

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

POMONA COLLEGE

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

550 N College Avenue

City or town, state or country, and ZIP + 4

Claremont, CA 917114434

F Name and address of principal officer

David Oxtoby

550 N College Avenue

Claremont, CA 917114434

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

95-1664112

E Telephone number

(909) 621-8135

G Gross receipts \$ 944,291,000

I Tax-exempt status

☒ 501(c) (3) ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.POMONA.EDU

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1887

M State of legal domicile

CA

| Part I Summary | | | |
|-----------------------------|-----|---|--|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities Pomona College is an independent, coeducational liberal arts institution dedicated to the pursuit of knowledge and understanding through the study of the sciences and the humanities | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 38 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 37 |
| | 5 | Total number of employees (Part V, line 2a) | 2,618 |
| | 6 | Total number of volunteers (estimate if necessary) | 743 |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | -3,196,560 |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | -3,196,560 |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year29,999,000Current Year25,368,000 |
| | 9 | Program service revenue (Part VIII, line 2g) | 73,683,00076,654,000 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -20,565,00052,193,000 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 07,000 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 83,117,000154,222,000 |
| | | | |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 25,447,00026,125,000 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 00 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 65,251,00064,140,000 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 24,00021,000 |
| | 16b | Total fundraising expenses (Part IX, column (D), line 25) | 6,957,000 |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 60,347,00058,675,000 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 151,069,000148,961,000 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | -67,952,0005,261,000 |
| Net Assets or Fund Balances | | | Beginning of Current YearEnd of Year |
| | 20 | Total assets (Part X, line 16) | 1,959,498,0002,105,313,000 |
| | 21 | Total liabilities (Part X, line 26) | 307,507,000319,294,000 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 1,651,991,0001,786,019,000 |
| | | | |

Part II Signature Block

Sign Here

Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete Declaration of preparer (other than of

Signature of officer

Karen L Sisson VP & TREASURER

Paid Preparer's Use Only

Preparer's signature

Lior Temkin

Date

2011-05-12

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

SINGERLEWAK LLP10960 WILSHIRE BLVD SUITE 700LOS ANGELES, CA 900243783

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

Throughout its history, Pomona College has educated men and women of exceptional promise We gather students, regardless of financial circumstances, into a small residential community that is strongly rooted in Southern California yet global in its orientation Through close ties among a diverse group of faculty, staff and classmates, Pomona students are inspired to engage in the probing inquiry and creative learning that enable them to identify and address their intellectual passions This experience will continue to guide their contributions as the next generation of leaders, scholars, artists and citizens

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 134,430,000 including grants of \$ 26,125,000) (Revenue \$ 76,661,000)

Higher Education The Colleges academic program encompasses all major fields of the arts, humanities, natural sciences, and social sciences Learning is encouraged through theory-building and empirical research, historical and linguistic analysis, inquiry and ethical debate Pomona College's liberal arts curriculum, small classes, residential campus, and sophisticated laboratories and studios prepare students for lives of personal fulfillment and social responsibility in a global context Pomona graduates not only receive excellent lifelong preparation for a variety of careers, but are encouraged to develop the rational discrimination, aesthetic appreciation, compassion, and understanding that only knowledge can foster Pomona offers 45 majors in the natural sciences, humanities, social sciences and fine arts Students may also take courses at any of the other Claremont Colleges The most popular majors over the past five years have been Economics, English, Politics, Psychology, Biology, History, Neuroscience, International Relations, Media Studies, Mathematics, Public Policy Analysis, and Chemistry Also common are interdisciplinary majors, double majors and individual special majors, crafted by the student with guidance from faculty Whatever the major, Pomona's curriculum is designed to train the mind broadly and deeply First-year students delve into a Critical Inquiry seminar to develop skills in critical thinking, analysis and writing The College offers 600 classes each year, and students also have access to the more than 2,500 classes at The Claremont Colleges

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e




















Total program service expenses

\$ 134,430,000

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Part IV

Checklist of Required Schedules

| | | Yes | No |
|-----|---|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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 | Yes |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6 | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II  | 7 | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | Yes |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9 | Yes |
| 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, line 10? If "Yes," complete Schedule D, Part VI. | | |
| | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | |
| | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | |
| | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | |
| | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12 | Yes |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year?  | Yes | No |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | 12A | No |
| 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 | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17 | Yes |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18 | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19 | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | No |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 | Yes | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | Yes | |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | | No |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35 | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

| | | | Yes | No |
|-----|--|---------|-------|----|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | 1a2,459 | 1cYes | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a2,618 | 2bYes | |
| b | 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 | | |
| 3a | 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 | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ 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 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | 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 | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| a | 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 | 10b | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| a | Gross income from members or shareholders | 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | |
| 12a | 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 | 12b | | |

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.

