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

2009

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2009 ca	lendar yea	r, or tax year beginning 07-01-2009 and ending 06-30-2010				
B Ch	eck ıf ap	pplicable	Please	C Name of organization Pitzer College		D Employer i	dentification number	
☐ Ad	dress ch	ange	use IRS label or			95-22611		
Гиа	me char	nge	print or	Doing Business As		E Telephone	number	
┌ Ini	ial retur	rn	type. See Specific	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(909) 621	L-8043	
Гте	mınated	d	Instruc- tions.	1050 N Mills Avenue	Room, suite	G Gross receip	ts \$ 317,716,670	
☐ An	ended r	return		City or town, state or country, and ZIP + 4	1			
Гар	olication	pending		Claremont, CA 917116101				
		ŀ	F Nar	ne and address of principal officer	H(a) Is th	■ ıs a group retı	ırn for	
			Laura S	Skandera Trombley	affilia		⊤Yes ▼No	
				Mills Avenue ont, CA 917116101				
					• •	l affiliates inclu	uded? Yes st (see instructions)	No
I Ta	x-exem	ıpt status	▽ 501(c) (3) ◀ (insert no)		o, attach a hi ip exemption i		
J W	ebsit e	: F www	v pıtzer edı	1				
K For	n of org	ganızatıon	Corporat	tion Trust Association Other ►	L Year of fo	rmation 1963	M State of legal domicile	CA
Pa	rt I	Sumr	mary					
	1	•		e organization's mission or most significant activities				
8		FILZEI C	onege is a	n educational institution focusing on undergraduate education				
Ē								
E E								
Governance			·	if the organization discontinued its operations or disposed of				
				members of the governing body (Part VI, line 1a)			3	39
8				•				
Activities &				nployees (Part V, line 2a)				026
달				olunteers (estimate if necessary)				100 0
-	1			ted business revenue from Part VIII, column (C), line 12 . ness taxable income from Form 990-T, line 34	•		7a 7b -1,	
	В	Net unit	erated busi	mess taxable income nonit offit 990-1, fine 34	Drie	or Year	Current Year	7 9 3
	8	Contrib	hutions and	d grants (Part VIII, line 1h)	PIIO	5,280,395		— 6.7
₫	9			revenue (Part VIII, line 2g)		49,324,664		_
enue	10	-		me (Part VIII, column (A), lines 3, 4, and 7d)		2,588		_
Ä	11			art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		237,525		_
	12		-	dd lines 8 through 11 (must equal Part VIII, column (A), line				
		12) .		<u> </u>		54,845,172	65,964,3	98
	13	Grants	and simila	ar amounts paid (Part IX, column (A), lines 1-3)		9,570,992	11,177,1	60
	14			or for members (Part IX, column (A), line 4)				0
8	15	Salarıe 10)	es, other co	ompensation, employee benefits (Part IX, column (A), lines 5-		22,523,151	24,092,8	65
Expenses	16a	Profes	sıonal fund	raising fees (Part IX, column (A), line 11e)				0
ਡੋ	ь	Total fur	ndraising exp	enses (Part IX, column (D), line 25) ▶1,270,249				
	17	Other	expenses	(Part IX, column (A), lines 11a-11d, 11f-24f)		21,048,075	22,514,1	09
	18	Total e	expenses /	Add lines 13–17 (must equal Part IX, column (A), line 25)		53,142,218	57,784,1	34
	19	Revenu	ue less exp	penses Subtract line 18 from line 12		1,702,954	8,180,2	64
Not Assets or Fund Balances						g of Current 'ear	End of Year	
28. 18.48.	20	Totala	ıssets (Paı	rt X, line 16)		168,603,418	216,681,0	— 47
4 B	21			Part X, line 26)		56,068,561	95,645,8	
žĒ	22	Netas	sets or fun	d balances Subtract line 21 from line 20	:	112,534,857	121,035,1	73
Pa	rt II	Sign	ature Bl	ock				
				rjury, I declare that I have examined this return, including a correct, and complete Declaration of preparer (other than of				

Sign
Here

Signature of officer

Yuet K Lee VP for Admin/Treasurer
Type or print name and title

Preparer's signature

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Moss Adams LLP

Stockton, CA 95219

March Lane

Stockton, CA 95219

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

Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization's	mission
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Pitzer College produces engaged socially responsible citizens of the world through an academically rigorous, interdisciplinary liberal arts education emphasizing social justice, intercultural understanding and environmental sensitivity. The meaningful participation of students, faculty and staff in college governance and academic program design is a Pitzer core value. Our community thrives within the mutually supportive framework of The Claremont Colleges, which provide an unsurpassed breadth of academic, athletic and social opportunities.

2			nt program services dur		which were not listed on	Yes ✓ No
	If "Yes," describe the	ese new services on Sc	nedule O			
3	services?		ake sıgnıfıcant changes • • • • • •		_	Yes 🔽 No
	If "Yes," describe the	ese changes on Schedu	e O			
4	Section 501(c)(3) ar	nd 501(c)(4) organizatio)(1) trusts ar	argest program services by ex- re required to report the amour ervice reported	
4a	(Code) (Expenses \$	51,897,392 including gi	rants of \$	11,177,160) (Revenue \$	51,499,958)
	Pitzer College is an educ	cational institution focusing o	n undergraduate education T	he undergradua	ite full time equivalent enrollment fo	r the year was 990 students
4b	(Code) (Expenses \$	ıncluding gra	ants of \$) (Revenue \$)
	-					
4c	(Code) (Expenses \$	including gra	ants of \$) (Revenue \$)
4d	Other program serv	ıces (Describe in Sche	dule O)			
	(Expenses \$	ınclu	ding grants of \$) (Revenue \$)
4e	Total program servi	ce expenses►\$	51,897,392			

art TV	Chack	list of	Deguired	Schedules
	CHECK	MISL OI	Reuulleu	Julicuules

			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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		No
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 quasi- endowments? 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		No
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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	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		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

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		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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	Yes	
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		N o
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	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		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
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		N o
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		N o
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	Yes	
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		N o
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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance	
rait v j	Statements Regarding Other 1R3 Finings 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			
	or U.S. Information Returns. Enter -U- II not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 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			
Ь	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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	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	Yes	
Ь	If "Yes," enter the name of the foreign country •NP, IT, CS			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
5a	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?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6Ь		
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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

150 E 8th Street Ste A Claremont, CA 917113978

(909) 621-8043

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.

