

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  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
POMONA COLLEGE  
% MARY LOU WOODS  
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 917114434

**D** Employer identification number  
95-1664112  
**E** Telephone number  
(909) 621-8135  
**G** Gross receipts \$ 882,419,830

**F** Name and address of principal officer  
DAVID OXTOBY  
550 N COLLEGE AVENUE  
CLAREMONT, CA 917114434

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW.POMONA.EDU

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1887 **M** State of legal domicile CA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
POMONA COLLEGE IS AN INDEPENDENT, COEDUC- ATIONAL LIBERAL ARTS INSTITUTION DEDICATED TO THE PURSUIT OF KNOWLEDGE AND UNDERSTANDING THROUGH THE STUDY OF THE SCIENCES & THE HUMANITIES

**2** 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)	38
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	37
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	2,833
<b>6</b> Total number of volunteers (estimate if necessary)	910
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	-6,137,749
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-7,093,692

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	43,372,815	36,588,413
<b>9</b> Program service revenue (Part VIII, line 2g)	103,960,081	107,892,690
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )	87,055,742	117,664,444
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,618,669	2,110,237
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	236,007,307	264,255,784

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3 )	38,481,044	42,012,074
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	85,834,431	88,384,019
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,050,959		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	84,691,116	90,335,443
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	209,006,591	220,731,536
<b>19</b> Revenue less expenses Subtract line 18 from line 12	27,000,716	43,524,248

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	2,706,885,810	2,923,794,227
<b>21</b> Total liabilities (Part X, line 26)	330,998,177	336,642,135
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	2,375,887,633	2,587,152,092

**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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2018-05-12  
MARY LOU WOODS ASST VP/ASSOC TREAS  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Carey McKee  
Preparer's signature: Carey McKee  
Date: 2018-05-15  
Check  if self-employed  
PTIN: P01281067  
Firm's name: ▶ KPMG LLP  
Firm's address: ▶ 550 S Hope St Suite 1500  
Los Angeles, CA 90071  
Firm's EIN: ▶  
Phone no: (213) 972-4000

**Part III Statement of Program Service Accomplishments**

Check 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 STUDENTS, REGARDLESS OF FINANCIAL CIRCUMSTANCES, INTO A SMALL RESIDENTIAL COMMUNITY (CONTINUED SCHEDULE O)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 109,812,177 including grants of \$ 42,012,074 ) (Revenue \$ 105,253,205 )  
 See Additional Data

**4b** (Code ) (Expenses \$ 29,830,708 including grants of \$ ) (Revenue \$ 294,871 )  
 See Additional Data

**4c** (Code ) (Expenses \$ 21,238,929 including grants of \$ ) (Revenue \$ 1,073,296 )  
 See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 34,134,493 including grants of \$ ) (Revenue \$ 1,271,318 )

**4e Total program service expenses** ▶ 195,016,307

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<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? If "Yes," complete Schedule I, Parts I and II . . . . .		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? If "Yes," complete Schedule I, Parts I and III . . . . .	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a 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? If "Yes," complete Schedule L, Part I . . . . .		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	Yes	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	Yes	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	Yes	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (38); 1b Enter the number of voting members included in line 1a, above, who are independent (37); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARY LOU WOODS 550 N COLLEGE AVENUE CLAREMONT, CA 917114434 (909) 621-8135





