

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 private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

**A** For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

<b>B</b> Check if applicable:	<b>C</b> Name of organization POMONA COLLEGE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 550 N. COLLEGE AVENUE City or town, state or province, country, and ZIP or foreign postal code CLAREMONT, CA 91711-4434 <b>F</b> Name and address of principal officer: G. GABRIELLE STARR SAME AS C ABOVE	<b>D</b> Employer identification number 95-1664112 <b>E</b> Telephone number 909-621-8135 <b>G</b> Gross receipts \$ 1,455,214,831. <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? ..... Yes No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		
<b>J</b> Website: WWW.POMONA.EDU		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		
<b>L</b> Year of formation: 1887		<b>M</b> State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: POMONA COLLEGE IS WIDELY REGARDED AS ONE OF THE WORLD'S LEADING LIBERAL ARTS COLLEGES, <b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 27 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 26 <b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) ..... <b>5</b> 2971 <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> 2239 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 14,110,063. <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> 0.																									
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**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer  MARY LOU WOODS, ASST VP/ASSOC TREASURER Type or print name and title	Date 05/12/25
<b>Paid Preparer Use Only</b>	Print/Type preparer's name CAREY MCKEE Firm's name KPMG LLP Firm's address 550 SOUTH HOPE STREET, SUITE 1500 LOS ANGELES, CA 90071	Preparer's signature  Date 05/12/25 Check if self-employed <input type="checkbox"/> PTIN P01281067 Firm's EIN 13-5565207 Phone no. 213-972-4000

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23

Form **990** (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THROUGHOUT ITS HISTORY, POMONA COLLEGE HAS EDUCATED MEN AND WOMEN OF  
EXCEPTIONAL PROMISE. WE GATHER INDIVIDUALS, REGARDLESS OF FINANCIAL  
CIRCUMSTANCES, INTO A SMALL RESIDENTIAL COMMUNITY THAT IS STRONGLY  
ROOTED IN SOUTHERN CALIFORNIA YET GLOBAL IN ITS ORIENTATION. THROUGH

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 146,428,849. including grants of \$ 60,428,688. ) (Revenue \$ 141,835,732. )

INSTRUCTION AND RESEARCH: CONSISTENTLY RANKED AS ONE OF THE TOP  
NATIONAL LIBERAL ARTS COLLEGES ACCORDING TO U.S. NEWS AND WORLD REPORT,  
POMONA COLLEGE OFFERS AN ACADEMIC PROGRAM THAT ENCOMPASSES THE MAJOR  
FIELDS OF THE ARTS, HUMANITIES, NATURAL SCIENCES AND SOCIAL SCIENCES.  
LEARNING IS ENCOURAGED THROUGH THEORY-BUILDING AND EMPIRICAL RESEARCH,  
HISTORICAL AND LINGUISTIC ANALYSIS, INQUIRY AND ETHICAL DEBATE.  
POMONA'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  
WIDE RANGE OF CAREERS, BUT ALSO ARE ENCOURAGED TO DEVELOP THE RATIONAL  
DISCRIMINATION, AESTHETIC APPRECIATION, COMPASSION AND UNDERSTANDING

**4b** (Code: ) (Expenses \$ 40,948,074. including grants of \$ 0. ) (Revenue \$ 260,841. )

AUXILIARY ENTERPRISES: A MAJORITY OF POMONA COLLEGE STUDENTS RESIDE IN  
CAMPUS HOUSING THROUGHOUT THEIR COLLEGE CAREER, A TESTAMENT TO THE  
QUALITY OF LIFE ON CAMPUS. THE SCALE AND ARRANGEMENT OF POMONA'S 14  
RESIDENCE HALLS ENCOURAGE STUDENTS TO GET TO KNOW EACH OTHER. RANGING  
IN SIZE FROM 60 TO 250 STUDENTS, WITH AN AVERAGE OF ABOUT 120 EACH,  
THESE COEDUCATIONAL RESIDENCES ARE LARGE ENOUGH TO BRING TOGETHER  
STUDENTS WITH A VARIETY OF INTERESTS AND EXPERIENCES, BUT SMALL ENOUGH  
TO ALLOW RESIDENTS TO WORK IN COHESIVE GROUPS. POMONA PROVIDES  
SELF-OPERATED DINING AND CATERING SERVICES AT THREE DINING HALLS.  
POMONA'S GOAL IS TO SERVE FOOD THAT IS HEALTHY, FRESH AND DELICIOUS AND  
THAT IS PRODUCED IN A JUST AND SUSTAINABLE MANNER. THE INSTRUCTIONAL  
AND EXTRA-CURRICULAR PROGRAMS ARE FURTHER SUPPORTED BY BRIDGES

**4c** (Code: ) (Expenses \$ 30,621,205. including grants of \$ 0. ) (Revenue \$ 2,129,194. )

STUDENT SERVICES: POMONA COLLEGE OFFERS STUDENTS A WIDE VARIETY OF  
PROGRAMS TO EXTEND THEIR EDUCATION BEYOND THE CLASSROOM, INCLUDING  
CLUBS, SPORTS, THE STUDENT LIFE NEWSPAPER AND STUDENT GOVERNMENT. OTHER  
RESOURCES OFFERED TO STUDENTS INCLUDE THE OFFICE OF BLACK STUDENT  
AFFAIRS, THE ASIAN AMERICAN RESOURCE CENTER, THE CHICANO/LATINO STUDENT  
AFFAIRS CENTER, THE WOMEN'S UNION AND THE QUEER RESOURCE CENTER. THE  
COLLEGE ALSO ASSISTS STUDENTS WITH ORIENTATION, REGISTRATION AND  
ACADEMIC COUNSELING. FROM THEIR FIRST YEAR AT POMONA, STUDENTS CAN TURN  
TO THE CAREER DEVELOPMENT OFFICE (CDO), WHICH PROVIDES RESOURCES,  
SERVICES AND CAREER ADVISING. STUDENTS ALSO CAN APPLY FOR THE CDO'S  
PROGRAM OF SUMMER INTERNSHIPS IN THE U.S. AND ABROAD. THE CLAREMONT  
COLLEGES' STUDENT HEALTH SERVICES STRESSES PREVENTATIVE MEDICINE AND

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 54,320,548. including grants of \$ ) (Revenue \$ 488,423. )

**4e** Total program service expenses 272,318,676.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b> X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b> X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b> X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 951	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 2971		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b> 2		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X	
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	27			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		26		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			<b>5</b>	X
<b>6</b> Did the organization have members or stockholders? .....			<b>6</b>	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			<b>7a</b>	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			<b>8b</b>	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....			<b>9</b>	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>	X
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	<b>12c</b>	X
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed CA, FL, MA, NH, OR, TN, HI

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 MARY LOU WOODS - 909-621-8135  
 550 N. COLLEGE AVENUE, CLAREMONT, CA 91711-4434

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) GABI STARR PRESIDENT	40.00 0.00	X		X				826,733.	0.	203,300.
(2) DAVID WALLACE ASST TREASURER/CIO	40.00 0.00			X				590,090.	0.	66,149.
(3) JEFF ROTH VP TREASURER, COO	40.00 0.00			X				429,075.	0.	62,716.
(4) JOSHUA ROSS DIR. OF INVESTMENTS	40.00 0.00					X		389,679.	0.	71,100.
(5) MARIA WATSON VP ADVANCEMENT	40.00 0.00			X				381,152.	0.	69,345.
(6) AVIS HINKSON VP DEAN OF STUDENTS	40.00 0.00			X				329,154.	0.	69,503.
(7) SETH ALLEN VP STRATEGY/DEAN ADM & FIN AID	40.00 0.00			X				323,672.	0.	54,806.
(8) GARY SMITH PROFESSOR	40.00 0.00					X		315,801.	0.	62,419.
(9) EMILY WEBB DIR. OF INVESTMENTS	40.00 0.00					X		332,716.	0.	42,535.
(10) ROBERT GAINES VP DEAN OF THE COLLEGE	40.00 0.00						X	324,338.	0.	44,621.
(11) YUQING WU VP DEAN OF THE COLLEGE	40.00 0.00			X				302,757.	0.	50,180.
(12) JOSE RODRIGUEZ VP CHIEF INFORMATION OFFICER	40.00 0.00			X				294,519.	0.	50,871.
(13) PIERRE ENGLEBERT PROFESSOR	40.00 0.00					X		251,669.	0.	54,366.
(14) ELEANOR BROWN PROFESSOR	40.00 0.00					X		262,469.	0.	36,577.
(15) MARY LOU WOODS ASST VP/ASSOC TREASURER	40.00 0.00				X			250,433.	0.	42,629.
(16) ROBERT ROBINSON ASST VP OF FACILITIES	40.00 0.00				X			255,869.	0.	36,640.
(17) MARK KENDALL CHIEF COMMUNICATIONS OFFICER	40.00 0.00			X				224,538.	0.	50,987.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) CHRISTINA CIAMBRIELLO BOARD SEC/PRES AST	40.00 0.00			X				213,294.	0.	36,497.
(19) DANA WOOD ASST TREASURER	40.00 0.00			X				171,319.	0.	34,546.
(20) ERIN COLLINS REGISTRAR	40.00 0.00			X				123,035.	0.	37,182.
(21) STEPHANIE NAVARRO ASST SECRETARY	40.00 0.00			X				79,925.	0.	32,060.
(22) SAMUEL GLICK TRUSTEE/BOARD CHAIR	5.00 0.00	X		X				0.	0.	0.
(23) WENDALL JACKSON "JACK" LONG TRUSTEE/BOARD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(24) ADITYA SOOD TRUSTEE/BOARD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(25) BOBBY LEE TRUSTEE/BOARD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(26) JEFFEREY T PARKS TRUSTEE/BOARD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
<b>1b Subtotal</b> .....								6,672,237.	0.	1,209,029.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								6,672,237.	0.	1,209,029.