Se	ection A. Governing Body and Management						
			Yes	No			
_							
1a	Enter the number of voting members of the governing body 1a 39						
b	Enter the number of voting members that are independent 1b 38						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο			
6	Does the organization have members or stockholders?	6		Νo			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο			
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)						
			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	.1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						
11A	11A Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	12a Does the organization have a written conflict of interest policy? <i>If</i> " <i>No," go to line 13</i>						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13							
14	14 Does the organization have a written document retention and destruction policy?						
15	15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	b Other officers or key employees of the organization						
	If "Yes" 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 arrangement with a taxable entity during the year?	16a		Νo			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b					
	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed CA						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	ı F			
	Mıa Alonzo Claremont University Consortium						

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 i	not compen	sate any	/ curi	rent	or fo	rmer c	office	r, director, trustee	or key employee	
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

2,167,732

1b Total . . . Total number of individuals (including but not limited to those listed above) who received more than

	\$100,000 in reportable compensation from the organization #41			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

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
Bayley Construction GP 3730 S Susan St Ste 200 Santa Ana, CA 92704	Construction	3,513,923
Pankow Special Projects LP 2923 Bradley St Ste 110 Pasadena, CA 91107	Architect	2,390,802
Bon Appetit Inc File 50196-Ground Level Los Angeles, CA 90074	Food Service	1,914,340
Levin & Associates Architects Inc 811 W 7th St Suite 900 Los Angeles, CA 90017	Architect	632,950
Blackbaud Inc P O Box 930256 Atlanta, GA 31193	Software Consulting	193,425
2 Total number of independent contractors (including but not limited to those listed above)) who received more than	

\$100,000 in compensation from the organization 11

Form 9	•							Page 9
Part \	<u>/1111</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
表表	1a	Federated cam	paigns 1a					
죮	ь	Membership du	es 1b					
ق∑	c	Fundraising eve	ents 1c	60,420				
¥£ a	d	Related organiz	zations 1d					
% E	e	Government grant	s (contributions) 1e	346,814				
ੂੰ ਲ,ਬ	f	All other contribution	ons, gifts, grants, and 1f	3,276,833				
₽	g	similar amounts no	ot included above ibutions included in					
Contributions, gifts, grants and other similar amounts	•		88,619					
ညီ	h		s 1a-1f	▶	3,684,067			
				Business Code				
Program Service Revenue	2a	Tuition and fees		611,600	39,430,610	39,430,610		
, S	ь	Auxiliary enterprise	es	611,710	10,936,639	10,936,639		
93	c	Summer conference	ces	611,710	1,101,559	1,101,559		
ē.	d	Private contracts		900,099	17,468	17,468		
Ø E	e	Interest-student lo	ans	611,710	13,682	13,682		
ie i	f	All other progra	am service revenue					
Š	_	Tabal Add lines	- 2- 26	L	F1 400 0F0			
	g 3		s 2a-2f ome (including dividen		51,499,958			
			ar amounts)	. F	1,853,039			1,853,039
	4		stment of tax-exempt bond	-	115,216			115,216
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inco	L me or (loss)	 ▶				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	260,321,718					
	Ь	Less cost or other basis and sales expenses	251,738,498					
	C	Gain or (loss)	8,583,220					
	d		s)		8,583,220			8,583,220
Other Revenue	8a	events (not inc \$ 60 of contributions	rom fundraising luding ,420 s reported on line 1c) ne 18					
<u>-</u>	_		a	150				
¥	b		penses b	13,774	-13,624			-13,624
•	9a	Gross income f	(loss) from fundraising from gaming activities ne 19	events ·	13,021			13,021
	b c		a penses b (loss) from gaming acti	vities				
			ınventory, less					
	b c	=	oods sold b (loss) from sales of inv	entory ►				
		Miscellaneous	s Revenue	Business Code				
	11a	Other sources		900,099	242,522			242,522
	ь							
	c							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d		242,522			
	12	Total revenue.	See Instructions .	▶	65,964,398	51,499,958	0	10,780,373

	990 (2009)				Page 10
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	ot 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	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21			3	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	11,177,160	11,177,160		
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	1,771,068	800,512	707,892	262,664
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	2,734	2,734		
7	Other salaries and wages	16,846,445	15,227,106	1,050,924	568,415
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,272,772	2,030,950	166,643	75,179
9	Other employee benefits	2,007,876	1,858,601	68,968	80,307
10	Payroll taxes	1,191,970	, ,	 	49,545
11	Fees for services (non-employees)				<u> </u>
а	Management	124,829	55,042	69,787	
ь	Legal	105,900	,	105,900	
c	Accounting	137,207		137,207	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	386,857	381,639	5,218	
g	Other	847,988	841,375	+	
12	Advertising and promotion	628,415	,	 	36,250
13	Office expenses	1,510,317	1,280,636	 	135,180
14	Information technology	354,284	234,516	' 	5,857
15	Royalties	331,201	231,310	113,511	3,037
16	Occupancy	1,027,254	994,830	19,108	13,316
17		973,095	,	' 	
18	Travel	973,093	920,443	21,071	31,581
19	Conferences, conventions, and meetings	245,270	226,743	18,527	
20	Interest	3,111,359	3,072,302	†	
21	Payments to affiliates	6,910,984	5,551,814	 	449
22	Depreciation, depletion, and amortization	2,079,970		 	
23	Insurance	176,764	4,874	 	
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)	170,701	1,071	171,030	
а	Food and housing	2,460,476	2,460,476		
b	Building repair	632,633	613,200	19,433	
c	Noncap equipment	458,519	354,313	103,370	836
d	Other expenses	327,191	219,078	97,817	10,296
е	Books & Periodicals	14,797	14,423		374
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	57,784,134	51,897,392	4,616,493	1,270,249
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		. ,		. , .
		•	•		