**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 318			
	<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> 1,598,960			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 34,989,135			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____	3,443,760			
	<b>h Total.</b> Add lines 1a-1f . . . . .		36,588,413		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> Tuition and Fees		611710	81,739,288	81,739,288	
<b>b</b> Room and Board		611710	22,932,411	22,932,411		
<b>c</b> Auxiliary & Educational Support		611710	3,220,991	3,220,991		
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .			107,892,690			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			21,028,611		-8,763,494	29,792,105
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			127,564			127,564
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		2,030,471					
	<b>b</b> Less rental expenses	1,029,834					
	<b>c</b> Rental income or (loss)	1,000,637	0				
	<b>d</b> Net rental income or (loss) . . . . .			1,000,637		468,334	532,303
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		713,770,045					
	<b>b</b> Less cost or other basis and sales expenses	617,134,212					
	<b>c</b> Gain or (loss)	96,635,833					
	<b>d</b> Net gain or (loss) . . . . .			96,635,833		1,852,386	94,783,447
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	0				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0				
<b>c</b> Net income or (loss) from fundraising events . . . . .			0				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0					
<b>b</b> Less direct expenses . . . . .	<b>b</b>	0					
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
Miscellaneous Revenue		Business Code					
<b>11a</b> CATERING AND BANQUET REVENUE		722320	305,160		305,025	135	
<b>b</b> DUPLICATING REVENUE		900099	28,133			28,133	
<b>c</b> MEMBERSHIPS		900099	11,223			11,223	
<b>d</b> All other revenue . . . . .			637,520			637,520	
<b>e Total.</b> Add lines 11a-11d . . . . .			982,036				
<b>12 Total revenue.</b> See Instructions . . . . .			264,255,784	107,892,690	-6,137,749	125,912,430	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	39,022,167	39,022,167		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	2,989,907	2,989,907		
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	4,648,634	1,525,881	1,511,596	1,611,157
<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).	64,514			64,514
<b>7</b> Other salaries and wages.	64,396,227	59,630,663	636,450	4,129,114
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	5,729,199	5,313,326	-10,593	426,466
<b>9</b> Other employee benefits.	8,807,751	7,848,850	52,136	906,765
<b>10</b> Payroll taxes.	4,737,694	4,602,321	69,964	65,409
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	0			
<b>b</b> Legal.	1,827,027	1,563,349	160,530	103,148
<b>c</b> Accounting.	455,227		455,227	
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	5,061,599		5,061,599	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	16,565,104	15,411,963	444,670	708,471
<b>12</b> Advertising and promotion.	316,441	301,104	1,264	14,073
<b>13</b> Office expenses.	11,122,760	9,839,804	422,785	860,171
<b>14</b> Information technology.	2,233,193	1,970,450	38,308	224,435
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	9,298,348	8,926,763	87,890	283,695
<b>17</b> Travel.	3,210,936	2,756,681	115,472	338,783
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	353,076	303,234	8,338	41,504
<b>20</b> Interest.	8,797,723	8,797,723		
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	17,276,194	17,145,333	65,210	65,651
<b>23</b> Insurance.	494,807	458,882	17,902	18,023
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CHARITY ANNUITY PAYMENTS	6,465,766		6,465,766	
<b>b</b> FOOD SUPPLIES	3,270,439	3,270,439		
<b>c</b> OTHER STUDENT PAYMENTS	1,365,204	1,365,204		
<b>d</b> JOINT PROGRAMS	386,092	386,092		
<b>e</b> All other expenses	1,835,507	1,586,171	59,756	189,580
<b>25</b> Total functional expenses. Add lines 1 through 24e.	220,731,536	195,016,307	15,664,270	10,050,959
<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 IX

		(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 . . . . .	50,070,658	<b>2</b>	60,354,164
	<b>3</b> Pledges and grants receivable, net . . . . .	29,309,556	<b>3</b>	31,637,280
	<b>4</b> Accounts receivable, net . . . . .	4,839,769	<b>4</b>	3,912,953
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	1,771,888	<b>5</b>	1,715,304
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	82,221	<b>8</b>	157,178
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,931,633	<b>9</b>	2,479,456
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	592,044,569		
	<b>b</b> Less accumulated depreciation	185,889,046		
	<b>11</b> Investments—publicly traded securities . . . . .	335,928,426	<b>11</b>	373,714,688
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	1,845,004,685	<b>12</b>	2,000,535,077
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	40,714,416	<b>13</b>	41,414,952
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,884,963	<b>15</b>	1,717,652
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,706,885,810	<b>16</b>	2,923,794,227	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	17,494,708	<b>17</b>	19,096,472
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	1,952,486	<b>19</b>	2,532,231
	<b>20</b> Tax-exempt bond liabilities . . . . .	206,133,942	<b>20</b>	203,309,302
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	105,417,041	<b>25</b>	111,704,130
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	330,998,177	<b>26</b>	336,642,135
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	1,152,433,460	<b>27</b>	1,234,077,094
	<b>28</b> Temporarily restricted net assets . . . . .	841,629,383	<b>28</b>	949,534,102
	<b>29</b> Permanently restricted net assets	381,824,790	<b>29</b>	403,540,896
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	2,375,887,633	<b>33</b>	2,587,152,092
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	2,706,885,810	<b>34</b>	2,923,794,227

**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>	264,255,784
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	220,731,536
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	43,524,248
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	2,375,887,633
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	158,705,661
<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>	-458,378
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	9,492,928
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,587,152,092