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

290

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CAMBRIDGE ASSOCIATES LLC PO BOX 412015 , BOSTON, MA 03352	INVESTMENT ADVISORY	1,375,000.
HIRSCHFELD KRAEMER LLP, 456 MONTGOMERY STREET, STE 2200, SAN FRANCISCO, CA 94104	LEGAL SERVICES	1,321,464.
KPMG LLP PO BOX 29007 , GLENDALE, CA 91209	TAX/AUDIT SERVICES	602,862.
TIAA KASPICK LLC, 203 REDWOOD SHORES PKWY, STE 420, REDWOOD SHORES, CA 94065-6	INVESTMENT ADVISORY	589,085.
KAY F COLLINS, 1104 CROSS CREEK DRIVE, FRANKLIN, TN 37067-4001	CUSTOM FURNITURE	462,882.

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

17

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) MATTHEW J. ESTES TRUSTEE/BOARD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(28) ONETTA BROOKS TRUSTEE/BOARD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(29) STEPHEN B. LOEB TRUSTEE/BOARD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(30) SUSAN DUNN TRUSTEE/BOARD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(31) ALICIA ZALESIN TRUSTEE	2.00 0.00	X						0.	0.	0.
(32) CHRISTINA WIRE TRUSTEE	2.00 0.00	X						0.	0.	0.
(33) DAVID NUNES TRUSTEE	2.00 0.00	X						0.	0.	0.
(34) JANET INSKEEP BENTON TRUSTEE	2.00 0.00	X						0.	0.	0.
(35) JOHN STARR TRUSTEE	2.00 0.00	X						0.	0.	0.
(36) MACKENZIE TEYMOURI TRUSTEE	2.00 0.00	X						0.	0.	0.
(37) NATHAN SEAVER DEAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(38) PAUL F. ECKSTEIN TRUSTEE	2.00 0.00	X						0.	0.	0.
(39) PETER G. SASAKI TRUSTEE	2.00 0.00	X						0.	0.	0.
(40) ELIZABETH ATWATER TRUSTEE	2.00 0.00	X						0.	0.	0.
(41) CARLOS GARCIA TRUSTEE	2.00 0.00	X						0.	0.	0.
(42) JAMES VALONE TRUSTEE	2.00 0.00	X						0.	0.	0.
(43) JOHN GINGRICH TRUSTEE/BOARD VC	2.00 0.00	X		X				0.	0.	0.
(44) JOHNY EK-ABAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(45) OSMAN KIBAR TRUSTEE	2.00 0.00	X						0.	0.	0.
(46) STEVEN OLSON TRUSTEE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

## Part VII

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

[illegible]

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>	5,931.			
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	2,976,944.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	32,830,699.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 11,340,056.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		35,813,574.			
<b>Program Service Revenue</b>	<b>2 a</b>	TUITION AND FEES	Business Code	611710	109,046,485.	109,046,485.	
	<b>b</b>	ROOM AND BOARD	611710	31,990,421.	31,990,421.		
	<b>c</b>	AUXILARY & EDUCATIONAL	611710	3,313,622.	3,313,622.		
	<b>d</b>	OTHER SOURCES	611710	363,662.	363,662.		
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		144,714,190.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		39,199,420.		10,651,658.
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....		5,220.			5,220.
<b>6 a</b>		Gross rents .....	(i) Real	1,311,345.			
<b>b</b>		Less: rental expenses ...	(ii) Personal	803,594.			
<b>c</b>		Rental income or (loss) .....		507,751.			
<b>d</b>		Net rental income or (loss) .....		507,751.		187,041.	320,710.
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities	1233656827.	26,875.		
<b>b</b>		Less: cost or other basis and sales expenses .....	(ii) Other	1124962054.	0.		
<b>c</b>		Gain or (loss) .....		108,694,773.	26,875.		
<b>d</b>		Net gain or (loss) .....		108,721,648.		3,134,183.	105,587,465.
<b>8 a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....					
<b>b</b>		Less: direct expenses .....					
<b>c</b>		Net income or (loss) from fundraising events .....					
<b>9 a</b>		Gross income from gaming activities. See Part IV, line 19 .....					
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>	THIRD PARTY REIMBURSEM	Business Code	900099	228,301.		228,301.
	<b>b</b>	CATERING	722320	201,737.		137,181.	64,556.
	<b>c</b>	DUPLICATING REVENUE	561499	44,271.			44,271.
	<b>d</b>	All other revenue .....	900099	13,071.			13,071.
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		487,380.			
	<b>12</b>	<b>Total revenue.</b> See instructions .....		329,449,183.	144,714,190.	14,110,063.	134,811,356.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	56,879,698.	56,879,698.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	3,548,990.	3,548,990.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	5,772,978.	1,722,674.	2,401,863.	1,648,441.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	267,130.	267,130.		
<b>7</b> Other salaries and wages .....	89,082,846.	80,146,971.	1,267,933.	7,667,942.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	7,583,840.	7,018,764.	-68,140.	633,216.
<b>9</b> Other employee benefits .....	12,197,434.	10,496,255.	250,227.	1,450,952.
<b>10</b> Payroll taxes .....	7,696,589.	7,435,244.	190,362.	70,983.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	1,645,767.	1,435,720.	86,598.	123,449.
<b>c</b> Accounting .....	619,662.		619,662.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	5,913,041.		5,913,041.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	29,391,360.	24,505,192.	728,199.	4,157,969.
<b>12</b> Advertising and promotion .....	523,772.	224,760.	14,836.	284,176.
<b>13</b> Office expenses .....	15,979,922.	13,512,095.	839,591.	1,628,236.
<b>14</b> Information technology .....	2,937,984.	2,595,882.	137,460.	204,642.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	11,535,620.	11,506,819.	-9,148.	37,949.
<b>17</b> Travel .....	4,559,991.	3,944,271.	103,209.	512,511.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	392,186.	322,406.	19,552.	50,228.
<b>20</b> Interest .....	7,915,403.	7,915,403.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	21,080,961.	20,963,348.	54,003.	63,610.
<b>23</b> Insurance .....	2,669,595.	2,376,404.	134,655.	158,536.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> ANNUITY DIST PAYOUT	6,234,190.	6,234,190.		
<b>b</b> FOOD SUPPLIES	5,751,702.	5,751,702.		
<b>c</b> OTHER STUDENT PAYMENTS	2,137,704.	2,137,704.		
<b>d</b> JOINT PROGRAMS	10,640.	10,640.		
<b>e</b> All other expenses	1,485,325.	1,366,414.		118,911.
<b>25</b> Total functional expenses. Add lines 1 through 24e	303,814,330.	272,318,676.	12,683,903.	18,811,751.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments .....	125,001,728.	<b>2</b>	134,896,979.
	<b>3</b> Pledges and grants receivable, net .....	27,790,174.	<b>3</b>	43,673,537.
	<b>4</b> Accounts receivable, net .....	5,382,296.	<b>4</b>	5,763,328.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	2,114,328.	<b>5</b>	2,153,598.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net .....	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use .....	91,202.	<b>8</b>	102,426.
	<b>9</b> Prepaid expenses and deferred charges .....	2,769,585.	<b>9</b>	1,975,296.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 731,251,639.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 319,156,707.		
	<b>11</b> Investments - publicly traded securities .....	345,837,806.	<b>11</b>	382,974,949.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,696,367,660.	<b>12</b>	2,895,709,477.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	28,229,589.	<b>13</b>	28,470,302.
	<b>14</b> Intangible assets .....	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 .....	11,291,150.	<b>15</b>	9,822,642.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,668,675,252.	<b>16</b>	3,917,637,466.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	19,370,218.	<b>17</b>	26,048,799.
	<b>18</b> Grants payable .....	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue .....	1,264,844.	<b>19</b>	1,179,547.
	<b>20</b> Tax-exempt bond liabilities .....	240,175,831.	<b>20</b>	238,886,562.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	147,593,738.	<b>25</b>	158,449,054.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	408,404,631.	<b>26</b>	424,563,962.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>			
	<b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,523,202,952.	<b>27</b>	1,614,013,357.
	<b>28</b> Net assets with donor restrictions .....	1,737,067,669.	<b>28</b>	1,879,060,147.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>			
	<b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
<b>32</b> Total net assets or fund balances .....	3,260,270,621.	<b>32</b>	3,493,073,504.	
<b>33</b> Total liabilities and net assets/fund balances .....	3,668,675,252.	<b>33</b>	3,917,637,466.	