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			545,262	1	414,851
	2	Savings and temporary cash investments			13,317,630	2	16,970,152
	3	Pledges and grants receivable, net			5,727,666	3	1,122,775
	4	Accounts receivable, net			1,206,078	4	2,185,713
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L			74,014	5	71,951
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of		n 4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net			185,278	7	253,916
8	8	Inventories for sale or use				8	
₫	9	Prepaid expenses and deferred charges			1,569,671	9	2,165,800
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	79,660,977			
	ь	Less accumulated depreciation	10b	26,565,278	48,137,575	10c	53,095,699
	11	Investments—publicly traded securities			68,947,538	11	66,831,958
	12	Investments—other securities See Part IV, line 11			22,279,837	12	66,534,622
	13	Investments—program-related See Part IV, line 11			4,776,931	13	5,125,581
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,835,938	15	1,908,029
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			168,603,418	16	216,681,047
	17	Accounts payable and accrued expenses .			4,223,413	17	5,910,851
	18	Grants payable				18	
	19	Deferred revenue			2,100,229	19	2,202,846
	20	Tax-exempt bond liabilities			42,935,442	20	80,499,595
S.	21	Escrow or custodial account liability Complete Part IV of Schedul	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u> </u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties			99,119	24	382,835
	25	Other liabilities Complete Part X of Schedule D			6,710,358	25	6,649,747
	26	Total liabilities. Add lines 17 through 25			56,068,561	26	95,645,874
		Organizations that follow SFAS 117, check here ▶ 🔽 and comp through 29, and lines 33 and 34.	olet e	lines 27			
anc	27	Unrestricted net assets			69,934,733	27	78,728,787
- 60 60	28	Temporarily restricted net assets			14,287,787	28	13,333,983
Fund Balance	29	Permanently restricted net assets			28,312,337	29	28,972,403
Ē		Organizations that do not follow SFAS 117, check here ▶ ☐ ar	nd con	nplete			
9		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	ınds			32	
¥	33	Total net assets or fund balances			112,534,857	33	121,035,173
~	34	Total liabilities and net assets/fund balances			168,603,418	34	216,681,047

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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Pıtzer College

Name of the organization

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

Public Charity Status and Public Support

Employer identification number

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

Inspection

								95-226111	. 3	
Part I	Reaso	on for Pub	olic Charity State	us (All or	ganızatıons	must comp	olete this p	art.) See ins	tructions	
he organ	ıızatıon ıs	not a private	foundation because	ıtıs (Forl	lines 1 throu	gh 11, check	only one bo	x)		
1	A churc	h, conventio	on of churches, or as	sociation of	fchurches s	ection 170(b)(1)(A)(i).			
2 🔽	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (At	tach Schedu	ıle E)				
з Г	A hospı	tal or a coop	erative hospital serv	/ice organiz	zatıon descrı	bed in sectio	n 170(b)(1)	(A)(iii).		
4		al research I's name, cit	organization operate y, and state	ed in conjun	iction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). Ent	er the
5			rated for the benefit		or universit	y owned or o	perated by a	governmenta	l unit describ	ped in
6 [ocal government or	-	tal unit desc	rihed in secti	on 170(h)(1)(A)(v)		
7			t normally receives a	_					m the genera	al nublic
,	describ	ed ın	A)(vi) (Complete Pa		ar part or its	support nom	a governme	ntar anit or no	m the genera	ат равне
8	A comm	nunity trust o	described in section	170(b)(1)(A)(vi) (Com	nplete Part II)			
9	An orga	nızatıon tha	t normally receives	(1) more th	ian 331/3% d	of its support	from contrib	outions, memb	ership fees,	and gross
	receipts	from activit	ties related to its exe	empt functı	ons—subject	t to certain ex	xceptions, a	nd (2) no more	e than 331/3°	% of
	ıts supp	ort from gro	ss investment incom	ne and unre	lated busine	ss taxable ın	come (less s	section 511 ta	ax) from busi	nesses
	acquire	d by the orga	anızatıon after June 3	30,1975 S	ee section 5	609(a)(2). (C	omplete Par	t III)		
10 厂	An orga	nızatıon org	anızed and operated	exclusively	to test for p	oublic safety	See section	509(a)(4).		
11	one or r	nore publicly	anized and operated v supported organization ves the type of suppo b Type II	tions descr rting organ	ibed in secti ization and c	on 509(a)(1)	or section ! s 11e throug	509(a)(2) See gh 11h	section 509	
e Γ	other th section If the or check the Since A	an foundation 509(a)(2) Ganization rights box ugust 17, 2	x, I certify that the o on managers and othe eceived a written det 006, has the organiz	er than one termination	or more pub	licly supporte	ed organizat Type I, Type	ions described	d in section 5	509(a)(1) or
		g persons? rson who dir	ectly or indirectly co	ntrols, eith	eralone orto	ogether with i	persons des	cribed in (ii)		Yes No
			overning body of the					,	11g(i)	
	, ,		r of a person describ	• •	_				11g(ii	
		-	ed entity of a person			bove?			11g(iii	
h	• •		g information about t							<u> </u>
(i Nam supp organi	ne of orted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv Is th organiza col (i) lis your gov docum	re tion in sted in erning	Did you no organiza col (i) o suppo	otify the tion in of your	(vi) Is the organization organi	ne tion in ganized	(vii) A mount of support?
			ınstructions))	Yes	No	Yes	No	Yes	No	
					1	1	1		1	1