**Part XII Financial Statements and Reporting**

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

	Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____                      If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p><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</p>	<b>2a</b>	No
<p><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</p>	<b>2b</b>	Yes
<p><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 in Schedule O</p>	<b>2c</b>	Yes
<p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	<b>3a</b>	Yes
<p><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 in Schedule O and describe any steps taken to undergo such audits</p>	<b>3b</b>	Yes

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-1664112

**Name:** POMONA COLLEGE

Form 990 (2016)

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**Form 990, Part III, Line 4a:**

INSTRUCTION AND RESEARCH RANKED IN 2016 AS THE NO 7 COLLEGE IN THE NATION BY FORBES AND TIED FOR NO 7 NATIONAL LIBERAL ARTS COLLEGE BY U S NEWS AND WORLD REPORT, POMONA OFFERS AN ACADEMIC PROGRAM THAT ENCOMPASSES THE MAJOR FIELDS OF THE ARTS, HUMANITIES, NATURAL SCIENCES, AND SOCIAL SCIENCES LEARNING IS ENCOURAGED THROUGH THEORY-BUILDING AND EMPIRICAL RESEARCH, HISTORICAL AND LINGUISTIC ANALYSIS, INQUIRY AND ETHICAL DEBATE POMONA COLLEGE'S LIBERAL ARTS CURRICULUM, SMALL CLASSES, RESIDENTIAL CAMPUS, AND SOPHISTICATED LABORATORIES AND STUDIOS PREPARE STUDENTS FOR LIVES OF PERSONAL FULFILLMENT AND SOCIAL RESPONSIBILITY IN A GLOBAL CONTEXT CONTINUED SCHEDULE O

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**Form 990, Part III, Line 4b:**

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

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**Form 990, Part III, Line 4c:**

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

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**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

(Code ) (Expenses \$ 34,134,493 including grants of \$ ) (Revenue \$ 1,271,318 )
OTHER PUBLIC SERVICE, INSTITUTIONAL SUPPORT,
(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
& ACADEMIC SUPPORT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAMUEL GLICK ..... TRUSTEE/BOARD CHAIR	5 00	X		X				0	0	0
STEWART R SMITH ..... TRUSTEE/CHAIR EMERITUS	3 00	X		X				0	0	0
ALISON REMPEL BROWN ..... TRUSTEE/BOARD VICE CHAIR	2 00	X		X				0	0	0
JOEL A FEUER ..... TRUSTEE/BOARD VICE CHAIR	3 00	X		X				0	0	0
MARK H FUKUNAGA ..... TRUSTEE/BOARD VICE CHAIR	3 00	X		X				0	0	0
MARGARET LODISE ..... TRUSTEE/BOARD VICE CHAIR	3 00	X		X				0	0	0
STEPHEN B LOEB ..... TRUSTEE/BOARD VICE CHAIR	3 00	X		X				0	0	0
R CARLTON SEAVER ..... TRUSTEE/BOARD VICE CHAIR	3 00	X		X				0	0	0
BRYAN WHITE ..... TRUSTEE/BOARD VICE CHAIR	3 00	X		X				0	0	0
EILEEN WILSON-OYELARAN ..... TRUSTEE/BOARD VICE CHAIR	2 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG WRENCH ..... TRUSTEE/BOARD VICE CHAIR	3 0 ..... 0 0	X		X				0	0	0
JANET INSKEEP BENTON ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
LOUISE HENRY BRYSON ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
BERNARD CHAN ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
CHRISTOPHER P DIALYNAS ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
JENNIFER DOUDNA ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
MATTHEW J ESTES ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
KIKI RAMOS GINDLER ..... TRUSTEE (AS OF 07/01/16)	2 0 ..... 0 0	X						0	0	0
ALLYSON ARANOFF HARRIS ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
SCOTT GREEN ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEAN KAPLAN ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
WILLIAM G KELLER ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
OSMAN KIBAR ..... TRUSTEE (AS OF 07/01/16)	2 0 ..... 0 0	X						0	0	0
NATHANIEL KIRTMAN III ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
WENDALL JACKSON JACK LONG ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
XIAOYO MA ..... TRUSTEE/YOUNG ALUMNI	2 0 ..... 0 0	X						0	0	0
LIBBY G MACPHEE ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
D SCOTT OLIVET ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
JEFFEREY T PARKS ..... TRUSTEE (AS OF 07/01/16)	2 0 ..... 0 0	X						0	0	0
JASON ROSENTHAL ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER G SASAKI ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
FRANCINE SCINTO ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
MICHAEL S SEGAL ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
CHRISTINA WIRE ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
MARK B WYLAND ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
M LYNN YONEKURA ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
REZA ZAFARI ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
DAVID W OXTOBY ..... PRESIDENT (THRU 06/30/17)	40 0 ..... 1 0	X		X				856,902	0	98,685
AUDREY BILGER AS OF 7116 ..... VP DEAN OF COLLEGE	40 0 ..... 0 0			X				137,101	0	25,620
CHRISTOPHER ALLEN ..... VP DEAN OF ADMISSIONS	40 0 ..... 0 0			X				249,945	0	42,601