Section A. Governing Body and Management

| | | | | |
|----|---|----|-----|----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | 1a | 38 | |
| b | Enter the number of voting members that are independent | 1b | 37 | |
| 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 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | No |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | 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 | | No |

Section B. Policies

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

| | | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | No |
| 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? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| 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 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | 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 | | No |
| 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 | | |

Section C. Disclosure

| | |
|----|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed CA |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Mary Lou Woods 550 N COLLEGE AVE CLAREMONT, CA 917114434 (909) 621-8135 |

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

| | | | | |
|----|-------|-----------|---|---------|
| 1b | Total | 2,536,766 | 0 | 508,836 |
|----|-------|-----------|---|---------|

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization133

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| Hathaway Dinwiddie Construction 811 Wilshire Blvd Suite 1500 Los Angeles, CA 90017 | Construction | 7,513,789 |
| ToveyShultz Construction 18261 Collier Ave Unit A Lake Elsinore, CA 92530 | Construction | 6,338,239 |
| Claremont University Consortium 150 E Eighth Street Claremont, CA 91711 | Higher Education | 6,063,238 |
| Sodexo Inc & Affiliates Dept 43283 Los Angeles, CA 90088 | Food Services | 3,368,794 |
| McEachron Construction 1308 Monte Vista Ave Suite Y Upland, CA 91785 | Construction | 1,758,946 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization71

Part VIII

Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|---|---|----------------------|--|---|---|---------------|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a | 5,000 | 25,368,000 | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 1,586,000 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 23,777,000 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ 2,276,000 | | | | | | |
| | h | Total. Add lines 1a-1f | | | | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | Tuition & Fees | 611,310 | 57,846,000 | 57,846,000 | | | |
| | b | Room & Board | 611,310 | 17,325,000 | 17,325,000 | | | |
| | c | Conferences & Faciliti | 721,000 | 676,000 | 676,000 | | | |
| | d | Sales & Services | 611,310 | 555,000 | 555,000 | | | |
| | e | Food Services | 722,320 | 252,000 | 252,000 | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | 76,654,000 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 8,795,000 | | | 8,795,000 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . | | 1,678,000 | | | 1,678,000 | |
| | 5 | Royalties | | | | | | |
| | 6a | (i) Real | | 7,000 | 7,000 | | | |
| | | 6a | Gross Rents | | | | | (ii) Personal |
| | | b | Less rental expenses | | | | | |
| | | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7a | (i) Securities | | 41,720,000 | | | | |
| | | 7a | Gross amount from sales of assets other than inventory | | | | | (ii) O ther |
| | | b | Less cost or other basis and sales expenses | | | | | |
| | | c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | | | | -3,196,560 | 44,916,560 | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | | | | | | |
| | | a | | | | | | |
| | | b | Less direct expenses | | | | | |
| | c | Net income or (loss) from fundraising events . . . | | | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | | | |
| | | a | | | | | | |
| | | b | Less direct expenses | | | | | |
| c | Net income or (loss) from gaming activities . . . | | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | | | | | | |
| | a | | | | | | | |
| | b | Less cost of goods sold | | | | | | |
| c | Net income or (loss) from sales of inventory . . . | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | | | | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | | | | | | |
| 12 | Total revenue. See Instructions | | | 154,222,000 | 76,661,000 | -3,196,560 | 55,389,560 | |

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 26,125,000 | 26,125,000 | | |
| 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 | 2,127,000 | 511,000 | 1,144,000 | 472,000 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 36,000 | | | 36,000 |
| 7 | Other salaries and wages | 47,646,000 | 44,311,000 | 169,000 | 3,166,000 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 5,163,000 | 4,802,000 | 31,000 | 330,000 |
| 9 | Other employee benefits | 5,220,000 | 4,640,000 | 53,000 | 527,000 |
| 10 | Payroll taxes | 3,948,000 | 3,591,000 | 57,000 | 300,000 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 516,000 | 425,000 | 21,000 | 70,000 |
| c | Accounting | 306,000 | | 306,000 | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | 21,000 | | | 21,000 |
| f | Investment management fees | 3,913,000 | | 3,913,000 | |
| g | Other | 14,123,000 | 13,816,000 | 123,000 | 184,000 |
| 12 | Advertising and promotion | 544,000 | 430,000 | | 114,000 |
| 13 | Office expenses | 7,448,000 | 6,651,000 | 108,000 | 689,000 |
| 14 | Information technology | 1,599,000 | 1,498,000 | 29,000 | 72,000 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 7,852,000 | 7,762,000 | 38,000 | 52,000 |
| 17 | Travel | 1,288,000 | 859,000 | 108,000 | 321,000 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 222,000 | 138,000 | 70,000 | 14,000 |
| 20 | Interest | 7,385,000 | 7,385,000 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 11,666,000 | 10,628,000 | 537,000 | 501,000 |
| 23 | Insurance | 339,000 | 308,000 | 16,000 | 15,000 |
| 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) | | | | |
| a | Annuity payments in exc | 827,000 | | 827,000 | |
| b | Miscellaneous | 647,000 | 550,000 | 24,000 | 73,000 |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 148,961,000 | 134,430,000 | 7,574,000 | 6,957,000 |
| 26 | Joint costs. Check here <input type="checkbox"/> 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 | | | | |