Total

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) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(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				+		
	Total. 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) 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	33 1/3% support test—2009. If the	-		,	line 14 is 33 1/3%	6 or more, chec	- -
_	and stop here. The organization qua				- 11 4-		▶
Ь	33 1/3% support test—2008. If the box and stop here. 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	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) 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>		ı	I
	ndar year (or fiscal year beginning		(1) 2006	() 2007	/ IN 2000		(C) T
	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 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 stop here						► □
	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 2				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 110ť
	organization	F	organization q	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

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 95-2261113 **Name:** Pitzer College

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) (C) A verage Position (check all that apply) per		_	_	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Hırschel B Abelson Trustee	4 00	Х						О	0	0
Bridget Baker	1 30	Х						0	0	0
Trustee Robert Bookman	1.00							0	0	0
Trustee Donnaldson Brown	1 00	Х							0	
Trustee	1 00	Х						0	0	0
Harold Brown Trustee	2 00	×						0	0	0
William G Brunger Vice Chair of the Board	1 00	Х		Х				0	0	0
S Mohan Chandramohan	1 00	X						0	0	0
Trustee Claudio Chavez									_	
Trustee	1 00	Х						0	0	0
Richard D'Avino Trustee	4 00	Х						0	0	0
Jorge Delgado Trustee	1 00	Х						0	0	0
Susan Dolgen Trustee	1 00	Х						0	0	0
Vicki Kates Gold Trustee	1 00	Х						0	0	0
Donald P Gould Trustee	1 50	Х						0	0	0
Jonathan P Graham Trustee	2 00	Х						0	0	0
Susan Hollander Trustee	1 00	Х						0	0	0
Deborah Bach Kallıck Trustee	1 00	Х						0	0	0
Katherine Cone Keck Trustee	1 00	Х						0	0	0
Edward Kıslınger Trustee	1 00	Х						0	0	0
Robin Kramer Chair of the Board	4 00	Х		х				0	0	0
John Landgraf Trustee	1 00	Х						0	0	0
Julie Mazer Trustee	1 00	Х						0	0	0
Arnold Palmer Trustee	1 00	Х						0	0	0
Shana Passman Trustee	1 00	Х						0	0	0
Ann E Pitzer Trustee	1 00	Х						0	0	0
Russell M Pitzer Trustee	1 00	Х						0	0	0

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Paula B Pretlow Trustee	1 00	Х						0	0	0
Susan S Pritzker Trustee	1 00	Х						0	0	0
A lissa O kuneff Roston Trustee	1 00	Х						0	0	0
Steven R Scheyer Trustee	1 00	Х						0	0	0
Margot Levin Schiff Trustee	1 00	Х						0	0	0
William D Sheinberg Trustee	1 00	Х						0	0	0
Susan Nathan Sholl Trustee	1 00	Х						0	0	0
TD Smith Trustee	1 00	Х						0	0	0
Shahan Soghikian Trustee	1 00	Х						0	0	0
Lisa Specht Trustee	2 50	Х						0	0	0
Eugene P Stein Trustee	1 00	Х						0	0	0
Charlie Woo Trustee	2 00	Х						0	0	0
Debra Wong Yang Trustee	1 00	Х						0	0	0
Teresa Lim Trustee	1 00	Х						0	0	0
Cynthia Telles Trustee	1 00	Х						0	0	0
Joyce Ostin Trustee	1 00	Х						0	0	0
Laura Skandera Trombley President	40 00			х				397,069	0	92,774
Yuet Lee VP for Admin/Treasurer	40 00			х				199,320	0	24,907
Lorı M Yoshıno Assoc VP/Assoc Treas	40 00			х				117,379	0	23,097
Jennıfer Berkley Spec Asst/Sec to Bd	40 00			х				79,579	0	14,794
Mıa Alonzo Controller	40 00			х				0	109,726	20,273
A lan Jones V P/Dean of Faculty	40 00				х			190,719	0	31,279
Arnaldo Rodriguez VP/Admission & Fin Aid	40 00				х			152,304	0	23,590
Dennis Trotter VP/College Advcmnt	40 00				х			221,421	0	62,811
James Marchant VP/Student Affairs	40 00				x			131,828	0	25,437

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

	•										
(A) Name and Title	(B) A verage hours	1	() Ition that a	-		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Stephen Glass Faculty	40 00					×		143,126	0	24,848	
Larry Burık Asst VP/Dır of Facılıtıes	40 00					×		132,923	0	20,225	
Albert Wachtel Faculty	40 00					х		133,608	0	24,545	
Peter Nardı Faculty	40 00					Х		166,907	0	23,721	
Thomas Ilgen Faculty	40 00					х		233,377	0	22,620	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Tuition and fees	611,600	39,430,610	39,430,610		
Auxiliary enterprises	611,710	10,936,639	10,936,639		
Summer conferences	611,710	1,101,559	1,101,559		
Private contracts	900,099	17,468	17,468		
Interest-student loans	611,710	13,682	13,682		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Food and housing	2,460,476	2,460,476		
Building repair	632,633	613,200	19,433	
Noncap equipment	458,519	354,313	103,370	836
Other expenses	327,191	219,078	97,817	10,296
Books & Periodicals	14,797	14,423		374