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN SISSON ..... VP TREASURER	40 0 ..... 0 0			X				301,377	0	52,446
MIRIAM FELDBLUM ..... VP DEAN OF STUDENTS	40 0 ..... 0 0			X				226,223	0	59,747
PAMELA BESNARD ..... VP OF ADVANCEMENT	40 0 ..... 0 0			X				310,298	0	67,266
TERESA SHAW ..... SECRETARY TO BOARD, PRES ASST	40 0 ..... 0 0			X				158,000	0	17,114
DAVID WALLACE ..... MANAGING DIR INVESTMENTS	40 0 ..... 0 0			X				145,589	0	32,947
DAMARIS HANKINS ..... ASST SECRETARY	40 0 ..... 0 0			X				55,668	0	23,277
ELIZABETH CERVANTES ..... ASST SECRETARY(AS OF 01/01/17)	40 0 ..... 0 0			X				48,341	0	5,979
STEPHANIE NAVARRO ..... ASST SECRETARY	40 0 ..... 0 0			X				64,553	0	25,553
DANA WOOD ..... ASST TREASURER	40 0 ..... 0 0			X				129,886	0	25,444
JANIS MOORMANN ..... ASST TREASURER	40 0 ..... 0 0			X				125,396	0	22,436

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELSA ALBAN ..... REGISTRAR (AS OF 01/01/17)	40 0 ..... 0 0			X				89,369	0	15,835
MARGARET ADORNO ..... REGISTRAR (THRU 12/31/16)	40 0 ..... 0 0			X				109,522	0	17,389
MARY LOU WOODS ..... ASST VP/ASSOC TREAS	40 0 ..... 0 0				X			197,001	0	43,696
MARYLOU FERRY ..... VP OF COMMUNICATIONS	40 0 ..... 0 0				X			207,500	0	23,294
ROBERT ROBINSON ..... ASST VP OF FACILITIES	40 0 ..... 0 0				X			199,345	0	44,127
WILLIAM MORSE ..... VP OF PLANNING OFFICE	40 0 ..... 0 0				X			221,243	0	35,167
GARY SMITH ..... PROFESSOR	40 0 ..... 0 0					X		256,157	0	50,872
ELEANOR BROWN ..... PROFESSOR	40 0 ..... 0 0					X		233,429	0	33,003
GARY KATES ..... PROFESSOR	40 0 ..... 0 0					X		230,757	0	54,066
KEN PFLUEGER ..... CIO EXECUTIVE DIRECTOR	40 0 ..... 0 0					X		208,482	0	29,498

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIM BRUCE ..... PROFESSOR	40 0 ..... 0 0					X		197,692	0	33,358

# **TY 2016 Reasonable Cause Explanation**

**Name:** POMONA COLLEGE

**EIN:** 95-1664112

**Explanation:**

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

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
POMONA COLLEGE

Employer identification number

95-1664112

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

The organization is not a private foundation because it is (For lines 1 through 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 or 990-EZ))
- 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 **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 in 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) \_\_\_\_\_

(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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	17,708,985	34,878,711	21,799,239	43,372,815	36,588,413	154,348,163
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4</b>	<b>Total.</b> Add lines 1 through 3	17,708,985	34,878,711	21,799,239	43,372,815	36,588,413	154,348,163
<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)						29,504,153
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						124,844,010

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b>	Amounts from line 4	17,708,985	34,878,711	21,799,239	43,372,815	36,588,413	154,348,163
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,974,592	12,783,169	11,707,323	13,300,558	23,186,646	76,952,288
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	473,659	328,537	251,757	515,073	982,036	2,551,062
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						233,851,513
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	490,488,105

**13 First five 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>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	53.386%
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	47.498%

- 16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2015.** 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 **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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</b>	<b>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</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five 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> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</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>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<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)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**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 in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>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>		

**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>		

**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>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>3</b>	By reason of the relationship described in (2), 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>		

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

<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 <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<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>b</b>	Did the activities described in (a) 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>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<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>Provide details in Part VI.</i>		
<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>		

**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. **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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**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).