Part X

Balance Sheet

| | | | | | | (A) | | (B) |
|-----------------------------|---|--|-----|-------------|-------------|-------------------|-------------|---------------|
| | | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | | 25,000 | 1 | 25,000 |
| | 2 | Savings and temporary cash investments | | | | 74,186,000 | 2 | 95,876,000 |
| | 3 | Pledges and grants receivable, net | | | | 39,511,000 | 3 | 46,484,000 |
| | 4 | Accounts receivable, net | | | | 2,631,000 | 4 | 2,608,000 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | | 1,205,000 | 5 | 1,716,000 |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 37,916,000 | 7 | 36,540,000 |
| | 8 | Inventories for sale or use | | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 1,674,000 | 9 | 1,666,000 |
| | 10a | Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D | 10a | 446,170,000 | | | | |
| | b | Less accumulated depreciation | 10b | 133,763,000 | 276,161,000 | 10c | 312,407,000 | |
| | 11 | Investments—publicly traded securities | | | | 635,071,000 | 11 | 650,174,000 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | | 891,118,000 | 12 | 957,817,000 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | | | 13 | |
| | 14 | Intangible assets | | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | | 1,959,498,000 | 16 | 2,105,313,000 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | | 28,599,000 | 17 | 38,117,000 |
| | 18 | Grants payable | | | | | 18 | |
| | 19 | Deferred revenue | | | | 1,520,000 | 19 | 1,590,000 |
| | 20 | Tax-exempt bond liabilities | | | | 188,762,000 | 20 | 185,525,000 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | | 14,716,000 | 21 | 16,214,000 |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | | 73,910,000 | 25 | 77,848,000 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | | 307,507,000 | 26 | 319,294,000 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | | |
| | 27 | Unrestricted net assets | | | | 769,713,000 | 27 | 829,153,000 |
| | 28 | Temporarily restricted net assets | | | | 597,287,000 | 28 | 653,466,000 |
| | 29 | Permanently restricted net assets | | | | 284,991,000 | 29 | 303,400,000 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | | 32 | |
| | 33 | Total net assets or fund balances | | | | 1,651,991,000 | 33 | 1,786,019,000 |
| | 34 | Total liabilities and net assets/fund balances | | | | 1,959,498,000 | 34 | 2,105,313,000 |

Part XI **Financial Statements and Reporting**

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
POMONA COLLEGE

Employer identification number
95-1664112

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | |

12

Gross receipts from related activities, etc (See instructions)

12

13

First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | | |
|----|--|----|--|
| 14 | Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | 14 | |
| 15 | Public Support Percentage for 2008 Schedule A, Part II, line 14 | 15 | |

16a

33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b

33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a

10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12) | | | | | | |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--|
| 15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|--|
| 17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions | | |

Part IV

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

Additional Data

Software ID:

Software Version:

EIN: 95-1664112

Name: POMONA COLLEGE

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Lucila Arango Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Libby Armintrout Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Andrew Barth Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| W Benton Boone Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Louise H Bryson Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Jeanne M Buckley Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Bernard Chan Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Chris P Dialynas Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| A Redmond Doms Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Jennifer A Doudna Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Ranney E Draper Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Christine Eberhardt Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Paul F Eckstein Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Paul S Efron Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Mark H Fukunaga Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Samuel D Glick Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Alexander Gonzales Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Scott R Green Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Kathrine L Hensley Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Terrance G Hodel Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Jean Kaplan Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| William G Keller Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Margaret G Lodise Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| D Scott Olivet Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |
| Marylyn P Pauley Trustee | 5 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|---------------------------------|--------|---------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | | |
| John A Payton Trustee | 5 00 | X | | | | | | 0 | 0 | 0 | |
| Jason Rosenthal Trustee | 5 00 | X | | | | | | 0 | 0 | 0 | |
| Francine P Scinto Trustee | 5 00 | X | | | | | | 0 | 0 | 0 | |
| R Carlton Seaver Trustee | 5 00 | X | | | | | | 0 | 0 | 0 | |
| Michael Segal Trustee | 5 00 | X | | | | | | 0 | 0 | 0 | |
| Stewart R Smith Trustee | 5 00 | X | | | | | | 0 | 0 | 0 | |
| Gordon Steel Trustee | 5 00 | X | | | | | | 0 | 0 | 0 | |
| Derek A Westen Trustee | 5 00 | X | | | | | | 0 | 0 | 0 | |
| Eileen Wilson-Oyelaran Trustee | 5 00 | X | | | | | | 0 | 0 | 0 | |
| Craig Wrench Trustee | 5 00 | X | | | | | | 0 | 0 | 0 | |
| Mark B Wyland Trustee | 5 00 | X | | | | | | 0 | 0 | 0 | |
| M Lynn Yonekura Trustee | 5 00 | X | | | | | | 0 | 0 | 0 | |
| David W Oxtoby President | 40 00 | X | | X | | | | 396,579 | 0 | 78,145 | |
| Christopher Ponce VP Institutional Advancement | 40 00 | | | X | | | | 250,371 | 0 | 58,123 | |
| Teresa Shaw Secretary | 40 00 | | | X | | | | 53,794 | 0 | 6,964 | |
| Karen L Sisson Treasurer | 40 00 | | | X | | | | 242,868 | 0 | 48,199 | |
| Richard Fass VP Planning | 40 00 | | | | X | | | 198,438 | 0 | 49,224 | |
| Andrew P O'Boyle Associate Treasurer | 40 00 | | | | X | | | 189,352 | 0 | 29,878 | |
| Robert Robinson Asst VP Facilities/Campus Services | 40 00 | | | | X | | | 154,079 | 0 | 28,243 | |
| Deborah Burke Professor | 40 00 | | | | | X | | 236,692 | 0 | 32,323 | |
| Laura Hoopes Professor | 40 00 | | | | | X | | 188,442 | 0 | 37,994 | |
| gary kates Professor | 40 00 | | | | | X | | 201,067 | 0 | 57,147 | |
| John Norton Asst VP/Major Gifts | 40 00 | | | | | X | | 200,803 | 0 | 30,226 | |
| Gary Smith Professor | 40 00 | | | | | X | | 224,281 | 0 | 52,370 | |