Form **990** (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	329,449,183.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	303,814,330.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	25,634,853.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,260,270,621.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	199,466,443.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	7,701,587.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	3,493,073,504.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2023)

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public Inspection**

Name of the organization

POMONA COLLEGE

Employer identification number	
--------------------------------	--

95-1664112

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
---------------	---

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

**2** ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

**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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_

**10** ☐ 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.)

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

**12** ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

**a** ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

**b** ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

**c** ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

**d** ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

**e** ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**f** Enter the number of supported organizations \_\_\_\_\_

**g** Provide the following information about the supported organization(s). \_\_\_\_\_

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	21,889,483.	24,292,908.	24,525,060.	21,270,295.	35,813,544.	127,791,290.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	21,889,483.	24,292,908.	24,525,060.	21,270,295.	35,813,544.	127,791,290.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						127,791,290.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	21,889,483.	24,292,908.	24,525,060.	21,270,295.	35,813,544.	127,791,290.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	30,676,395.	24,230,459.	38,154,180.	49,091,345.	40,515,975.	182,668,354.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	699,349.	1,213,492.	523,871.	1,909,661.	487,380.	4,833,753.
<b>11 Total support.</b> Add lines 7 through 10						315,293,397.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	608,626,773.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	40.53	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	39.19	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

CATERING AND BANQUET REVENUE

2019 AMOUNT: \$ 48,532.

2020 AMOUNT: \$ 647,205.

2021 AMOUNT: \$ 96,982.

2022 AMOUNT: \$ 164,464.

2023 AMOUNT: \$ 201,737.

DUPLICATING REVENUE

2019 AMOUNT: \$ 33,801.

2020 AMOUNT: \$ 18,032.

2021 AMOUNT: \$ 37,428.

2022 AMOUNT: \$ 36,427.

2023 AMOUNT: \$ 44,271.

MISC INCOME

2019 AMOUNT: \$ 617,016.

2020 AMOUNT: \$ 440,873.

2021 AMOUNT: \$ 88,760.

2022 AMOUNT: \$ 1,464,723.

2023 AMOUNT: \$ 3,795.

MISC SALES & SERVICES

2020 AMOUNT: \$ 20,370.

2021 AMOUNT: \$ 6,218.

2022 AMOUNT: \$ 7,222.

2023 AMOUNT: \$ 9,276.

**Part VI****Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**THIRD PARTY REIMBURSEMENTS**

2020 AMOUNT: \$ 87,012.

2021 AMOUNT: \$ 294,483.

2022 AMOUNT: \$ 236,825.

2023 AMOUNT: \$ 228,301.

**SCHEDULE A, PART II**

POMONA COLLEGE IS A SCHOOL DESCRIBED IN SECTION 170(B)(1)(A)(II).

HOWEVER, IT IS COMPLETING PART II TO DEMONSTRATE THAT IT QUALIFIES FOR

THE SPECIAL RULES PROVISION ON SCHEDULE B AND MEETS THE 33 1/3% SUPPORT

TEST OF THE REGULATIONS UNDER SECTIONS 509(A)(1) ON 170(B)(1)(A)(VI).

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

POMONA COLLEGE

Employer identification number

95-1664112

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
POMONA COLLEGE	95-1664112

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 858,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,359,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,529,582.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 725,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,441,843.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
POMONA COLLEGE	95-1664112

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,001,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 825,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
POMONA COLLEGE	95-1664112

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	PUBLICLY TRADED SECURITIES	\$ 2,529,582.	12/31/23
5	REAL ESTATE	\$ 725,000.	12/31/23
6	PUBLICLY TRADED SECURITIES	\$ 1,441,843.	12/31/23
7	PUBLICLY TRADED SECURITIES	\$ 884,840.	12/31/23
		\$	

Name of organization	Employer identification number
POMONA COLLEGE	95-1664112

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

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.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

**If the organization answered "Yes" on 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" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

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

Name of organization  POMONA COLLEGE	Employer identification number  95-1664112
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**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 campaign activity expenditures ..... \$ .....
- 3 Volunteer hours for political campaign activities ..... ..

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

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

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule C (Form 990) 2023**

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

**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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		8,847.
<b>j</b> Total. Add lines 1c through 1i .....			8,847.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

OTHER LOBBYING ACTIVITIES

THE COLLEGE PAID MEMBERSHIP DUES OF \$11,106 TO THE ASSOCIATION OF

INDEPENDENT CALIFORNIA COLLEGE AND UNIVERSITIES (AICCU), \$4,760 IN

DUES TO COUNCIL FOR ADVANCEMENT AND SUPPORT OF EDUCATION (CASE),

\$32,933 DUES TO NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND

**Part IV** Supplemental Information *(continued)*

UNIVERSITIES (NAICU), \$53,887 IN DUES TO THE MASSACHUSETTS INSTITUTE OF

TECHNOLOGY, \$3,829 IN DUES TO THE AMERICAN COUNCIL ON EDUCATION, AND

\$2,241 IN DUES TO NATIONAL ASSOCIATED OF STUDENT FINANCIAL AID

ADMINISTRATORS (NASFAA), \$8,847 IS ATTRIBUTABLE TO LOBBY-RELATED

EXPENSES FOR HIGHER EDUCATION ISSUES.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

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

☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

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

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

**a** ☒ Public exhibition

**d** ☒ Loan or exchange program

**b** ☒ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☒ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	2797022341	2764971820	3031447003	2254547362	2321097295
<b>b</b> Contributions	12456160.	14348586.	14162426.	14157679.	11385079.
<b>c</b> Net investment earnings, gains, and losses	312783030.	125116465.	-175679397	865191000.	21844701.
<b>d</b> Grants or scholarships	60428688.	55234189.	52383929.	43302882.	49733633.
<b>e</b> Other expenditures for facilities and programs	46954813.	38882988.	44599935.	52619680.	42036355.
<b>f</b> Administrative expenses	5,913,041.	13297353.	7,974,348.	6,526,476.	8,009,725.
<b>g</b> End of year balance	3008964989	2797022341	2764971820	3031447003	2254547362

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

**a** Board designated or quasi-endowment 42.0406 %

**b** Permanent endowment 57.9594 %

**c** Term endowment .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		11,842,615.		11,842,615.
<b>b</b> Buildings		649,094,631.	273,285,916.	375,808,715.
<b>c</b> Leasehold improvements		13,642,557.	11,825,251.	1,817,306.
<b>d</b> Equipment		43,342,264.	29,076,665.	14,265,599.
<b>e</b> Other		13,329,572.	4,968,875.	8,360,697.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				412,094,932.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) US EQUITY	565,454,035.	END-OF-YEAR MARKET VALUE
(B) NON US EQUITY	215,972,856.	END-OF-YEAR MARKET VALUE
(C) EMERGING MARKETS	158,981,196.	END-OF-YEAR MARKET VALUE
(D) FIXED INCOME	197,114,121.	END-OF-YEAR MARKET VALUE
(E) VENTURE CAPITAL	614,864,667.	END-OF-YEAR MARKET VALUE
(F) PRIVATE EQUITY	249,691,163.	END-OF-YEAR MARKET VALUE
(G) ABSOLUTE RETURN	543,126,157.	END-OF-YEAR MARKET VALUE
(H) REAL ASSETS	350,437,103.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,895,709,477.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	4,300,000.
(2) LIFE INCOME ANNUITIES PAYABLE	144,612,632.
(3) FUNDS HELD IN TRUST FOR OTHERS	5,152,686.
(4) GOV'T STUDENT LOAN ADVANCES	384,191.
(5) ASSET RETIREMENT LIABILITY	3,061,284.
(6) AGENCY FUNDS PAYABLE	749,241.
(7) OTHER	189,020.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	158,449,054.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Schedule D (Form 990) 2023

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	464,844,888.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	199,466,443.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	13,192,733.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	212,659,176.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	252,185,712.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	5,913,041.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	71,350,430.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	77,263,471.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	329,449,183.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	232,042,005.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	803,594.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	803,594.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	231,238,411.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	5,913,041.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	66,662,878.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	72,575,919.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	303,814,330.