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.  
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**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 the organization POMONA COLLEGE	Employer identification number 95-1664112
--	--

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

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

**2** Political expenditures ▶ \$ \_\_\_\_\_

**3** Volunteer hours \_\_\_\_\_

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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-
2				
3				
4				
5				
6				



**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?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		1,065
<b>j</b> Total Add lines 1c through 1i			1,065
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**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

Return Reference	Explanation
LOBBYING ACTIVITIES (RENEWICK HOUSE)	OTHER LOBBYING ACTIVITIES FORM 990, SCHEDULE C, PART II-B, LINE 1(I) THE ORGANIZATION PAID MEMBERSHIP DUES OF \$4,511 TO THE NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS (NACUBO) AND \$14,704 IN DUES TO THE ASSOCIATION OF INDEPENDENT CALIFORNIA COLLEGE AND UNIVERSITIES, WHICH MAY ENGAGE IN LOBBYING ACTIVITIES OF THESE AMOUNTS, \$1,065 IS ATTRIBUTABLE TO LOBBY RELATED EXPENSES FOR HIGHER EDUCATION ISSUES

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ 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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
POMONA COLLEGE

**Employer identification number**  
95-1664112

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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?  Yes  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?  Yes  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)

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

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 Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**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 2(d) 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" 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>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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 . . . . .	1,984,930,636	2,098,703,679	2,101,460,736	1,823,441,482	1,679,640,364
<b>b</b> Contributions . . . . .	14,166,379	30,394,700	5,616,516	17,608,574	5,995,664
<b>c</b> Net investment earnings, gains, and losses	260,729,229	-61,712,701	72,807,561	332,505,986	206,443,561
<b>d</b> Grants or scholarships . . . . .	42,012,074	38,481,044	37,208,521	33,971,825	31,394,399
<b>e</b> Other expenditures for facilities and programs . . . . .	47,192,095	39,127,776	39,359,128	33,293,045	33,123,286
<b>f</b> Administrative expenses . . . . .	5,412,945	4,846,222	4,613,485	4,830,436	4,120,422
<b>g</b> End of year balance . . . . .	2,165,209,130	1,984,930,636	2,098,703,679	2,101,460,736	1,823,441,482

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 43 506 %
  - b** Permanent endowment ▶ 16 254 %
  - c** Temporarily restricted endowment ▶ 40 241 %
- 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
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . . | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>                                 | Yes        |           |
| <b>(ii)</b> related organizations . . . . .  | <b>Yes</b> | <b>No</b> |
| <b>3a(ii)</b>                                |            | No        |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 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 . . . . .	0	8,601,051		8,601,051
<b>b</b> Buildings	0	544,865,942	171,720,569	373,145,373
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .	0	16,982,148	9,618,004	7,364,144
<b>e</b> Other . . . . .	0	21,595,428	4,550,473	17,044,955
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				406,155,523

**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	316,374,880	F
(B) NON US EQUITY	271,496,549	F
(C) EMERGING MARKETS	183,409,219	F
(D) FIXED INCOME	220,977,361	F
(E) VENTURE CAPITAL	303,355,652	F
(F) PRIVATE EQUITY	112,107,925	F
(G) ABSOLUTE RETURN	412,567,268	F
(H) REAL ASSETS	166,121,879	F
(I) OTHER	14,124,344	F
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	2,000,535,077	

**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> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**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, col (B) line 15 )	

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
LIFE INCOME ANNUITIES PAYABLE	92,244,702
FUNDS HELD IN TRUST FOR OTHERS	13,743,906
GOV'T STUDENT LOAN ADVANCES	2,379,128
CAPITAL LEASE OBLIGATION	1,676,872
ASSET RETIREMENT LIABILITY	1,659,522
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	111,704,130

**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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**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>	380,346,250
<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>	158,705,661
<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>	9,567,531
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	168,273,192
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	212,073,058
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	5,675,795
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	46,506,931
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	52,182,726
<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>	264,255,784

**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>	169,081,791
<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>	532,981
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	532,981
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	168,548,810
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	5,675,795
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	46,506,931
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	52,182,726
<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>	220,731,536