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 & Fees | 611,310 | 57,846,000 | 57,846,000 | | |
| Room & Board | 611,310 | 17,325,000 | 17,325,000 | | |
| Conferences & Faciliti | 721,000 | 676,000 | 676,000 | | |
| Sales & Services | 611,310 | 555,000 | 555,000 | | |
| Food Services | 722,320 | 252,000 | 252,000 | | |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

| | |
|--|--|
| Name of the organization POMONA COLLEGE | Employer identification number 95-1664112 |
|--|--|

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

| Identifier | Return Reference | Explanation |
|--------------------|--|--|
| Part II-B, Line 1i | Explanation of Other Lobbying Activities | The organization paid membership dues of \$2,967 to NACUBO and \$14,574 in dues to the Association of Independent California Colleges and Universities, which may engage in lobbying activities. Therefore, a portion of the membership dues may be attributable to lobbying activities. |

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.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

POMONA COLLEGE

Employer identification number

95-1664112

Part I

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

| | | |
|---|--|------------------------------|
| | (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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div> | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div> | |

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ▶ _____

5

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

☐ Yes☐ No

6

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

7

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

8

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

☐ Yes☐ No

9

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

Part III

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

1a

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

b

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

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

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

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

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

b

Assets included in Form 990, Part X▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☒

Public exhibition

b

☒

Scholarly research

c

☒

Preservation for future generations

d

☒

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

| | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|----|--|---------------|-------------------|---------------------|--------------------|
| 1a | Beginning of year balance | 1,344,542,000 | 1,795,212,000 | | |
| b | Contributions | 26,434,000 | 9,457,000 | | |
| c | Investment earnings or losses | 165,677,000 | -383,340,000 | | |
| d | Grants or scholarships | 25,822,000 | 25,100,000 | | |
| e | Other expenditures for facilities and programs | 47,944,000 | 47,784,000 | | |
| f | Administrative expenses | 3,913,000 | 3,903,000 | | |
| g | End of year balance | 1,458,974,000 | 1,344,542,000 | | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 40.000 %

b

Permanent endowment ▶ 18.000 %

c

Term endowment ▶ 42.000 %

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

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

| Description of investment | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 3,486,000 | | 3,486,000 |
| b Buildings | | 347,638,000 | 101,889,000 | 245,749,000 |
| c Leasehold improvements | | | | |
| d Equipment | | 38,521,000 | 31,874,000 | 6,647,000 |
| e Other | | 56,525,000 | | 56,525,000 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 312,407,000 |

| Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements | | |
|---|---|---------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1154,222,000 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2148,961,000 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 35,261,000 |
| 4 | Net unrealized gains (losses) on investments | 4119,574,000 |
| 5 | Donated services and use of facilities | 5 |
| 6 | Investment expenses | 6 |
| 7 | Prior period adjustments | 7 |
| 8 | Other (Describe in Part XIV) | 89,193,000 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9128,767,000 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10134,028,000 |

| Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return | | |
|--|--|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1244,061,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | |
| a | Net unrealized gains on investments2a119,574,000 | |
| b | Donated services and use of facilities2b | |
| c | Recoveries of prior year grants2c | |
| d | Other (Describe in Part XIV)2d-25,822,000 | |
| e | Add lines 2a through 2d | 2e93,752,000 |
| 3 | Subtract line 2e from line 1 | 3150,309,000 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b4a3,913,000 | |
| b | Other (Describe in Part XIV)4b | |
| c | Add lines 4a and 4b | 4c3,913,000 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5154,222,000 |

| Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return | | |
|---|---|--------------|
| 1 | Total expenses and losses per audited financial statements | 1119,226,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | |
| a | Donated services and use of facilities2a | |
| b | Prior year adjustments2b | |
| c | Other losses2c | |
| d | Other (Describe in Part XIV)2d | |
| e | Add lines 2a through 2d | 2e0 |
| 3 | Subtract line 2e from line 1 | 3119,226,000 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b4a3,913,000 | |
| b | Other (Describe in Part XIV)4b25,822,000 | |
| c | Add lines 4a and 4b | 4c29,735,000 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5148,961,000 |

| Part XIVSupplemental Information |
|----------------------------------|
|----------------------------------|