**Part XIII Supplemental Information**

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

PART III, LINE 1A:

MAINTAINING COLLECTIONS OF ART, HISTORICAL TREASURERS, OR OTHER SIMILAR

ASSETS HELD FOR PUBLIC EXHIBITION, EDUCATION OR RESEARCH

THE COLLECTION, WHICH WAS ACQUIRED THROUGH PURCHASE AND CONTRIBUTIONS

SINCE THE COLLEGE'S INCEPTION, IS NOT RECOGNIZED AS AN ASSET ON THE

STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE

RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE

ITEMS ARE ACQUIRED, OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS

IF THE ASSETS USE TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS.

CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED ON THE FINANCIAL

STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE

REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

**Part XIII** Supplemental Information (continued)

## PART III, LINE 4:

## DESCRIPTION OF ORGANIZATION'S COLLECTIONS

THE FINE ART COLLECTIONS OF POMONA COLLEGE ARE HOUSED IN THE BENTON MUSEUM OF ART, A TEACHING MUSEUM AND A COLLECTING INSTITUTION. LOCATED IN A NEW FACILITY THAT OPENED IN 2020, AMONG ITS IMPORTANT HOLDINGS OF OVER 20,000 OBJECTS ARE SUCH HIGHLIGHTS AS THE KRESS COLLECTION OF 15TH- AND 16TH-CENTURY ITALIAN PANEL PAINTINGS; OVER 6,000 EXAMPLES OF PRE-COLUMBIAN TO 20TH-CENTURY AMERICAN INDIAN ART AND ARTIFACTS, INCLUDING BASKETRY, CERAMICS, AND BEADWORK; A SIGNIFICANT COLLECTION OF AMERICAN AND EUROPEAN PRINTS, DRAWINGS, AND PHOTOGRAPHS; AND A GROWING COLLECTION OF CONTEMPORARY ART WITH AN EMPHASIS ON SOUTHERN CALIFORNIA. IN ADDITION TO SERVING AS THE BASIS FOR CHANGING EXHIBITIONS, THE COLLECTIONS, WHICH ARE ALWAYS AVAILABLE FOR INDIVIDUAL STUDY AND RESEARCH, ARE USED IN CLASSES. THE BENTON MUSEUM OF ART IS THE SITE OF AN ACTIVE PROGRAM OF TEMPORARY EXHIBITIONS THROUGHOUT THE ACADEMIC YEAR. THESE INCLUDE 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 AND PROGRAMS ARE FREE AND OPEN TO THE PUBLIC. EXHIBITIONS ARE ACCOMPANIED BY PUBLIC RECEPTIONS AND INCLUDE LECTURES AND RELATED PROGRAMS FOR THE COLLEGE AND LOCAL COMMUNITY.

## PART V, LINE 4:

## INTENDED USE OF ENDOWMENT FUNDS

THE COLLEGES ENDOWMENT CONSISTS OF APPROXIMATELY 1,790 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS, AND THOSE DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. THE COLLEGE HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION

**Part XIII** Supplemental Information *(continued)*

EACH YEAR 4.5% TO 5.5% OF ITS ENDOWMENT FUNDS' AVERAGE FAIR VALUE OVER THE  
PRIOR 20 QUARTERS THROUGH THE JUNE 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 XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGES IN ACTUARIALLY DETERMINED GIFT LIABILITIES	12,389,139.
RENTAL EXPENSES REPORTED NET OF REVENUE ON THE FORM 990	803,594.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	13,192,733.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

ANNUITY AND LIFE INCOME FUNDS ADJUSTMENTS	4,687,552.
CHARITABLE GIFT ANNUITY PAYMENTS RECLASSIFIED AS EXPENSE	6,234,190.
FINANCIAL AID REPORTED GROSS OF TUITION ON FORM 990	60,428,688.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	71,350,430.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES REPORTED NET OF REVENUE ON FORM 990	803,594.
---	----------

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

CHARITABLE GIFT ANNUITY PAYMENTS RECLASSIFIED AS EXPENSE	6,234,190.
FINANCIAL AID REPORTED GROSS OF TUITION ON FORM 990	60,428,688.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	66,662,878.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

**SCHEDULE E**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schools**

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or  
Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

POMONA COLLEGE

Employer identification number

95-1664112

**Part I**

- 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? .....
- 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? .....
- 3** Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II .....
- 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.
- 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 Part II.
- 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 Part II.
- 6a** Does the organization receive any financial aid or assistance from a governmental agency? .....
- b** Has the organization's right to such aid ever been revoked or suspended? .....
- If you answered "Yes" on either line 6a or line 6b, explain on Part II.
- 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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II .....

	YES	NO
<b>1</b>	X	
<b>2</b>	X	
<b>3</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>	X	
<b>4d</b>	X	
<b>5a</b>		X
<b>5b</b>		X
<b>5c</b>		X
<b>5d</b>		X
<b>5e</b>		X
<b>5f</b>		X
<b>5g</b>		X
<b>5h</b>		X
<b>6a</b>	X	
<b>6b</b>		X
<b>7</b>	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990) 2023

**Part II**

**Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

**LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:**

POMONA COLLEGE IS AWARDED GRANTS FROM GOVERNMENT AGENCIES, SUCH AS THE

DEPARTMENT OF EDUCATION, AND THE CALIFORNIA STUDENT AID COMMISSION, TO

PROVIDE FINANCIAL AID TO STUDENTS.

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**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" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	FINANCIAL AID	112,543.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	FINANCIAL AID	286,375.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING	FINANCIAL AID	129,997.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING	FINANCIAL AID	958,354.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING	FINANCIAL AID	115,330.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTMAKING	FINANCIAL AID	270,307.
SOUTH AMERICA	0	0	GRANTMAKING	FINANCIAL AID	285,449.
SOUTH ASIA	0	0	GRANTMAKING	FINANCIAL AID	377,745.
<b>3 a Subtotal</b> .....	0	0			354,899.
<b>b Total from continuation sheets to Part I</b> .....	0	0			#####
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			#####

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

Schedule F (Form 990) 2023

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	STUDY ABROAD DIR EXP	506.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD DIR EXP	1,506,271.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD DIR EXP	58,628.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	STUDY ABROAD DIR EXP	4,431,620.
SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDY ABROAD DIR EXP	415,846.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD DIR EXP	247,242.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	STUDY ABROAD DIR EXP	141,530.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	STUDY ABROAD DIR EXP	35,167.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD OTHER EXP	21,302.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD OTHER EXP	28,365.
<b>Totals</b> .....					

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD OTHER EXP	253,077.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	STUDY ABROAD OTHER EXP	8,690.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	STUDY ABROAD OTHER EXP	547,823.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	STUDY ABROAD OTHER EXP	1,082.
SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDY ABROAD OTHER EXP	65,533.
SOUTH ASIA	0	0	PROGRAM SERVICES	STUDY ABROAD OTHER EXP	10,728.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	159,562,531.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS	N/A	105,753,223.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS	N/A	40,988,451.
NORTH AMERICA	0	0	INVESTMENTS	N/A	35,427,432.
<b>Totals</b> .....					

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	INVESTMENTS	N/A	1563451.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	INVESTMENTS	N/A	245,050.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS	N/A	691,678.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS	N/A	188,722.
SOUTH ASIA	0	0	INVESTMENTS	N/A	13260608
<b>Totals</b> .....					#####

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

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

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

**3** Enter total number of other organizations or entities .....

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	SUB-SAHARAN AFRICA	26	112,543.	CREDIT	0.	N/A	N/A
	EAST ASIA AND THE PACIFIC	9	286,375.	CREDIT	0.	N/A	N/A
	CENTRAL AMERICA AND THE CARIBBEAN	4	129,997.	CREDIT	0.	N/A	N/A
	EUROPE (INCLUDING ICELAND & GREENLAND)	24	958,354.	CREDIT	0.	N/A	N/A
	MIDDLE EAST AND NORTH AFRICA	4	115,330.	CREDIT	0.	N/A	N/A
	RUSSIA AND NEIGHBORING STATES	7	270,307.	CREDIT	0.	N/A	N/A
	SOUTH AMERICA	7	285,449.	CREDIT	0.	N/A	N/A
	SOUTH ASIA	11	377,745.	CREDIT	0.	N/A	N/A

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ..... ☒ **Yes** ☐ **No**
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ **Yes** ☒ **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ..... ☒ **Yes** ☐ **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ..... ☒ **Yes** ☐ **No**
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ..... ☒ **Yes** ☐ **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ..... ☐ **Yes** ☒ **No**

Schedule F (Form 990) 2023

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE FINANCIAL AID PROVIDED BY THE COLLEGE FUNDS THE PROGRAM TUITION, ROOM

AND BOARD (WHEN APPLICABLE), WHICH IS CREDITED DIRECTLY TO THE STUDENT

ACCOUNT. THE STUDENT HAS NO DIRECT ACCESS TO THE PROGRAM FUNDS,

THEREFORE, NO ADDITIONAL MONITORING OF THE USE OF FUNDS IS NECESSARY.