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DLN: 93493116004231

OMB No 1545-0047

2009

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization
Pitzer College

95-2261113

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	<u> </u>	•
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of a G	historically importantly land area certified historic structure i of a conservation
	easement on the last day of the tax year		
_	Total number of conservation easements		Held at the End of the Year
a b	Total acreage restricted by conservation easements		2a
c	Number of conservation easements on a certified his	toric structure included in (a)	2c 2c
d	Number of conservation easements included in (c) ac	· <i>'</i>	2d
	. ,	· · · · · · · · · · · · · · · · · · ·	
3	Number of conservation easements modified, transfe the taxable year ▶	rrea, released, extinguished, or terminate	ed by the organization during
4	Number of states where property subject to conserva	ition easement is located ►	<u></u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents during the year 🛌
7	A mount of expenses incurred in monitoring, inspection	ng, and enforcing conservation easements	s during the year ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial nents	statements that describes
Par	Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		
а	Revenues included in Form 990, Part VIII, line 1	-	▶ \$

b Assets included in Form 990, Part X

Art, Historical Treasures, or (Histoi	Sets (contin	nued)
any of the following that are a signific	of the fo	tion	
d Loan or exchange prog	d [
e Γ Other	е Г		
oplain how they further the organizatio	how th	ın	
ions of art, historical treasures or othe as part of the organization's collectio		┌ Yes ┌	No
nplete if the organization answere) 90,	
990, Part X, line 21.			
rmediary for contributions or other as		┌ Yes ┌	No
the following table I	llowing		
		nount	
!			
line 21?	217	∀es	No
tion answered "Yes" to Form 990 (b)Prior Year (c)Two Years Ba		(e)Four Years	Pool
651 100,192,897	<u> </u>	(e) Four rears	Dack
107 4,705,127			
718 -22,743,132	-		
810,580			
3,880,661			
476 77,463,651			
eld as			
inization that are held and administere	on that		
		-	
	•	` 	
		- + + -	-
			—
(a) Cost or other basis (investment) basis (oth	(;	(d) Book va	/alue
1,09	$\neg \vdash$	1,09	95,449
70,95		50,06	
	. 📙	<u> </u>	
7,61	.	1,93	34,958
		1	
endowment funds ment. See Form 990, Part X, line (a) Cost or other basis (investment) (b) Cost or other basis (oth	on Schewment	(d) bot	0,06

53,095,699

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		Cost of end-of-year market value
Closely-held equity interests		
O ther		
Funds held in trust by others	41,400,993	F
Real estate investment trust	25,133,629	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	66,534,622	
Part VIII Investments—Program Related. Sec		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Bescription of investment type	(D) 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, III		
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	15.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
Government advances for student loans	3,179,289	
Annuities payable	212,604	
Early retirement liability	2,400,498	
Asset retirement obligation	857,356	
Tabel (Caluma (h) should awalfa 200 D 1 V 1 (D) 1 D 1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	6,649,747	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	65,964,398
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	57,784,134
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,180,264
4	Net unrealized gains (losses) on investments	4	672,710
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-394,752
9	Total adjustments (net) Add lines 4 - 8	9	277,958
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,458,222
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	54,720,433
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	672,710
3	Subtract line 2e from line 1	3	54,047,723
4	Amounts 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 386,857		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	11,916,675
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	65,964,398
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	46,262,211
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	42,094
3	Subtract line 2e from line 1	3	46,220,117
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 386,857		
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	11,564,017
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	57,784,134
Da	t XIV Supplemental Information		

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

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

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The College uses the income from the endowment funds per the requirements of the donor Such income is used for grants, scholarships, professorships, lectures and general operations of the College In fiscal year 2009, the Board of Trustees voted to forgo spending income from the endowment for fisal year 2010 and all earnings were reinvested
Part X	Description of Uncertain Tax Positions Under FIN 48	In accordance with provisions of generally accepted accounting principles, the College had no uncertain tax positions and/or obligations at June 30, 2010 and 2009
Part XI, Line 8 - Other Adjustments		Actuarial adjustment -2655 Staff retirement plan comprehensive loss -350003 Expenses reported on Pitzer Costa Rica's return -42094
Part XII, Line 4b - Other Adjustments		Student Financial aid 11177160 Acturial Adjustments 2655 Staff retirement plan comprehensive loss 350003
Part XIII, Line 2d - Other Adjustments		Expenses reported on Pitzer Costa Rica's return 42094
Part XIII, Line 4b - Other Adjustments		Student Financial aid 11177160

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Pitzer College

Name of the organization

Schools

►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.

OMB No 1545-0047

2009

Open to Public
Inspection

	95-2261113			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain			
	Students applying to the college receive registration materials that state the nondiscrimination policy. The policy is also published on the Pitzer College website, www.pitzer.edu	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	<u>5h</u>		Νο
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 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 Schedule O (Form 990)	7	Yes	

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DLN: 93493116004231

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Pitzer College

Statement of Activities Outside the United States

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

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Employer identification number

95-2261113

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	Γ	No			

For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (U	se Schedule F-1	(Form 990) ıf add	ditional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	for region
South Asia	1	1	Program services	Education	290,866
Europe	1	1	Program services	Education	107,502
Central America and the Caribbean	1	0	Program services	Education	223,537
Sub-Saharan Africa	1	0	Program services	Education	229,299
East Asia and the Pacific	1	0	Program services	Education	293,914
South America	1	0	Program services	Education	344,274
Totals ▶	6	2			1,489,392
For Drivacy Act and Danorwork D	oduction Act Notic	co coo the Instruc	tions for Form 000	Cat No 50082W Scho	dula E (Form 000) 2000

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. Check this box if no one recipient received more than \$5,000 ▶ ☐ Use Schedule F-1 (Form 990) if additional space is needed.									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis for which the grante	ted above that are e or counsel has pr	recognized as charr ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►		
3 Enter total n	Enter total number of other organizations or entities								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of cash grant disbursement of non-cash valuation assistance recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Complete this part to pr	rovide the information required	ın Part I, line 2, and any addıtıonal information.
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 Funds are sent via wire to the director in charge of the program Receipts for all expenses are sent to the Treasurer's office where they are reconciled, translated into US currency and recorded Actual expenses are recorded each year except for some expenses at the end of the year that are estimated and reconciled in the following year when the receipts are received

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DLN: 93493116004231

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Internal Revenue Service

Department of the Treasury 🏲 Attach to Form 990 or Form 990-EZ. 🏲 See separate instructions.

