm to prepare the 990 using information provided by individuals in the Office of Financial Services, the Office of Human Resources, and the CUC Business Affairs Office, and changes are made as needed. Once a revised draft is available, the draft is reviewed by the Controller and the Vice President/Treasurer. After this review and any resulting changes are complete, the revised draft is provided to members of the CUC Audit. Committee for questions and comments. Once questions and comments from the Audit Committee are fielded and issues resolved, the Audit Committee accepts the 990 and provides it to all voting members of the Board of Overseers prior to filing.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The Conflict of Interest policy is reviewed annually by the Board of Overseers, whomare each surveyed for any conflicts. The results are reported to the Audit Committee annually

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Claremont University Consortium has an executive compensation review policy in place for independent review by the Executive Committee of the Board of Overseers Each year a report of compensation for officers, key employees and other disqualified persons is prepared which includes historic compensation data, and national and regional survey data. The Executive Committee meets to approve total compensation before any changes are implemented. Contemporaneous substantiation of the compensation approval is maintained in the form of board committee minutes.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		- The governing/organizing documents are made available to the public upon request - Conflict of interest policy and financial statements are available on the Claremont University Consortium website http://www.cuc.claremont.edu/

ldentifier	Return Reference	Explanation
		Sch K, Part II, Bond Project Unspent Funds A portion of the funds from the California Infrastructure and Economic Development Bank (CIEDB) 2003 bond fund had not been expended as of June 30, 2010 due to delays in one of the projects. The project will be completed and all funds expended by June 30, 2011

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SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury

Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**Employer identification number** 

DLN: 93493136059201

2009

Open to Public Inspection

Claremont University Consortium					95-	4786748		
Part I Identification of Disregarded Entities (Complete	e if the organization ai	nswered "Yes" oı	n For	m 990, Part I	V, line	e 33.)		
<b>(a)</b> Name, address, and EIN of disregarded entity	(b) Primary activity L	(c) egal domicile (state or foreign country)	(d) Total income		(e) End-of-year assets		<b>(f)</b> Direct controlling entity	
	Nigra (Campleta fith				F	000 D	TV long (	24 h h h d
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tax year.)	e organization ai	nswei	rea "Yes" on	Form	990, Part	IV, line .	34 because it had one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (st or foreign counti		( <b>d)</b> Exempt Code se	ction	<b>(e)</b> Public chari (if section 5	ty status	<b>(f)</b> Direct controlling entity
Pomona College								
550 N College Ave	Education	CA		501(c)(3)	(3)		2	N/A
Claremont, CA 91711 95-1664112				,,,,				
Claremont Graduate University  150 E 10th Street	Education	CA		501(c)(3)			2	N/A
Claremont, CA 91711 95-1664100 Scripps College								
1030 Columbia Claremont, CA 91711	Education	СА		501(c)(3)			2	N/A
95-1664123 Claremont McKenna College								
500 E 9th Street  Claremont, CA 91711 95-1664101	Education	CA		501(c)(3)			2	N/A
Harvey Mudd College								
301 Platt Blvd Claremont, CA 91711	Education	CA		501(c)(3)			2	N/A
95-1911219								
Pitzer College  1050 N Mills	Education	CA		501(c)(3)			2	N/A
Claremont, CA 91711 95-2261113								
Keck Graduate Institute								
535 Watson Dr	Education	CA		501(c)(3)			2	N/A
Claremont, CA 91711 95-4625327								

Part III Identific because I				<b>s a Partnership</b> (C d as a partnership d			wered "	'Yes" c	n For	m 990, I	Part IV, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets		(h Disprop allocat	prtionate Code itions? amount ir Sched		i) V—UBI box 20 of ule K-1 1065)	( <b>j</b> Gener mana parti	ral or iging
								Yes	No			Yes	No
				s a Corporation or			ar.)		ed "Y	es" on Fo	orm 990, Pa	art IV,	
(a) Name, address, and EIN o	f related organization	<b>(b)</b> Primary a	ctivity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share o Incol	f total	Sh end-	(g) nare of -of-year essets	<b>(h)</b> Percentage ownership		