PART-I LINE-3(F)

ACCOUNTING BASIS FOR EXPENDITURES REPORTED IN COLUMN (F) ARE IN U.S.

DOLLARS USING THE ACCRUAL BASIS OF ACCOUNTING.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

POMONA COLLEGE

Employer identification number

95-1664112

**Part I** General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

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

Schedule I (Form 990) 2023

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INSTITUTIONAL AID	908	56415963.	0.	N/A	N/A
OTHER GRANTS & OTHER STUDENT ASSISTANCE	222	463,735.	0.	N/A	N/A

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ADMISSION TO POMONA COLLEGE IS ON A NEED BLIND BASIS. THIS POLICY IS

MAINTAINED TO ACCOMPLISH DIVERSIFICATION OF THE STUDENT BODY REGARDLESS OF

THE FINANCIAL STATUS OF THE APPLICANTS. A PERMANENT FILE OF ALL STUDENTS

WHO ARE RECIPIENTS OF SCHOLARSHIPS AND GRANTS IS MAINTAINED IN THE

FINANCIAL AID OFFICE OF POMONA COLLEGE. AN ACCOUNTING SYSTEM TRACKS ALL

AWARDS TO INDIVIDUAL STUDENTS FOR TUITION AND OTHER COSTS OF ATTENDING THE

COLLEGE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

POMONA COLLEGE

Employer identification number

95-1664112

**Part I Questions Regarding Compensation**

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input checked="" type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence              |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

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

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

**a** The organization? .....

**b** Any related organization? .....

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

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

**a** The organization? .....

**b** Any related organization? .....

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

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

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

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

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2023

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GABI STARR PRESIDENT	(i)	693,851.	0.	132,882.	111,396.	91,904.	1,030,033.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID WALLACE ASST TREASURER/CIO	(i)	472,525.	117,565.	0.	36,396.	29,753.	656,239.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFF ROTH VP TREASURER, COO	(i)	419,325.	0.	9,750.	36,396.	26,320.	491,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOSHUA ROSS DIR. OF INVESTMENTS	(i)	260,979.	83,700.	45,000.	34,850.	36,250.	460,779.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARIA WATSON VP ADVANCEMENT	(i)	381,152.	0.	0.	36,396.	32,949.	450,497.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AVIS HINKSON VP DEAN OF STUDENTS	(i)	302,046.	1,108.	26,000.	36,396.	33,107.	398,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SETH ALLEN VP STRATEGY/DEAN ADM & FIN AID	(i)	271,006.	166.	52,500.	36,266.	18,540.	378,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GARY SMITH PROFESSOR	(i)	315,601.	200.	0.	35,768.	26,651.	378,220.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) EMILY WEBB DIR. OF INVESTMENTS	(i)	260,641.	72,075.	0.	28,020.	14,515.	375,251.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ROBERT GAINES VP DEAN OF THE COLLEGE	(i)	301,838.	0.	22,500.	35,631.	8,990.	368,959.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) YUQING WU VP DEAN OF THE COLLEGE	(i)	250,257.	0.	52,500.	33,484.	16,696.	352,937.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JOSE RODRIGUEZ VP CHIEF INFORMATION OFFICER	(i)	281,519.	0.	13,000.	32,647.	18,224.	345,390.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) PIERRE ENGLEBERT PROFESSOR	(i)	191,281.	47,363.	13,025.	27,952.	26,414.	306,035.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ELEANOR BROWN PROFESSOR	(i)	234,052.	3,417.	25,000.	28,375.	8,202.	299,046.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MARY LOU WOODS ASST VP/ASSOC TREASURER	(i)	227,933.	0.	22,500.	27,139.	15,490.	293,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ROBERT ROBINSON ASST VP OF FACILITIES	(i)	255,869.	0.	0.	27,608.	9,032.	292,509.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) MARK KENDALL	(i)	172,818.	0.	51,720.	24,756.	26,231.	275,525.	0.
CHIEF COMMUNICATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) CHRISTINA CIAMBRIELLO	(i)	194,539.	0.	18,755.	21,323.	15,174.	249,791.	0.
BOARD SEC/PRES AST	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) DANA WOOD	(i)	118,819.	0.	52,500.	17,698.	16,848.	205,865.	0.
ASST TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) ERIN COLLINS	(i)	119,118.	0.	3,917.	13,056.	24,126.	160,217.	0.
REGISTRAR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

FIRST CLASS TRAVEL

EMPLOYEES ARE ALLOWED TO FLY FIRST-CLASS ON INTERNATIONAL FLIGHTS OVER 7

HOURS IF APPROVED BY THE TREASURER. THE COLLEGE PRESIDENT AND CHIEF

INVESTMENT OFFICER FLY FIRST-CLASS FROM TIME-TO-TIME, THIS IS NOT TREATED

AS A TAXABLE BENEFIT.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

PER THE EMPLOYMENT CONTRACT OF THE PRESIDENT, A RESIDENCE ON-CAMPUS IS

PROVIDED FOR THE CONVENIENCE OF THE EMPLOYER. HOUSING IS LOCATED ON THE

CAMPUS AND IS REQUIRED AS A CONDITION OF THEIR EMPLOYMENT; THUS IS NOT

TREATED AS TAXABLE COMPENSATION. PARTS OF THE FACILITIES ARE CARED FOR BY

COLLEGE STAFF TO ENSURE READINESS FOR COLLEGE RELATED EVENTS.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

THE BOARD OF THE COLLEGE REQUIRES THE PRESIDENT TO BE A MEMBER OF A LOCAL

CLUB SO THAT BUSINESS MEETINGS MAY BE HELD THERE. THERE IS NO PERSONAL USE

OF THE MEMBERSHIP BY THE PRESIDENT; THUS NO PART OF THE DUES OR INITIATION

FEES ARE TREATED AS TAXABLE COMPENSATION.

**Part III** Supplemental Information

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

## PERSONAL SERVICES

PER THE EMPLOYMENT CONTRACT WITH THE PRESIDENT, THE COLLEGE PROVIDES

PRIVATE CHILDCARE SERVICES WHILE THE CHILDREN ARE MINORS. THESE SERVICES

ARE TREATED AS A TAXABLE BENEFIT AND IS INCLUDED IN OTHER REPORTABLE

COMPENSATION ON SCHEDULE J, PART II, COLUMN (B)(III). IN ADDITION, THE

PRESIDENT RECEIVES PRIVATE SECURITY SERVICES WHEN REQUIRED DUE TO HER ROLE

WITH THE COLLEGE. THIS BENEFIT IS NOT TREATED AS TAXABLE COMPENSATION TO

THE EMPLOYEE DUE TO A BONE FIDE BUSINESS-ORIENTED SECURITY CONCERN.

## PART I, LINE 4B:

THE PRESIDENT HAS A RETENTION BENEFIT AGREEMENT, DATED JULY 1, 2022, WHICH

IS INTENDED TO BE AN INELIGIBLE DEFERRED COMPENSATION AGREEMENT SUBJECT TO

IRC SECTIONS 409(A) AND 457(F) AND OTHER APPLICABLE LAW. UPON COMPLETION

OF THE PRESIDENT'S SERVICE TO THE COLLEGE THROUGH JUNE 30, 2027, THE AMOUNT

VESTED AND PAYABLE WILL BE 50% OF ALL CREDITS AND EARNINGS ACCRUED THROUGH

THAT DATE. IF THE PRESIDENT COMPLETES SERVICE TO THE COLLEGE THROUGH JUNE

30, 2030, THE AMOUNT VESTED AND PAYABLE WILL BE 100% OF ALL CREDITS AND

EARNINGS ACCRUED THROUGH THAT DATE. THE PRESIDENT MUST BE ACTIVELY

**Part III Supplemental Information**

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

EMPLOYED THROUGH OR SEPARATED FROM SERVICE BECAUSE OF TOTAL DISABILITY OR  
DEATH, TO RECEIVE THE BENEFITS. ANNUAL AMOUNTS EARNED ARE REPORTED IN PART  
II, COLUMN (C).