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

| Identifier | Return Reference | Explanation |
|--|---|--|
| Part III, Line 1a | | The College follows a policy not to record or capitalize its art collections. The College's art collections consist of objects of historical and aesthetic significance held for public exhibition and educational purposes. All works in the collection are catalogued, preserved, cared for, and monitored according to professional museum standards, and are subject to a policy that requires proceeds from de-accession to be used exclusively for acquisition. |
| Part III, Line 4 | | The fine art collections of Pomona College are housed in the Pomona College Museum of Art at the Montgomery Art Center, which was inaugurated in 1958 and named after the late Gladys K. Montgomery, Pomona trustee and Los Angeles civic leader. Among important holdings are the Kress Collection of 15th- and 16th-century Italian panel paintings, over 5,000 examples of Pre-Columbian to 20th-century American Indian art and artifacts, including basketry, ceramics, and beadwork, and a large collection of American and European prints, drawings, and photographs. In addition to serving as the basis for exhibitions, the collections, which are always available for individual study and research, are frequently used for classes. The Pomona College Museum of Art also is the site of an active program of temporary exhibitions throughout the academic year. These include regular faculty and student shows, as well as historical and contemporary exhibitions designed to complement the Colleges curricula and to expose students to as wide a variety of works of art as possible. All exhibitions open with public receptions and include lectures and related programs for the College community. |
| Part IV, Line 2b | | The College has certain revocable trusts that are recognized as funds held in trust for others. |
| Part V, Line 4 | Description of Intended Use of Endowment Funds | The Colleges endowment consists of approximately 1,700 individual funds established for a variety of purposes including both donor-restricted endowment funds designated by the Board of Trustees to function as endowments. The College has a policy of appropriating for distribution each year 4.5% to 5.5% of its endowment funds' average fair value over the prior 12 quarters through the September 30th of the preceding fiscal year in which the distribution is planned. These funds are used to further the educational mission of the College. |
| Part X | Description of Uncertain Tax Positions Under FIN 48 | FIN 48 text was not included in the Audited Financials due to immateriality of risk. |
| Part XI, Line 8 - Other Adjustments | | adjustment for Actuarial Liabilities 10095000 Comprehensive loss on staff retirement plan -902000 |
| Part XII, Line 2d - Other Adjustments | | Student financial aid -25822000 |
| Part XIII, Line 4b - Other Adjustments | | Student financial aid 25822000 |

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

| | |
|---|---|
| Name of the organization POMONA COLLEGE | Employer identification number 95-1664112 |
|---|---|

| | 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? | 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? | 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 All brochures and catalogs sent to the general public contain the college's nondiscriminatory policy These brochures and catalogs are available on campus for inspection | Yes | |
| 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) | Yes | |
| | | |
| 5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) | | No |
| | | No |
| | | No |
| | | No |
| | | No |
| | | No |
| | | No |
| | | No |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? | Yes | |
| 6b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) | | No |
| 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990) | Yes | |

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
POMONA COLLEGE

Employer identification number

95-1664112

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For 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 (Use Schedule F-1 (Form 990) if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| Europe (including Iceland & Greenland) | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD PROGRAM | 0 |
| East Asia & the Pacific | | | PROGRAM SERVICES | Study abroad program and promotion of Pomona College to recruit students | |
| Middle East & North Africa | | | PROGRAM SERVICES | STUDY ABROAD PROGRAM | |
| Central America & the Caribbean | | | PROGRAM SERVICES | STUDY ABROAD PROGRAM | |
| South America | | | PROGRAM SERVICES | STUDY ABROAD PROGRAM | |
| North America (including Canada & Mexico, but not the United States) | | | PROGRAM SERVICES | STUDY ABROAD PROGRAM | |
| Russia & the newly independent States | | | PROGRAM SERVICES | STUDY ABROAD PROGRAM | |
| South Asia | | | PROGRAM SERVICES | STUDY ABROAD PROGRAM | |
| Sub-Saharan Africa | | | PROGRAM SERVICES | STUDY ABROAD PROGRAM | |
| Central America & the Caribbean | | | PROGRAM SERVICES | INVESTMENT ACTIVITIES | |
| Europe (including Iceland & Greenland) | | | PROGRAM SERVICES | INVESTMENT ACTIVITIES | |
| East Asia & the Pacific | | | PROGRAM SERVICES | INVESTMENT ACTIVITIES | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals ► | 0 | 0 | | | 0 |

[illegible]**Schedule F (Form 990) 2009**

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.

[illegible]

Part IV Supplemental Information

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

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
POMONA COLLEGE

Employer identification number
95-1664112

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

b ☒ Internet and e-mail solicitations

c ☒ Phone solicitations

d ☒ In-person solicitations

e ☒ Solicitation of non-government grants

f ☒ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| Marts & Lundy Inc | Consulting services relating to campaign start-up | | No | 0 | 21,000 | -21,000 |
| Total ▶ | | | | | 21,000 | -21,000 |

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

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

Part II Fundraising Events.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events (Add col (a) through col (c)) |
|-----------------|----|--|--------------|------------------|--|
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | | | |
| | 2 | Less Charitable contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | | | |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Non-cash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | | | |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | |
| | 11 | Net income summary Combine lines 3, column d, and line 10. ▶ | | | |

Part III Gaming.

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

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

| | | Yes | No |
|-----|---|-----|----|
| 9 | Enter the state(s) in which the organization operates gaming activities _____ | | |
| a | Is the organization licensed to operate gaming activities in each of these states? | 9a | |
| b | If "No," Explain _____ _____ | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | |
| b | If "Yes," Explain _____ _____ | | |
| 11 | Does the organization operate gaming activities with nonmembers? | 11 | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | |

| | | | |
|---|--|------------|-----------|
| | | Yes | No |
| 13 | Indicate the percentage of gaming activity operated in | | |
| a | The organization's facility 13a | | |
| b | An outside facility 13b | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |
| Name ► _____ | | | |
| Address ► _____ | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | |
| b | If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ | | |
| c | If "Yes," enter name and address | | |
| Name ► _____ | | | |
| Address ► _____ | | | |
| 16 | Gaming manager information | | |
| Name ► _____ | | | |
| Gaming manager compensation ► \$ _____ | | | |
| Description of services provided ► _____ | | | |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | | |
| 17 | Mandatory distributions | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | |
| 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 ► \$ _____ | | |