**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.

Return Reference	Explanation
See Additional Data Table	



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-1664112

**Name:** POMONA COLLEGE

### Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3) Other (A) US EQUITY	316,374,880	F
(3) Other (A) NON US EQUITY	271,496,549	F
(B) EMERGING MARKETS	183,409,219	F
(C) FIXED INCOME	220,977,361	F
(D) VENTURE CAPITAL	303,355,652	F
(E) PRIVATE EQUITY	112,107,925	F
(F) ABSOLUTE RETURN	412,567,268	F
(G) REAL ASSETS	166,121,879	F
(H) OTHER	14,124,344	F

## Supplemental Information

Return Reference	Explanation
MAINTAINING COLLECTIONS OF ART, HISTORICAL TREASURES, OR	OTHER SIMILAR ASSETS HELD FOR PUBLIC EXHIBITION, EDUCATION OR RESEARCH FORM 990, SCHEDULE D, PART III, LINE 1A THE COLLEGE FOLLOWS A POLICY NOT TO RECORD OR CAPITALIZE ITS ART COLLECTIONS THE COLLEGE'S ART COLLECTIONS CONSIST OF OBJECTS OF HISTORICAL AND AESTHETIC SIGNIFICANCE HELD FOR PUBLIC EXHIBITION AND EDUCATIONAL PURPOSES ALL WORKS IN THE COLLECTION ARE CATALOGUED, PRESERVED, CARED FOR AND MONITORED ACCORDING TO PROFESSIONAL MUSEUM STANDARDS, AND ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM DE-ACCESSION TO BE USED EXCLUSIVELY FOR ACQUISITION

**Supplemental Information**

Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S COLLECTIONS	<p>FORM 990, SCHEDULE D, PART III, LINE 4 THE FINE ART COLLECTIONS OF POMONA COLLEGE ARE HOUSED IN THE POMONA COLLEGE MUSEUM OF ART AT THE MONTGOMERY ART CENTER, WHICH WAS INAUGURATED</p> <p>IN 1958 AND NAMED AFTER THE LATE GLADYS K MONTGOMERY, POMONA TRUSTEE AND LOS ANGELES CIVIC LEADER AMONG IMPORTANT HOLDINGS ARE THE KRESS COLLECTION OF 15TH- AND 16TH- CENTURY ITALIAN PANEL PAINTINGS, OVER 5,000 EXAMPLES OF PRE-COLUMBIAN TO 20TH-CENTURY AMERICAN INDIAN ART AND ARTIFACTS, INCLUDING BASKETRY, CERAMICS, AND BEADWORK, AND A LARGE COLLECTION OF AMERICAN AND EUROPEAN PRINTS, DRAWINGS, AND PHOTOGRAPHS IN ADDITION TO SERVING AS THE BASIS FOR EXHIBITIONS, THE COLLECTIONS, WHICH ARE ALWAYS AVAILABLE FOR INDIVIDUAL STUDY AND RESEARCH, ARE FREQUENTLY USED FOR CLASSES THE POMONA COLLEGE MUSEUM OF ART ALSO IS THE SITE OF AN ACTIVE PROGRAM OF TEMPORARY EXHIBITIONS THROUGHOUT THE ACADEMIC YEAR THESE INCLUDE REGULAR FACULTY AND STUDENT SHOWS, AS WELL AS HISTORICAL AND CONTEMPORARY EXHIBITIONS</p> <p>DESIGNED TO COMPLEMENT THE COLLEGES CURRICULA AND TO EXPOSE STUDENTS TO AS WIDE A VARIETY OF WORKS OF ART AS POSSIBLE ALL EXHIBITIONS OPEN WITH PUBLIC RECEPTIONS AND INCLUDE LECTURES AND RELATED PROGRAMS FOR THE COLLEGE COMMUNITY</p>

## Supplemental Information

Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V, LINE 4 THE COLLEGES ENDOWMENT CONSISTS OF APPROXIMATELY 1,800 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS THE COLLEGE HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR 4 5% TO 5 5% OF ITS ENDOWMENT FUNDS' AVERAGE FAIR VALUE OVER THE PRIOR 12 QUARTERS THROUGH THE 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

# Supplemental Information

Return Reference	Explanation
REVENUE ON BOOKS NOT ON RETURN	FORM 990, SCHEDULE D, PART XI, LINE 2D Changes in actuarially determined gift liabilities \$9,492,928 Rental Expenses Reported Net on Form 990 \$532,981 PRIOR PERIOD ADJUSTMENT \$(458,378) ----- Total \$9,567,531