PART I, LINE 7:

CERTAIN LISTED PERSONS ARE ELIGIBLE FOR NON-FIXED BONUSES BASED ON THE  
INVESTMENT PERFORMANCE OF THE ENDOWMENT. THE QUANTITATIVE INVESTMENT  
PERFORMANCE MEASURE IS DETERMINED ON A THREE-YEAR AND FIVE-YEAR ROLLING  
AVERAGE OF TOTAL PORTFOLIO VS. POLICY BENCHMARK. THE BONUSES, OF WHICH  
25% IS DEFERRED OVER THREE YEARS, ARE CALCULATED: 80% BASED ON THE  
QUANTITATIVE ENDOWMENT METRIC AND 20% ON INDIVIDUAL PERFORMANCE.

THIS CRITERION WAS MET FOR THE TAX YEAR AND THE FOLLOWING INDIVIDUALS  
RECEIVED BONUSES THAT ARE REPORTED IN PART II, COLUMN (B)(II): ASST  
TREASURER/CIO \$117,565; DIRECTOR OF INVESTMENTS \$72,075; AND DIRECTOR OF  
INVESTMENTS \$83,700.

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

ENTITY 1

OMB No. 1545-0047

**2023**  
Open to Public  
Inspection

Name of the organization <div style="text-align: center;">POMONA COLLEGE</div>	Employer identification number 95-1664112
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Part I	Bond Issues											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130175W99	02/04/05	41,879,739.	CAMPUS FAC, ISS. COST & REFUNDING		X		X		X
B	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705593	130178NN2	06/26/08	59,475,000.	EDUC FAC & COSTS OF ISS. OF BOND	X			X		X
C	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705594	130178SE7	04/20/09	62,290,000.	EDUC FAC & PARTIAL REFUNDING	X			X		X
D	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705595	130178B88	07/12/11	7,914,174.	REFUNDING OF REMAINING 2001 BONDS		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired .....	38,820,000.						7,310,000.	
2	Amount of bonds legally defeased .....			59,475,000.		62,290,000.			
3	Total proceeds of issue .....	42,565,205.		64,248,356.		67,960,259.		8,034,728.	
4	Gross proceeds in reserve funds .....								
5	Capitalized interest from proceeds .....								
6	Proceeds in refunding escrows .....								
7	Issuance costs from proceeds .....	576,345.		739,587.		888,077.		158,283.	
8	Credit enhancement from proceeds .....								
9	Working capital expenditures from proceeds .....								
10	Capital expenditures from proceeds .....	25,785,275.		63,508,769.					
11	Other spent proceeds .....	16,203,585.				67,072,182.		7,876,445.	
12	Other unspent proceeds .....								
13	Year of substantial completion .....	2008		2011		2011		2011	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....		X		X	X			X
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....	X			X	X		X	
16	Has the final allocation of proceeds been made? .....	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X		X		X	

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

Schedule K (Form 990) 2023

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

ENTITY

2

OMB No. 1545-0047

**2023**

**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		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466	NONE	06/26/14	24,937,500.	NEW CONSTRUCTION		X		X		X
<b>B</b> CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563467	13048T8B2	11/30/17	154,654,395.	REFUNDING AND NEW CONSTRUCTION		X		X		X
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired .....	24,937,500.							
<b>2</b> Amount of bonds legally defeased .....			154,654,395.					
<b>3</b> Total proceeds of issue .....	24,937,500.							
<b>4</b> Gross proceeds in reserve funds .....								
<b>5</b> Capitalized interest from proceeds .....								
<b>6</b> Proceeds in refunding escrows .....			57,804,580.					
<b>7</b> Issuance costs from proceeds .....			929,737.					
<b>8</b> Credit enhancement from proceeds .....								
<b>9</b> Working capital expenditures from proceeds .....								
<b>10</b> Capital expenditures from proceeds .....	14,000,000.		26,025,932.					
<b>11</b> Other spent proceeds .....			68,894,146.					
<b>12</b> Other unspent proceeds .....								
<b>13</b> Year of substantial completion .....	2015		2019					
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....		X	X					
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X	X					
<b>16</b> Has the final allocation of proceeds been made? .....	X		X					
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X					

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

Schedule K (Form 990) 2023

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X		X		X
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	.00 %		.00 %		.00 %		.00 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....	.00 %		.00 %		.00 %		.00 %	
<b>6</b> Total of lines 4 and 5 .....	.00 %		.00 %		.00 %		.00 %	
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....	%		%		%		%	
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X	X			X		X
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X				X		X
<b>b</b> Exception to rebate? .....	X					X	X	
<b>c</b> No rebate due? .....		X			X			X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X		X		X		X

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X				
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	.00 %		.00 %		%		%	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....	.00 %		.00 %		%		%	
<b>6</b> Total of lines 4 and 5 .....	.00 %		.00 %		%		%	
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....	%		%		%		%	
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X				
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X	X					
<b>b</b> Exception to rebate? .....		X		X				
<b>c</b> No rebate due? .....	X			X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X		X				



Part IV Arbitrage (continued)	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X				
b Name of provider .....								
c Term of hedge .....								
d Was the hedge superintegrated? .....								
e Was the hedge terminated? .....								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X				
b Name of provider .....								
c Term of GIC .....								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
6 Were any gross proceeds invested beyond an available temporary period? .....		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148? .....		X		X				

Part V Procedures To Undertake Corrective Action	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	X		X					

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

PART I, ROW A, COLUMN (F)

\$16,203,586 OF THE PROCEEDS OF THE 2005A BONDS WERE USED TO ADVANCE REFUND \$14,870,000 IN PRINCIPAL OF BONDS WITH ORIGINAL DATE OF ISSUANCE OF 2/3/1999.

PART I, ROW C, COLUMN (F)

\$5,987,106 OF THE PROCEEDS OF THE 2009 BONDS WERE USED TO ADVANCE REFUND \$5,825,000 IN PRINCIPAL OF BONDS WITH ORIGINAL DATE OF ISSUANCE OF 2/3/1999.

\$27,048,890 OF THE PROCEEDS OF THE 2009 BONDS WERE USED TO ADVANCE REFUND \$27,040,000 IN PRINCIPAL OF BONDS WITH ORIGINAL DATE OF ISSUANCE OF 2/10/2005.

\$34,036,186 OF THE PROCEEDS OF THE 2009 BONDS WERE USED TO ADVANCE REFUND \$34,025,000 IN PRINCIPAL OF BONDS WITH ORIGINAL DATE OF ISSUANCE OF 6/19/2008.

PART I, ROW D, COLUMN (F)

\$7,740,674 OF THE PROCEEDS OF THE 2011 BONDS WERE USED TO ADVANCE

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*

REFUND \$7,700,000 IN PRINCIPAL OF BONDS WITH ORIGINAL DATE OF ISSUANCE  
OF 11/8/2001.

## PART I, ROW B, COLUMN (F)

\$127,698,726 OF THE PROCEEDS OF THE 2017 BONDS WERE USED TO REFUND  
EXISTING DEBT. \$67,790,550 WAS USED TO CURRENTLY REFUND BONDS ISSUED ON  
JUNE 6, 2008. \$59,908,176 WAS USED, ALONG WITH A CASH CONTRIBUTION  
PROVIDED BY THE COLLEGE, TO ADVANCE REFUND BONDS ISSUED ON APRIL 2,  
2009.

## PART II, ROW 2, COLUMN B

\$154,654,395 WAS REFUNDED WITH TAXABLE BONDS ISSUED IN 2020

## PART II, ROW 3, COLUMN (A THRU D)

THE DIFFERENCE BETWEEN THE ISSUE PRICE LISTED IN PART I, COLUMN (E) IS  
DUE TO INTEREST EARNINGS ON BOND PROCEEDS.

## PART IV, LINE 2C, COLUMN (A)

THE LAST REBATE CALCULATIONS FOR 2005A BONDS WERE PERFORMED AS OF  
2/24/2010.

## PART IV, LINE 2C, COLUMN (C)

THE LAST REBATE CALCULATIONS FOR 2009A BONDS WERE PERFORMED AS OF  
3/31/2011.