Р	art V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 34, 35, or 36.)			
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1	Ouring th	e tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	?			
a	Recei	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
ı	Gıft, g	rant, or capital contribution to other organization(s)		1b		No
	: Gıft, g	rant, or capital contribution from other organization(s)		1c		No
•	Loans	or loan guarantees to or for other organization(s)		1d	Yes	
•	Loans	or loan guarantees by other organization(s)		1e	Yes	
1	Sale o	fassets to other organization(s)		1f		No
g	Purch	ase of assets from other organization(s)		<b>1</b> g	Yes	
ı	<b>n</b> Excha	inge of assets		1h		No
i	Lease	of facilities, equipment, or other assets to other organization(s)		1i	Yes	
j	Lease	of facilities, equipment, or other assets from other organization(s)		1j	Yes	
ı	<b>c</b> Perfor	mance of services or membership or fundraising solicitations for other organization(s)		1k	Yes	
	Perforr	mance of services or membership or fundraising solicitations by other organization(s)		11		No
	<b>n</b> Sharin	g of facilities, equipment, mailing lists, or other assets		1m		No
	<b>S</b> harir	ng of paid employees		1n		No
	• Reimb	oursement paid to other organization for expenses		10		No
ı		oursement paid by other organization for expenses		1p	Yes	
•	Other	transfer of cash or property to other organization(s)		1q		No
•	Other	transfer of cash or property from other organization(s)		1r	Yes	
	If the a	answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	s and transaction thres	holds		
		(a) Name of other organization	<b>(b)</b> Transaction type(a-r)		(c) t involv	ed
(1) (2)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

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

(a) Name, address, and EIN of entity	EIN of entity  Primary activity  Legal domic (state or for country)		(d) (e) Are all Share of end-of-year section assets  501(c)(3) organizations?			(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	ag ing tner?
			Yes	No		Yes	No		Yes	No
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Software ID:

**Software Version:** 

**EIN:** 95-4786748

Name: Claremont University Consortium

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if 501(c)(3))	<b>(f)</b> Direct Controlling Entity
Pomona College	Education	CA	501(c)(3)	2	N/A
550 N College Ave Claremont, CA91711 95-1664112					
Claremont Graduate University	Education	CA	501(c)(3)	2	N/A
150 E 10th Street Claremont, CA91711 95-1664100					
Scripps College	Education	CA	501(c)(3)	2	N/A
1030 Columbia Claremont, CA 91711 95-1664123					
Claremont McKenna College	Education	CA	501(c)(3)	2	N/A
500 E 9th Street Claremont, CA91711 95-1664101					
Harvey Mudd College	Education	CA	501(c)(3)	2	N/A
301 Platt Blvd Claremont, CA91711 95-1911219					
Pitzer College	Education	CA	501(c)(3)	2	N/A
1050 N Mills Claremont, CA91711 95-2261113					
Keck Graduate Institute	Education	CA	501(c)(3)	2	N/A
535 Watson Dr Claremont, CA91711 95-4625327					

Software ID: Software Version:

**EIN:** 95-4786748

Name: Claremont University Consortium

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii)  Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi)  Is the organization in (i) organized in the US?		(vii) A mount of support?	
			Yes	No	Yes	No	Yes	No		
Pomona College	951664112	2	Yes		Yes		Yes		0	
Claremont Graduate University	951664100	2	Yes		Yes		Yes		0	
Scripps College	951664123	2	Yes		Yes		Yes		0	
Claremont McKenna College	951664101	2	Yes		Yes		Yes		0	
Harvey Mudd College	951911219	2	Yes		Yes		Yes		0	
Pitzer College	952261113	2	Yes		Yes		Yes		0	
Keck Graduate Institute of Applied Life Sciences	954625327	2	Yes		Yes		Yes		0	