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
POMONA COLLEGE

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
95-1664112

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

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

2

Enter total number of section 501(c)(3) and government organizations

▶

3

Enter total number of other organizations

▶

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2009
Open to Public Inspection

| | |
|--|--|
| Name of the organization POMONA COLLEGE | Employer identification number 95-1664112 |
|--|--|

Part I

Questions Regarding Compensation

| | | |
|--|-----|----|
| | Yes | No |
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain | | No |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | Yes | |
| 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| 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 <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div></div> | Yes | |
| Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. | | |
| 5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of <div><div>a The organization?</div><div>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</div></div> | | No |
| 6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of <div><div>a The organization?</div><div>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</div></div> | | No |
| 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 | | No |
| 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | | No |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | | |

Part II

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

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

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| David W Oxtoby | (i) | 363,129 | 0 | 33,450 | 32,377 | 45,768 | 474,724 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Christopher Ponce | (i) | 250,016 | 0 | 355 | 36,342 | 21,781 | 308,494 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Karen L Sisson | (i) | 242,868 | 0 | 0 | 32,377 | 15,822 | 291,067 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Richard Fass | (i) | 173,467 | 0 | 24,971 | 27,039 | 22,185 | 247,662 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Andrew P O'Boyle | (i) | 172,827 | 0 | 16,525 | 23,742 | 6,136 | 219,230 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Robert Robinson | (i) | 151,917 | 0 | 2,162 | 16,154 | 12,089 | 182,322 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Deborah Burke | (i) | 236,692 | 0 | 0 | 31,073 | 1,250 | 269,015 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laura Hoopes | (i) | 178,842 | 0 | 9,600 | 24,260 | 13,734 | 226,436 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| gary kates | (i) | 162,489 | 0 | 38,578 | 26,725 | 30,422 | 258,214 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| John Norton | (i) | 183,820 | 0 | 16,983 | 25,752 | 4,474 | 231,029 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gary Smith | (i) | 224,281 | 0 | 0 | 30,886 | 21,484 | 276,651 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III

Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | Part I, Line 1a | Part I, Line 1a Per the employment contracts for the President, Vice President/Dean of the College and Dean of Students, residence on-campus is a condition of their employment and housing is provided for the convenience of the employer. Parts of the facilities are cared for by College staff to ensure readiness for College related events. In connection with her services to the College, the President's spouse, a college employee, may on occasion, travel for business purposes with the President in connection with fundraising and donor cultivation events on behalf of the College. The Board of the College requires the President to be a member of a local club so that business meetings may be held there. There is no personal use of the membership by the President. Gross-up payments relate to the cost of life insurance policies for certain officers and are provided per the individuals' original employment contract. |
| | Part I, Line 1b | Part I, Line 1b The items listed above are provided in connection with the employment contracts of the individuals as approved by the Board. |
| | Part I, Line 4a | PER A CONFIDENTIALITY AGREEMENT SIGNED BY THE ORGANIZATION,THE SEVERANCE PACKAGE PAID TO AN EMPLOYEE IS NOT OPEN FOR PUBLIC INSPECTION. |

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
POMONA COLLEGE

Employer identification number
95-1664112

Part I

Bond Issues

| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased | | (h) On Behalf of Issuer | |
|---|---|----------------|-------------|-----------------|-----------------|--|--------------|----|-------------------------|----|
| | | | | | | | Yes | No | Yes | No |
| A | California Educational Facilities Authority | 52-1705592 | 130175W99 | 02-04-2005 | 41,879,739 | Campus Facilities, Issuance Costs & refunding of 1999B Series | | X | | X |
| B | California Educational Facilities Authority | 52-1705592 | 130178NN2 | 06-26-2008 | 59,475,000 | Educational facilities & costs of issuance of the bonds | | X | | X |
| C | California Educational Facilities Authority | 52-1705592 | 130178SE7 | 04-02-2009 | 62,290,000 | Refinance costs of educational facilities, issuance cost, refund '99,'05,'08 | | X | | X |

Part II

Proceeds

| | | A | | B | | C | | D | | E | |
|----|--|------------|----|------------|----|------------|----|---|--|---|--|
| 1 | Total proceeds of issue | 42,565,205 | | 64,248,356 | | 67,960,259 | | | | | |
| 2 | Gross proceeds in reserve funds | | | | | | | | | | |
| 3 | Proceeds in refunding or defeasance escrows | | | | | | | | | | |
| 4 | Other unspent proceeds | 4,729,472 | | 4,729,472 | | 31,477,393 | | | | | |
| 5 | Issuance costs from proceeds | 576,345 | | 739,587 | | 888,077 | | | | | |
| 6 | Working capital expenditures from proceeds | | | | | | | | | | |
| 7 | Capital expenditures from proceeds | 32,098,843 | | 32,098,843 | | 7,144,393 | | | | | |
| 8 | Year of substantial completion | 2008 | | 2011 | | 2011 | | | | | |
| | | Yes | No | Yes | No | Yes | No | | | | |
| 9 | Were the bonds issued as part of a current refunding issue? | | X | | X | X | | | | | |
| 10 | Were the bonds issued as part of an advance refunding issue? | X | | | X | X | | | | | |
| 11 | Has the final allocation of proceeds been made? | X | | X | | X | | | | | |
| 12 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | | | | |

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

| | | A | | B | | C | | 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? | X | | X | | X | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | X | | X | | X | | | | |
| 3c | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | X | | X | | X | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 0 % | | 0 % | | 0 % | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 0 % | | 0 % | | 0 % | | | | | |
| 6 | Total of lines 4 and 5 | 0 % | | 0 % | | 0 % | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | X | | X | | X | | | | | |

Part IV

Arbitrage

| | | A | | B | | C | | D | | E | |
|----|--|-----------------|----|-----------------|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | X | | X | | X | | | | |
| 2 | Is the bond issue a variable rate issue? | | X | | X | | X | | | | |
| 3a | Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | X | | X | | X | | | | |
| b | Name of provider | NA | | NA | | NA | | | | | |
| c | Term of hedge | | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | X | | X | | | X | | | | |
| b | Name of provider | AIG (212005) | | FSA (782008) | | na | | | | | |
| c | Term of GIC | 3 8000000000000 | | 3 2000000000000 | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | X | | X | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | X | | | X | | X | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | X | | X | | X | | | | |

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.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
POMONA COLLEGE

Employer identification number
95-1664112

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|---|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c)Original principal amount | (d)Balance due | (e) In default? | | (f) Approved by board or committee? | | (g)Written agreement? | |
|---|---------------------------------------|------|------------------------------|----------------|-----------------|----|-------------------------------------|----|-----------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| Robert Robinson HOME MORTGAGE | | X | 555,000 | 544,000 | | No | Yes | | Yes | |
| John Norton HOME MORTGAGE | | X | 522,500 | 498,000 | | No | Yes | | Yes | |
| Laura Hoopes HOME MORTGAGE | | X | 215,000 | 133,000 | | No | Yes | | Yes | |
| Gary Kates HOME MORTGAGE | | X | 555,000 | 541,000 | | No | Yes | | Yes | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total ▶ \$ 1,716,000 | | | | | | | | | | |

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b)Relationship between interested person and the organization | (c)Amount of grant or type of assistance |
|-------------------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| Claire O xtoby | Wife of President | 36,000 | Wages | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization
POMONA COLLEGE

Employer identification number
95-1664112

Part I

Types of Property

| | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|----------------------------------|--------------------------------|--|--|
| 1 Art—Works of art | X | 169 | 0 | Professional Appraisal |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 0 | General Appraisal |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 86 | 2,276,000 | High/Low average |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| Computer | | | | |
| 25 Other ► (equipments) | X | 9 | 0 | Valued by Donor |
| 26 Other ► () | | | | |
| 27 Other ► () | | | | |
| 28 Other ► () | | | | |

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

29

6

| | 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 |
| b If "Yes," describe the arrangement in Part II | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? | Yes | |
| b If "Yes," describe in Part II | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

Part II

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

| Identifier | Return Reference | Explanation |
|---|--------------------|---|
| Method for Determining Number of Contributors | Part I, Column (b) | Column B reflects the number of items received from various contributors, except in the case of securities, which reflects the number of contributors |
| Third Party Use | Part I, Line 32b | Any gift of unneeded personal or real property is sold by professional representatives. Brokers are used to facilitate the sale of securities |
| Non Reporting of Revenue | Part I, Line 33 | The College follows a policy to not record or capitalize its collections. The College's art collections consist of objects of historical and aesthetic significance held for public exhibition and educational purposes. All works in the collection are catalogued, preserved, cared for and monitored according to professional museum standards, and are subject to a policy that requires proceeds from de-accession to be used exclusively for acquisition |

Additional Data

Software ID:

Software Version:

EIN: 95-1664112

Name: POMONA COLLEGE

| | | | |
|--|--|-----------------|--|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | DLN: 93493133039051 |
| SCHEDULE O (Form 990) | 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 |
| | | | 2009 |
| | | | Open to Public Inspection |
| Name of the organization POMONA COLLEGE | | | Employer identification number 95-1664112 |

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 2 | | A trustee, Stew art Smith, and the President, David Oxtoby, are overseers of the Claremont University Consortium, a non-profit organization that supports the activities of the Claremont Colleges, of w hich Pomona College is a member |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section B, line 11 | | THE INFORMATIONAL RETURN IS PREPARED BY OUTSIDE ACCOUNTANTS AND IS REVIEWED BY THE AUDIT COMMITTEE After preliminary review and approval by the vice president/ treasurer, THE RETURN IS THEN MADE AVAILABLE FOR review by all voting members of the Board PRIOR TO ELECTRONIC FILING |