## Supplemental Information

Return Reference	Explanation
REVENUE ON RETURN NOT ON BOOKS	FORM 990, SCHEDULE D, PART XI, LINE 4B Financial Aid Reported Gross of Tuition on Form 990 \$42,012,074 Charitable Gift Annuity Payments Reclasses as Expense \$4,494,857 ----- --- Total \$46,506,931

## Supplemental Information

Return Reference	Explanation
EXPENSE ON RETURN NOT ON BOOKS	FORM 990, SCHEDULE D, PART XII, LINE 2D Rental Expenses Reported Net on Form 990 \$532,981

# Supplemental Information

Return Reference	Explanation
EXPENSE ON BOOKS NOT ON RETURN	FORM 990, SCHEDULE D, PART XII, LINE 4B Financial Aid Reported Gross of Tuition on Form 990 0 \$42,012,074 Charitable Gift Annuity Payments Reclassed as Expense \$4,494,857 ----- ----- Total \$46,506,931

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

# Schools

OMB No 1545-0047

## 2016

**Open to Public Inspection**

▶ **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.**

▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Name of the organization  
POMONA COLLEGE

**Employer identification number**

95-1664112

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	Yes	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to: <b>a</b> Students' rights or privileges? <b>b</b> Admissions policies? <b>c</b> Employment of faculty or administrative staff? <b>d</b> Scholarships or other financial assistance? <b>e</b> Educational policies? <b>f</b> Use of facilities? <b>g</b> Athletic programs? <b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? <b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	Yes	No
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II.	Yes	

**Part 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).

Return Reference	Explanation
DISCLOSURE FOR SOLICITATION	FORM 990, SCHEDULE E, LINE 3 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
DISCLOSURE FOR GRANTS RECEIVED FROM GOVERNMENT AGENCIES	FORM 990, SCHEDULE E, PART I, LINE 6A POMONA COLLEGE IS AWARDED GRANTS FROM GOVERNMENT AGENCIES, SUCH AS THE DEPARTMENT OF EDUCATION, AND THE CALIFORNIA STUDENT AID COMMISSION, TO PROVIDE FINANCIAL AID TO STUDENTS

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

Name of the organization  
POMONA COLLEGE

**Employer identification number**  
95-1664112

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total					8,605,636
<b>b</b> Total from continuation sheets to Part I					325,515
<b>c Totals</b> (add lines 3a and 3b)					8,931,151

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

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

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_



**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 Instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*  Yes  No

**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).

Return Reference	Explanation
PROCEDURES FOR MONITORING USE OF GRANTS	FORM 990, SCHEDULE F, 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

Return Reference	Explanation
ACCOUNTING BASIS	FORM 990, SCHEDULE F, PART I, LINE 3(F) ACCOUNTING BASIS FOR EXPENDITURES REPORTED IN COLUMN (F) ARE IN U S DOLLARS USING THE ACCRUAL BASIS OF ACCOUNTING

Return Reference	Explanation
NUMBER OF RECIPIENTS	FORM 990, SCHEDULE F, PART III, COLUMN (C) THE NUMBER OF RECIPIENTS REPORTED IN COLUMN (C) IS DETERMINED BY REVIEWING THE EXACT NUMBER OF STUDENTS WHO RECEIVE AID FROM THAT REGION

Return Reference	Explanation
ACCOUNTING FOR CASH GRANTS	FORM 990, SCHEDULE F, PART III, COLUMN (D) ACCOUNTING BASIS FOR CASH GRANTS REPORTED IN COLUMN (D) ARE IN U S DOLLARS USING THE ACCRUAL BASIS OF ACCOUNTING

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-1664112

**Name:** POMONA COLLEGE

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Grantmaking	FINANCIAL AID	450,979
East Asia and the Pacific			Grantmaking	FINANCIAL AID	555,904
Central America and the Caribbean			Grantmaking	FINANCIAL AID	134,830

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Grantmaking	FINANCIAL AID	1,069,778
Middle East and North Africa			Grantmaking	FINANCIAL AID	29,521
Russia and the Newly Independent States			Grantmaking	FINANCIAL AID	102,467

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Grantmaking	FINANCIAL AID	303,282
South Asia			Grantmaking	FINANCIAL AID	343,146
South Asia			Program Services	STUDY ABROAD DIR EXP	111,198