Pitzer College		itification number		
Part I Fundraising Activities. Complete Form 990-EZ filers are not required			95-2261113 to Form 990, Part IV	
 Indicate whether the organization raised funds Mail solicitations Internet and e-mail solicitations Phone solicitations In-person solicitations Did the organization have a written or oral agree or key employees listed in Form 990, Part VII) 	e following activities Check all that apply Solicitation of non-government grants Solicitation of government grants Special fundraising events			
b If "Yes," list the ten highest paid individuals or to be compensated at least \$5,000 by the orga				
(i) Name of individual or entity (fundraiser)	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	Yes No			
Total	▶			

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ed
			(a) Event #1 Chicano Latino Scholarship Recep. (event type)	(b) Event #2	(c) O ther Events (total number)	(d) Tot (Add col co		
哥	1	Gross receipts	60,570				6	0,570
Reveirue	2	Less Charitable contributions	60,420				61	0,420
~	3	Gross income (line 1 minus line 2)	150					150
	4	Cash prizes						
မွာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	2,900			2,90		
	7	Food and beverages				<u> </u>		
Direct	8	Entertainment						
Δ	9	Other direct expenses .	10,874	1			10	0,874
	10	Direct expense summary Add line	es 4 through 9 in column	(d)	•		1	3,774
	11	Net income summary Combine lir			.			3,624
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	irt IV, line 19, or repo	orted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	1	Gross revenue						
စ္	2	Cash prizes						
benses	3	Non-cash prizes						
Direct Ex	4	Rent/facility costs						
ă	5	Other direct expenses						
	6	Volunteer labor	∀es	∀es				
	7	Direct expense summary Add lines	s 2 through 5 in column ((d)				
	8	Net gaming income summary Com	bine lines 1, column d, a	nd line 7	<u> </u>		Yes	No
9 a b	a Is the organization licensed to operate gaming activities in each of these states?						163	
10a b								
11 12	Is t	es the organization operate gaming a he organization a grantor, beneficiar ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ip or other entity			
					Schedule G (Form	990 or 990-	EZ) 20	09

		Yes	No
.3	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
.4	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
.5a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	ц	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the		
	amount of gaming revenue retained by the third party 🟲 \$		
С	If "Yes," enter name and address		
	Name 🟲		
	Address 🏲		
6	Gaming manager information		
	Name •		
	Gaming manager compensation 🕨 \$		
	December of comments and by		
	Description of services provided 🛌		
	Director/officer Employee Independent contractor		
7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u>↓</u>	
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 *		

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DLN: 93493116004231

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

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

Open to Public Inspect ion

							95-2261113	
Does the organization m the selection criteria us	naintain records to s ed to award the grar	nts and Assistance ubstantiate the amount of tools or assistance? edures for monitoring the us			ity for the grants or assis	stance, and	ר Yes Γ	
Form 990, Part	: IV, line 21 for ar	to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, (5)	(h) Purpose of grant or assistance	
2 Enter total number of se	ection 501(c)(3) and	government organizations						

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Institutional Grant Aid	487	11,003,809			
Supplemental Educational Opportunity Grant	67	173,351			
See Additional Data Table					
	•			•	

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Pitzer College awards scholarships only to individual undergraduate students. These scholarships are awarded based upon academic achievement and/or demonstrated financial need. The Financial Aid Office, with the assistance of the Registrar's Office, monitor student enrollment each semester to ensure that students remain qualified for financial aid. The College also awards tuition to dependents of its employees who meet the requirements of the College's Tuition Remission Program. Employee dependent's must be enrolled at one of the undergraduate schools of The Claremont Colleges. Tuition is paid directly to the undergraduate college after grades are submitted to the Human Resources Office as evidence of course completion.

DLN: 93493116004231

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Pitzer College

Employer identification number

95-2261113

Pai	t I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	▽	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 orprovision of all the expenses described above? If "No," complete Part III to explain					
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all t	that apply	y			
	Compensation committee	<u> </u>				
	Independent compensation consultant		, ,			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization					
а	Receive a severance payment or change-of-control payment?					Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	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 m	nust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	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					Νο
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described					
	in Part III	iii ixega :	Section 33 4330 4(d)(3). It les, describe	8		Νο
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	he 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 (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Laura Skandera Trombley	(1)	392,750 0		4,319 0	45,900 0	46,87 4 0	489,843 0		
Yuet Lee	(ı) (ıı)	198,000	0	1,320 0	23,760 0	1,147 0	224,227 0	(
Alan Jones	(1) (11)	180,997 0	0	9,722 0	23,520 0	7,759 0	221,998 0	(
Arnaldo Rodriguez	(I) (II)	144,448 0	0	7,856 0	18,526 0	5,064 0	175,894 0	(
Dennis Trotter	(I) (II)	212,966 0		8,455 0	26,796 0	36,015 0	284,232 0	(
Stephen Glass	(I) (II)	138,283	0 0	4,843 0	17,258 0	7,590 0	167,974 0	(
Larry Burik	(I) (II)	132,395 0	0 0	528 0	15,834 0	4,391 0	153,148 0	(
Albert Wachtel	(I) (II)	131,752 0	0	1,856 0	16,256 0	8,289 0	158,153 0	(
Peter Nardı	(I) (II)	142,548 0	0	24,359 0	16,216 0	7,505 0	190,628 0	(
Thomas Ilgen	(ı) (ıı)	225,060	0	8,317 0	14,384	8,236 0	255,997 0	(
	'								
			<u> </u>						
			<u> </u>						
		!	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
	· ·	Any of the Items checked above are provided only as documented in a particular individual's contract with the College President is required to live in Pitzer-owned house as part of her contract. All maintenance expenses related to the house are paid by Pitzer.
	,	Part II, line 4b President Laura Trombley participated in a Section 457(f) supplemental nonqualified plan No payments were made under the plan during the year The College's contributions, in accordance with the terms of the Employment Agreement, and all earnings or losses thereon, shall vest on June 30, 2010 if the President continues in the College's employ through such date, or such earlier date on which the President dies, is terminated by the College without Cause or resigns for Good Reason The value of the President's Section 457(f) account balance shall be paid upon vesting or as soon thereafter as practicable, net of required withholding taxes