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

POMONA COLLEGE

Employer identification number

95-1664112

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) ROBERT ROBINS	KEY EMPL	RELOCATI		X	555,000.	320,299.		X	X		X	
(2) MARIA WATSON	OFFICER	RELOCATI		X	551,000.	487,868.		X	X		X	
(3) CHRISTINA CIA	OFFICER	HOUSING		X	125,000.	125,000.		X	X		X	
(4) JEFFREY ROTH	OFFICER	HOUSING		X	500,000.	495,126.		X	X		X	
(5) YUQING WU	OFFICER	RELOCATI		X	555,000.	420,487.		X	X		X	
(6) ROBERT GAINS	FORMER O	RELOCATI		X	532,000.	304,818.		X	X		X	
(7)												
(8)												
(9)												
(10)												
Total						\$ 2,153,598.						

**Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GREG THOMAS	FAMILY MBR OF TRUST	179,892.	SALARY & BE		X
(2) SANDRA LUNDERGAN PRICE	FAMILY MBR OF TRUST	87,238.	SALARY & BE		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L. See instructions.

## SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: ROBERT ROBINSON

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

(C) PURPOSE OF LOAN: RELOCATION LOANS

(A) NAME OF PERSON: MARIA WATSON

(C) PURPOSE OF LOAN: RELOCATION LOANS

(A) NAME OF PERSON: CHRISTINA CIAMBRIELLO

(A) NAME OF PERSON: YUQING WU

(C) PURPOSE OF LOAN: RELOCATION LOANS

(A) NAME OF PERSON: ROBERT GAINS

(B) RELATIONSHIP WITH ORGANIZATION: FORMER OFFICER

(C) PURPOSE OF LOAN: RELOCATION LOANS

## SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: GREG THOMAS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

**Part V** **Supplemental Information**

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

FAMILY MBR OF TRUSTEE

(D) DESCRIPTION OF TRANSACTION: SALARY & BENEFITS

(A) NAME OF PERSON: SANDRA LUNDERGAN PRICE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MBR OF TRUSTEE

(D) DESCRIPTION OF TRANSACTION: SALARY & BENEFITS

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

POMONA COLLEGE

Employer identification number

95-1664112

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....	X	10	617,000.	APPRAISAL
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	84	9,787,399.	AVG MKT DONTN DATE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....	X	3	201,835.	APPRAISAL
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....	X	1	725,000.	APPRAISAL
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 .....				
25 Other ( PAYMENT OF EXPE )	X	7	8,822.	COST
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 V, Donee Acknowledgement .....

29

11

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

Yes No

30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2023

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED. COLUMN B REFLECTS THE

NUMBER OF ITEMS RECEIVED FROM VARIOUS CONTRIBUTORS, EXCEPT IN THE CASE

OF SECURITIES, WHICH REFLECTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

USE OF THIRD PARTIES OR RELATED ORGANIZATIONS FOR NONCASH CONTRIBUTIONS

ANY GIFT OF UNNEEDED PERSONAL OR REAL PROPERTY IS SOLD BY PROFESSIONAL

REPRESENTATIVES.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

POMONA COLLEGE

Employer identification number

95-1664112

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OFFERING AN IDEAL ENVIRONMENT FOR INTELLECTUALLY CURIOUS STUDENTS TO

PURSUE THEIR ACADEMIC AND LIFE GOALS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

ENGAGED MEMBERS OF SOCIETY TO FULFILL THE VISION OF THE COLLEGE'S

FOUNDERS: TO BEAR THEIR ADDED RICHES IN TRUST FOR ALL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THAT ONLY KNOWLEDGE CAN FOSTER. IN 2023-24, FIFTEEN RECIPIENTS FROM

POMONA COLLEGE WERE AWARDED FULBRIGHT AWARDS, PLACING POMONA AS A TOP

PRODUCER OF FULBRIGHT STUDENTS AMONG BACHELOR'S INSTITUTIONS, AS

REPORTED BY THE CHRONICLE OF HIGHER EDUCATION. POMONA OFFERS 48 MAJORS

IN THE NATURAL SCIENCES, HUMANITIES, SOCIAL SCIENCES FINE ARTS AND

INTERDISCIPLINARY FIELDS. ALSO COMMON ARE DOUBLE MAJORS AND INDIVIDUAL

SPECIAL MAJORS, CRAFTED BY THE STUDENT WITH GUIDANCE FROM FACULTY.

FIRST-YEAR STUDENTS DELVE INTO A CRITICAL INQUIRY SEMINAR TO DEVELOP

SKILLS IN CRITICAL THINKING, ANALYSIS AND WRITING. POMONA'S SUMMER

UNDERGRADUATE RESEARCH PROGRAM ENABLES STUDENTS TO CONDUCT EXTENDED,

FOCUSED RESEARCH IN CLOSE COOPERATION WITH A POMONA FACULTY MEMBER,

WITH PROJECTS TAKING PLACE BOTH ON CAMPUS AND IN THE FIELD. THE COLLEGE

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule O (Form 990) 2023**

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

OFFERS ABOUT 650 COURSES EACH YEAR, AND STUDENTS ALSO HAVE ACCESS TO  
NEARLY 2,700 COURSES AT THE CLAREMONT COLLEGES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AUDITORIUM, A PERFORMING ARTS CENTER THAT SEATS 2,500, AND SEAVER  
THEATRE, A COMPREHENSIVE THEATRE COMPLEX FEATURING A 350-SEAT  
AUDITORIUM AND 100-SEAT EXPERIMENTAL THEATRE SPACE. ATHLETIC FACILITIES  
INCLUDE A CENTER FOR ATHLETICS, RECREATION AND WELLNESS, THE HALDEMAN  
AQUATICS CENTER, AND FIELDS FOR SOFTBALL, BASEBALL, TRACK, SOCCER,  
FOOTBALL, LACROSSE AND MORE. POMONA COLLEGE HAS MADE SIGNIFICANT  
INVESTMENTS TO MAKE THE CAMPUS MORE SUSTAINABLE, INCLUDING BUILDING THE  
FIRST LEED-PLATINUM LARGE-SCALE RESIDENCE HALLS IN THE WEST, TO  
INSTALLING SOLAR ENERGY AND REMOVING IMPERMEABLE SURFACES AND REPLACING  
THEM WITH DROUGHT RESISTANT LANDSCAPING AND PERMEABLE GROUND COVER. THE  
COLLEGE HAS PLEDGED TO BE CARBON-NEUTRAL BY 2030 AS PART OF THE  
AMERICAN COLLEGES AND UNIVERSITIES PRESIDENTS' CLIMATE COMMITMENT  
(ACUPCC).

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTH AWARENESS, WHILE MONSOUR COUNSELING AND PSYCHOLOGICAL SERVICES  
PROVIDE MENTAL HEALTH AND WELLNESS SERVICES. THE INTERFAITH OFFICE OF  
THE CHAPLAINS DIRECTS THE PROGRAMS OF THE CLAREMONT COLLEGES' MCALISTER  
CENTER FOR RELIGIOUS ACTIVITIES, ASSISTING STUDENTS IN MAKING CONTACT  
WITH MEMBERS OF THEIR COMMUNITY OF BELIEF. WORKING CLOSELY WITH  
STUDENTS, FACULTY AND STAFF, THE DIVISION OF STUDENT AFFAIRS AIMS TO  
PROVIDE SERVICES, ACTIVITIES, AND RESOURCES THAT SUPPORT THE COLLEGE'S  
EDUCATIONAL ENTERPRISE AND ENABLE EACH STUDENT TO LEARN, GROW, AND  
DEVELOP WHILE AT POMONA.