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| Form 990, Part VI, Section B, line 12c | | The Board of Trustees ("the Board") of Pomona College has incorporated its code of conduct and conflict of interest policies into its bylaw s The Audit Commttee ("the Commttee") of the Board monitors enforcement of and compliance w ith the Code and the policies, and reports the results thereof to the Board The Commttee monitors compliance by means of an Annual Code of Conduct Questionnaire In May, the College distributes the questionnaire to all trustees, officers, faculty program coordinators and department chairs and staff at the director level and above The President's Office collects the completed questionnaires and compiles the results, including identifying negative responses and accompanying explanations In October, an executive summary of the results are provided to the Committee, and the Committee reports those results to the Board How ever, throughout the annual Questionnaire distribution, collection and compilation process, any urgent and heretofore unknow n matters identified by questionnaire respondents are escalated immediately to the appropriate members of the Board and management |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section B, line 15 | | The College has implemented procedures to fairly compensate employees of the College and provide an appropriate process for setting and approving reasonable levels of compensation for individuals who are in a position to exercise substantial influence over the affairs of the College, such as the President, Vice President/Treasurer, Dean of Faculty, Dean of Students, and Vice President of Advancement These procedures provide for review and approval by independent trustees, use of comparability data, and contemporaneous substantiation of the deliberation and decision The Executive Committee of the Board utilizes benchmark salary data from comparable higher education institution groups for executive management positions The initial process in determining compensation levels consists of gathering compensation data of peer group institutions, w hich is available from subscribed survey data sources The salary medians of the comparable education institution groups w ill inform the committee and be used as guides The committee w ill also review salary in relation to local and national inflation measures, individual performance, as evidenced by the annual w ritten performance evaluations, and the individual's length of service in the position Salary increase recommendations are approved by this Committee during the May Board of Trustees regular meeting This process w as last undertaken and completed for all executive positions in 2010 |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section C, line 18 | | Form 1023 and all other informational return documents are available to the public upon w ritten request |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section C, line 19 | | The policy of Pomona College is to make its governing documents, including the Articles of Incorporation and Bylaw s, and financial statements available to the public w hen requested |

| Identifier | Return Reference | Explanation |
|----------------------------|------------------|---|
| FORM 990, PART XI, LINE 2C | | SINCE THE FILING OF PRIOR YEAR 2008 TAX RETURN, THERE HAVE BEEN NO CHANGES TO THE AUDIT OVERSIGHT AND SELECTION PROCESS |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section B, Line 14 | | Departments w ithin Pomona College maintain records per requirements of their respective areas The Business Office has w ritten retention procedures for all financial records of the college that align w ith legal and industry standards The Financial Aid Office has w ritten guidelines in their policies and procedures manual that incorporate federal requirements The Registrar's Office follow s the w ritten policies of the American Association of Collegiate Registrar and Admssions Officers |

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service

See separate instructions. Attach to your tax return.

| | | |
|---|---|--------------------------------------|
| Name(s) shown on return POMONA COLLEGE | Business or activity to which this form relates Form 990 Page 10 | Identifying number 95-1664112 |
|---|---|--------------------------------------|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|--|---|---------|
| 1 Maximum amount See the instructions for a higher limit for certain businesses | 1 | 250,000 |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 800,000 |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |

| | | | |
|--|------------------------------|------------------|--|
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost | |
| 6 | | | |
| 7 Listed property Enter the amount from line 29 | 7 | | |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | | |
| 9 Tentative deduction Enter the smaller of line 5 or line 8 | 9 | | |
| 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 | 10 | | |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | | |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | | |
| 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 . | 13 | | |

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

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

| | | |
|--|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

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

Section A

| | | |
|--|----|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2009 | 17 | |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV Summary (see instructions)

| | | |
|---|----|------------|
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 11,666,000 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

| | | | | | | | | | | | | | | |
|---|--|-------------------------------|--|----------------------------|--|--------|------------------------|---------------------------|--|--------------------------------|--|---------------------------------|--|--|
| 24a Do you have evidence to support the business/investment use claimed? | | | | | | Yes No | | | 24b If "Yes," is the evidence written? | | | Yes No | | |
| | | | | | | | | | | | | | | |
| (a) Type of property (list vehicles first) | | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | | (f) Recovery period | (g) Method/ Convention | | (h) Depreciation/ deduction | | (i) Elected section 179 cost | | |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | | | | 25 | | | | | |
| 26 Property used more than 50% in a qualified business use | | | | | | | | | | | | | | |
| | | | % | | | | | | | | | | | |
| | | | % | | | | | | | | | | | |
| | | | % | | | | | | | | | | | |
| 27 Property used 50% or less in a qualified business use | | | | | | | | | | | | | | |
| | | | % | | | | S/L - | | | | | | | |
| | | | % | | | | S/L - | | | | | | | |
| | | | % | | | | S/L - | | | | | | | |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 | | | | | | | | | 28 | | | | | |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 | | | | | | | | | | 29 | | | | |

Section B—Information on Use of Vehicles

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

| | | | | | | | | | | | | | | |
|--|--|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | | | |
| 32 Total other personal(noncommuting) miles driven | | | | | | | | | | | | | | |
| 33 Total miles driven during the year Add lines 30 through 32 | | | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | | | |

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

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

| | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | | | | | | | | | | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | | | | | | | | | | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | | | | | | | | | | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | | | | | | | | | | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) | | | | | | | | | | | | |
| Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles | | | | | | | | | | | | |

Part VI Amortization

| | | | | | | | | | |
|--|--|---------------------------------|---------------------------|--|---------------------|---|----|------------------------------------|--|
| (a) Description of costs | | (b) Date amortization begins | (c) Amortizable amount | | (d) Code section | (e) A mortization period or percentage | | (f) A mortization for this year | |
| 42 A mortization of costs that begins during your 2009 tax year (see instructions) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 43 A mortization of costs that began before your 2009 tax year | | | | | | | 43 | | |
| 44 Total. Add amounts in column (f) See the instructions for where to report | | | | | | | 44 | | |