Schedule J (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493116004231

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Inspect ion

Schedule K (Form 990) 2009

OMB No 1545-0047

Schedule K (Form 990)

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 Name of the organization

Pitzer College

Employer identification number

95-2261113

	93											95-2201113			
P	art I Bond Issues									•					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	e Issued	(e) Issue	e Price	(f) Des	cription of P	urpose	(g) Defeased		(h) O n Behalf of Issuer		
											Yes	No	Yes	No	
A _	California Educational Facilities A uthority Series 2009 52-1705592 130178UR5				11-18-2009		724,597	Facility cons improvemen Series 1999	t, refinance			х		Х	
В	California Educational Facilities Authority Series 2005A	52-1705592	1301754Q2	04-29	-2005	16,	335,084	Facility cons				x		X	
С	California Educational Facilities Authority Series 2005B	52-1705592	1301754R0	04-29	-2005	20,!	575,000	Facility cons	cility construction & provement		х			Х	
Pa	rt III Proceeds														
				١	E	3	С		D		E				
1	Total proceeds of issue	63,734,486		1	18,591,584		21,910,516								
2	Gross proceeds in reserve funds	1,788,375				1,788,375									
3 Proceeds in refunding or defeasance escrows					4,432,594										
4	Other unspent proceeds	3	8,509,453	,	2,077,80	8									
5	5 Issuance costs from proceeds				792,003		241,08	4	221,021						
6	Working capital expenditures from	n proceeds		9,452					9,452						
7	Capital expenditures from procee	ds		16,172,399		16,172,39		19,834,743							
8	Year of substantial completion			2010		2010		2008				•			
-				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No	
9	Were the bonds issued as part of	a current refunding is	sue?		Х		Х		Х						
10	Were the bonds issued as part of	an advance refunding	ıssue?	Х			Х		Х						
11	Has the final allocation of proceed	ds been made?			Х		Х	Х							
12	Does the organization maintain action the final allocation of proceeds?	Х		Х		Х									
Pa	rt IIII Private Business Use			T											
			A	 	B			D			E				
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No	
1	Was the organization a partner in which owned property financed by		ember of an LLC,		Х		Х		Х						
2	Are there any lease arrangements which may result in private busing		financed property		Х		х		Х						

Cat No 50193E

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		A B		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		х		Х				
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х		X		Х				
Зс	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		х		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		1 200 %		1 500 %		1 100 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5		1 200 %		1 500 %		1 100 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х					
В-	tt IV Arbitrage		•								

Part IV Arbitrage

		Α		В		С		D			 E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x		x	x					
2	Is the bond issue a variable rate issue?		×		х	х					
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х		х		х				
ь	Name of provider				•		•		•		
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х		Х		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?		x	х			х				
6	Did the bond issue qualify for an exception to rebate?		х		х		х				
									Cabadul	a K /Farm 000	11 2000

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DLN: 93493116004231

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

Pitzer College										
Part I Excess Benefit Tra	nsacti [,]	ons (se	ection 501(c)(3)	and section 501	(c)(4)		5-22611 zatıons (
Complete If the organiza										rrected
1 (a) Name of disq	_l ualified	person		(b) Description of transaction						
				(-,					Yes	No
2 Enter the amount of tax impos		ne organ					_	r		
section 4958								* \$		
3 Enter the amount of tax, If any	, on line	2, abov	e, reimbursed by t	he organization .			🕨	* \$		
Part III Loans to and/or	From 1	Intere	sted Persons.							
Complete if the organi				0, Part IV, line 26,	, or For	m 990-E	Z, Part V	/, line 38a		
	(b) Lo	oan to					(f)			
(a) Name of interested person and	1 ' '		(c)O riginal	(d)Balance due	(e) defa		Appro		(g) Writte agreemen	
purpose	organiz	zation?	principal amount	(a)Balance due	ueia	uitr	by board or a		agreemen	ıır
	То	From	-	Ye		No	Yes	No	Yes	No
Dennis Trotter										
Mortgage		X	75,00	0 71,951		No	Yes		Yes	
	+									
	+									
	+									
	+									
Total	٠	· .	<u> ► s</u>	71,951			1			
Part IIII Grants or Assista			•						<u>l</u>	
Complete if the orga					, line	27.				
(a) Name of Interested pers	son	(b		een interested per	son	(c) A m	ount of a	rant or type	e of assist	tance
(-,			and the o	rganization		(-)				
					-					
					-					
Part IV Business Transac	tions J	nvolvi	ing Interested	Persons.						
Complete If the orga					, line	28a, 28	b, or 28	c.		
			Relationship							arıng o
(a) Name of interested perso	n		een interested	(c) A mount of	(d) Desci	ription of	transactio		zation's
		1 '	rson and the rganization	transaction	`	(d) Description of transaction				nues?
		 	. gamzation		-+				Yes	No
		1			+				+	

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** Pitzer College 95-2261113 **Types of Property** (a) (b) (c) (d) Check Number of Contributions Method of determining Revenues reported on ıf Form 990, Part VIII, line revenues applicable 1 g Χ 0 1 Art-Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household aoods Χ 0 Cars and other vehicles Boats and planes . . . Intellectual property Securities—Publicly traded . Χ 18 122,146 FMV 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ► (Other ►(26 Other ►(_ 27 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 1 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32a Yes b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Part II

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

Ident if ier	Return Reference	Explanation
Third Party Use		Morgan Stanley Smith Barney is used to sell stock gifts for Pitzer College
Non Reporting of Revenue	,	Historically, Pitzer College has not booked noncash gifts other than publicly traded stock due to the difficulty in determining the value of the gift

Schedule M (Form 990) 2009

Software ID: **Software Version:**

> **EIN:** 95-2261113 Name: Pitzer College

DLN: 93493116004231

(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE 0

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.