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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES

OTHER-PUBLIC SERVICE, INSTITUTIONAL SUPPORT, ACADEMIC SUPPORT: IN ORDER

TO FACILITATE OUR PROGRAM OF INSTRUCTION AND RESEARCH, POMONA COLLEGE

PROVIDES INSTITUTIONAL SUPPORT THROUGH OUR BUSINESS OFFICE, ALUMNI

RELATIONS, INFORMATION TECHNOLOGIES, COMMUNICATIONS, MAJOR GIFTS/GIVING

AND STAFF EDUCATIONAL SUPPORT TO KEEP OUR STAFF INFORMED OF NEW AND

DEVELOPING WAYS TO ADVANCE OUR PRIMARY MISSION. THE DRAPER CENTER FOR

COMMUNITY PARTNERSHIPS IS THE COLLEGE'S MAIN AVENUE FOR FOSTERING

MUTUALLY BENEFICIAL EXCHANGES AMONG COMMUNITY MEMBERS, STUDENTS,

FACULTY AND STAFF IN ORDER TO SUPPORT EDUCATIONAL OUTREACH INITIATIVES,

COMMUNITY-BASED RESEARCH AND LEARNING, AND OTHER COMMUNITY ENGAGEMENT

ACTIVITIES. THE DRAPER CENTER'S SIGNATURE PROGRAM, THE POMONA COLLEGE

ACADEMY FOR YOUTH SUCCESS (PAYS), IS A COLLEGE ACCESS PROGRAM FOR HIGH

SCHOOL STUDENTS THAT AIMS TO INCREASE THE POOL OF STUDENTS PREPARED TO

ENTER HIGHLY SELECTIVE COLLEGES AND UNIVERSITIES. THROUGH THE DRAPER

CENTER, POMONA STUDENTS CAN EXPLORE AN ASSORTMENT OF COMMUNITY AND

VOLUNTEER OPPORTUNITIES THROUGH THE DRAPER CENTER, INCLUDING

COLLABORATIVE THEATRE WITH LOCAL MIDDLE-SCHOOL STUDENTS, FOOD RESCUE

FOR LOCAL SHELTERS, EDUCATIONAL OUTREACH, VOLUNTEERING DURING SPRING

BREAK AND TAKING CLASSES WITH COMMUNITY COLLABORATION. TEACHING FROM

ORIGINAL WORKS OF ART IS CENTRAL TO THE MISSION AT THE BENTON MUSEUM OF

ART AT POMONA COLLEGE. THROUGHOUT THE ACADEMIC YEAR THE MUSEUM OFFERS A

VARIETY OF EDUCATIONAL PROGRAMS HIGHLIGHTING THE EXHIBITIONS AND

COLLECTIONS OF THE MUSEUM AND CONNECTING POMONA STUDENTS WITH THE ARTS

AND CONCERNS OF OUR TIME. POMONA COLLEGE FACULTY UTILIZES THE MUSEUM,

ITS EXHIBITIONS, AND ITS COLLECTIONS AS A RESOURCE FOR TEACHING, AND AS

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

A SUBJECT FOR RESEARCH AND WRITING.

EXPENSES \$ 54,320,548. INCLUDING GRANTS OF \$ 0. REVENUE \$ 488,423.

FORM 990, PART VI, SECTION B, LINE 11B:

THE INFORMATIONAL RETURN IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND IS  
INITIALLY REVIEWED BY THE ASST VICE PRESIDENT/ASSOC TREASURER. AFTER  
PRELIMINARY REVIEW BY THE ASST VICE PRESIDENT/ASSOC TREASURER, THE RETURN  
IS REVIEWED AT THE AUDIT COMMITTEE MEETING. THE RETURN IS THEN PROVIDED TO  
THE FULL BOARD FOR REVIEW PRIOR TO ELECTRONIC FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF TRUSTEES ("THE BOARD") OF POMONA COLLEGE HAS INCORPORATED ITS  
CODE OF CONDUCT AND CONFLICT OF INTEREST POLICIES INTO ITS BYLAWS. THE  
AUDIT COMMITTEE ("THE COMMITTEE") OF THE BOARD MONITORS ENFORCEMENT OF AND  
COMPLIANCE WITH THE CODE AND THE POLICIES, AND REPORTS THE RESULTS THEREOF  
TO THE BOARD. THE COMMITTEE MONITORS COMPLIANCE BY MEANS OF AN ANNUAL CODE  
OF CONDUCT QUESTIONNAIRE. IN MAY, THE COLLEGE DISTRIBUTES THE QUESTIONNAIRE  
TO ALL TRUSTEES, OFFICERS, FACULTY PROGRAM COORDINATORS AND DEPARTMENT  
CHAIRS AND STAFF AT THE DIRECTOR LEVEL AND ABOVE. THE PRESIDENT'S OFFICE  
COLLECTS THE COMPLETED QUESTIONNAIRES AND COMPILES THE RESULTS, INCLUDING  
IDENTIFYING NEGATIVE RESPONSES AND ACCOMPANYING EXPLANATIONS. IN OCTOBER,  
AN EXECUTIVE SUMMARY OF THE RESULTS ARE PROVIDED TO THE COMMITTEE, AND THE  
COMMITTEE REPORTS THOSE RESULTS TO THE BOARD. HOWEVER, THROUGHOUT THE  
ANNUAL QUESTIONNAIRE DISTRIBUTION, COLLECTION AND COMPILATION PROCESS, ANY  
URGENT AND HERETOFORE UNKNOWN MATTERS IDENTIFIED BY QUESTIONNAIRE  
RESPONDENTS ARE ESCALATED IMMEDIATELY TO THE APPROPRIATE MEMBERS OF THE  
BOARD AND MANAGEMENT.

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

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, VP CHIEF INFORMATION OFFICER, TREASURER, DEAN OF FACULTY, DEAN  
OF STUDENTS, VP DEAN OF ADMISSIONS, VP ADVANCEMENT, ASSISTANT VP  
FACILITES/CAMPUS SERVICES, ASSISTANT VP/ASSOC TREASURER AND PROFESSORS  
CONSIDERED AS KEY EMPLOYEES. THESE PROCEDURES PROVIDE FOR REVIEW AND  
APPROVAL BY THE EXECUTIVE COMMITTEE CONSISTING OF INDEPENDENT TRUSTEES, USE  
OF COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE  
DELIBERATION AND DECISION. THE EXECUTIVE COMMITTEE OF THE BOARD, ACTING AS  
THE COMPENSATION COMMITTEE, UTILIZES BENCHMARK SALARY DATA FROM COMPARABLE  
HIGHER EDUCATION INSTITUTION GROUPS FOR EXECUTIVE MANAGEMENT POSITIONS. THE  
INITIAL PROCESS IN DETERMINING COMPENSATION LEVELS CONSISTS OF GATHERING  
COMPENSATION DATA OF PEER GROUP INSTITUTIONS, WHICH IS AVAILABLE FROM  
SUBSCRIBED SURVEY DATA SOURCES. THE SALARY MEDIANS OF THE COMPARABLE  
EDUCATION INSTITUTION GROUPS WILL INFORM THE COMMITTEE AND BE USED AS  
GUIDES. THE COMMITTEE WILL ALSO REVIEW SALARY IN RELATION TO LOCAL AND  
NATIONAL INFLATION MEASURES, INDIVIDUAL PERFORMANCE, AS EVIDENCED BY THE  
ANNUAL WRITTEN PERFORMANCE EVALUATIONS, AND THE INDIVIDUAL'S LENGTH OF  
SERVICE IN THE POSITION. SALARY INCREASE RECOMMENDATIONS ARE APPROVED BY  
THIS COMMITTEE DURING THE MAY BOARD OF TRUSTEES REGULAR MEETING. THE  
MINUTES INCLUDE THE TERMS OF THE TRANSACTIONS AND THE DATE APPROVED, THE  
MEMBERS OF THE COMMITTEE PRESENT FOR THE DELIBERATIONS AND WHO VOTED, AND  
THE DESCRIPTION OF THE COMPARABILITY DATA OBTAINED AND HOW IT WAS OBTAINED.  
THIS PROCESS WAS LAST UNDERTAKEN AND COMPLETED FOR ALL EXECUTIVE POSITIONS  
IN MAY 2024.

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

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 BYLAWS, AND FINANCIAL STATEMENTS  
AVAILABLE TO THE PUBLIC WHEN REQUESTED.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN ACTUARIALLY DETERMINED GIFT LIABILITIES	12,389,139.
ANNUITY AND LIFE INCOME FUNDS RELEASED	-4,687,552.
TOTAL TO FORM 990, PART XI, LINE 9	7,701,587.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

POMONA COLLEGE

Employer identification number

95-1664112

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE CLAREMONT COLLEGE SERVICES - 95-4786748 100 S. MILLS AVE. CLAREMONT, CA 91711	SUPPORT UNIV	CALIFORNIA	501(C)(3)	11A	N/A		X

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

Schedule R (Form 990) 2023

## Part III

[illegible]

## Part IV

[illegible]

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARITABLE REMAINDER TRUSTS	C	747,832.	CASH & STOCK
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions.  POMONA COLLEGE	Taxpayer identification number (TIN)  95-1664112
	Number, street, and room or suite no. If a P.O. box, see instructions. 550 N. COLLEGE AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLAREMONT, CA 91711-4434	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of MARY LOU WOODS

550 N. COLLEGE AVENUE - CLAREMONT, CA 91711-4434

Telephone No. 909-621-8135

Fax No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box \_\_\_\_\_

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box \_\_\_\_\_. If it is for part of the group, check this box \_\_\_\_\_ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
calendar year 20 \_\_\_\_\_ or  
☒ tax year beginning JUL 1, 20 23, and ending JUN 30, 20 24

**2** If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  
Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2024)