OMB No 1545-0047

Inspection

Name of the organization

Pitzer College

Employer identification number

95-2261113

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Alan Jones, VP/Dean of Faculty and Jennifer Berkley, Secretary to the Board of Trustees are married

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The form is reviewed by the Audit Committee A copy of the 990 is provided to each member of the Board, excluding emeriti Trustees who are non-voting members

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		An annual solicitation of all trustees, College officers, Vice Presidents and other critical employees is conducted. Follow -up is made in an effort to obtain responses from all regular trustees. The results of the solicitation are presented to the Audit Committee.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The College uses benchmark salary data from comparable higher education institution groups for all employees, including executive management positions. Salaries are also reviewed in relation to performance as evidenced by annual written performance evaluations and years in position. Compensation for Pitzer's top executives is reviewed and approved by the Trustee Compensation Committee whose charge, draw in from the bylaws, is as stated below 4.22 (a)(i) Compensation Committee. There shall be a subcommittee of the Executive Committee known as the Compensation Committee that shall review and approve the compensation, including benefits, of all of the following (a) the President, (b) the Treasurer, and (c) every person, regardless of title, with powers, duties or responsibilities comparable to a president, chief executive officer, treasurer or chief financial officer. The review shall be composed of independent Trustees and shall not include the President or Treasurer. In addition to the President and Treasurer, the Trustee Compensation Committee reviews and approves compensation for the Vice President of Academic Affairs as this position is designated to act as the chief executive officer in exigency. The President's contract, effective March 2008 for a five year period, was approved by the full Board after an extensive process undertaken by a subcommittee of the board in consultation with an independent compensation consultant. The review included the president's performance and the external market for comparable chief executives and peer institutions. The board's Executive Committee annually conducts a performance review and recommends changes, if any, in salary or benefits for the President to the Board of Trustees, which has the ultimate authority for this determination. The Board then has an extensive discussion of the President's performance, the external market for comparable chief executives and peer institutions and the overall needs and means of the college. After thorough discussion, and given the impo

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		- Governing documents are not available to the general public - Conflict of interest policy is not available to the public - Audited financial statements are available on the College's website

DLN: 93493116004231

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number**

Pitzer College				95-2261113		
Part I Identification of Disregarded Entities (Complete	ıf the organization aı	nswered "Yes" on	Form 990, Part I\	/, line 33.)		
(a) Name, address, and EIN of disregarded entity		(c) egal domicile (state or foreign country)	(d) Total income Er	(e) id-of-year assets [(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		e organization ans	swered "Yes" on F	Form 990, Part IV, I	ine 34 because it had one	
(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	
Claremont University Consortium						
150 E 8th Street	Support Claremont colleges	CA	501(c)(3)	11a, Type I	N/A	
Claremont, CA 91711 95-4786748						

Name, address, and EIN of related organization	Primary activity	or foreign country)	Exempt Code section	(if section 501(c)(3))	Direct controlling entity
Claremont University Consortium					
150 E 8th Street	Support Claremont colleges	CA	501(c)(3)	11a, Type I	N/A
Claremont, CA 91711 95-4786748					
Pitzer College - Costa Rica					
150 E 8th Street	Conservation easement for forest conservation	CA	501(c)(3)	11a, Type I	N/A
Claremont, CA 91711 32-0152376					
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Cat No 50135	· Y		Schedule R (Form 990) 2009

				s a Partnership (C d as a partnership d			wered "	Yes" c	n For	m 990, F	art IV, line	34	
(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) Disproprtionate allocations?				Gener mana	ral or iging
								Yes	No			Yes	No
							Disproprisonate allocations? Disproprisonate allocations? Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)						
							ar.)		ed "Y	es" on Fo	orm 990, Pa	art IV,	
(a) Name, address, and EIN o	f related organization	(b) Primary a	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	nare of -of-year	Percentage		
					Legal domicile (state or entity foreign Direct controlling rentity (C corp, S corp, or trust) Share of total income end-of-year assets								

(6)

Part \	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV,	line 34, 35, or 36.)							
Not	e. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No				
1 Durin	the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-I	V ?							
a Re	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No				
b Gif	b Gift, grant, or capital contribution to other organization(s)								
c Gıf	;, grant, or capital contribution from other organization(s)		1 c		No				
d Lo	ans or loan guarantees to or for other organization(s)		1d		No				
e Lo	ans or loan guarantees by other organization(s)		1e		No				
f Sa	e of assets to other organization(s)		1f		No				
g Pu	rchase of assets from other organization(s)		1 g		No				
h Ex	change of assets		1h		No				
i Lea	se of facilities, equipment, or other assets to other organization(s)		1i	Yes					
j Lea	se of facilities, equipment, or other assets from other organization(s)		1j		No				
k Pe	rformance of services or membership or fundraising solicitations for other organization(s)		1k		No				
I Per	formance of services or membership or fundraising solicitations by other organization(s)		11		No				
m Sh	m Sharing of facilities, equipment, mailing lists, or other assets								
n Sharing of paid employees									
o Re	mbursement paid to other organization for expenses		10		No				
p Re	mbursement paid by other organization for expenses		1р		No				
q 0 t	her transfer of cash or property to other organization(s)		1q	Yes					
r Otl	ner transfer of cash or property from other organization(s)		1r		No				
	ne answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship.	ps and transaction thres	holds						
	(a) Name of other organization	(b) Transaction type(a-r)	Amoun	(c) t involve	ed:				
(1) Pitzer (Q Q								
	ditional Data Table								
(2)									
(3)									
(4)									
(5)									

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Dispropitionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	(h) neral or naging irtner?	
			Yes	No		Yes	No		Yes	No	
										╀	
			-							╁	
										t	
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			1				+			+	
										1	