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	STUDY ABROAD DIR EXP	582,711
Central America and the Caribbean			Program Services	STUDY ABROAD DIR EXP	167,745
Europe (Including Iceland and Greenland)			Program Services	STUDY ABROAD DIR EXP	3,721,670

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	STUDY ABROAD DIR EXP	121,068
South America			Program Services	STUDY ABROAD DIR EXP	434,190
Sub-Saharan Africa			Program Services	STUDY ABROAD DIR EXP	228,986

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	STUDY ABROAD OTHER EXP	19,422
East Asia and the Pacific			Program Services	STUDY ABROAD OTHER EXP	228,739
Central America and the Caribbean			Program Services	STUDY ABROAD OTHER EXP	9,675

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	STUDY ABROAD OTHER EXP	277,636
Middle East and North Africa			Program Services	STUDY ABROAD OTHER EXP	3,950
Russia and the Newly Independent States			Program Services	STUDY ABROAD OTHER EXP	13,858

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	STUDY ABROAD OTHER EXP	18,416
South Asia			Program Services	STUDY ABROAD OTHER EXP	1,980

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FINANCIAL AID	Sub-Saharan Africa	15	450,979	Credit		N/A	N/A
FINANCIAL AID	East Asia and the Pacific	23	555,904	Credit		N/A	N/A

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FINANCIAL AID	Central America and the Caribbean	8	134,830	Credit		N/A	N/A
FINANCIAL AID	Europe (Including Iceland and Greenland)	52	1,069,778	Credit		N/A	N/A

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FINANCIAL AID	Middle East and North Africa	2	29,521	Credit		N/A	N/A
FINANCIAL AID	South America	15	303,282	Credit		N/A	N/A

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FINANCIAL AID	Russia and the Newly Independent States	3	102,467	CREDIT		N/A	N/A
FINANCIAL AID	South Asia	13	343,146	CREDIT		N/A	N/A

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

**Part III Grants and Other Assistance to 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 non-cash assistance
(1) INST AID & GRANTS TO STUDENTS OF POMONA COLLEGE	838	38,398,464		N/A	N/A
(2) OTHER GRANTS AND AWARDS GIVEN TO STUDENTS	531	623,703		N/A	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PROCEDURES FOR MONITORING GRANT FUNDS	FORM 990, SCHEDULE I, PART I, LINE 2 ADMISSION TO POMONA COLLEGE IS ON A NEED BLIND BASIS THIS POLICY IS MAINTAINED TO ACCOMPLISH DIVERSIFICATION OF THE STUDENT BODY REGARDLESS OF THE FINANCIAL STATUS OF THE APPLICANTS A PERMANENT FILE OF ALL STUDENTS WHO ARE RECIPIENTS OF SCHOLARSHIPS AND GRANTS IS MAINTAINED IN THE FINANCIAL AID OFFICE OF POMONA COLLEGE AN ACCOUNTING SYSTEM TRACKS ALL AWARDS TO INDIVIDUAL STUDENTS FOR TUITION AND OTHER COSTS OF ATTENDING THE COLLEGE

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**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.**

**2015**  
**Open to Public Inspection**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
POMONA COLLEGE

**Employer identification number**  
95-1664112

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account  <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	Yes	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes	
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations  <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>		No
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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:</p> <p><b>a</b> The organization?</p>		No
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>		No
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p>		No
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>		No
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		No
<p><b>8</b> 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.</p>		No
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

**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 are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**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.

Return Reference	Explanation
HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	FORM 990, SCHEDULE J, PART I, LINE 1A PER THE EMPLOYMENT CONTRACTS FOR THE PRESIDENT, VICE PRESIDENT/DEAN OF THE COLLEGE AND DEAN OF STUDENTS, RESIDENCE ON-CAMPUS IS PROVIDED FOR THE CONVENIENCE OF THE EMPLOYER. HOUSING FOR THESE LISTED PERSONS IS LOCATED ON THE CAMPUS AND IS REQUIRED AS A CONDITION OF THEIR EMPLOYMENT, THUS IS NOT TREATED AS TAXABLE COMPENSATION. PARTS OF THE FACILITIES ARE CARED FOR BY COLLEGE STAFF TO ENSURE READINESS FOR COLLEGE RELATED EVENTS.
HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	FORM 990, SCHEDULE J, PART I, LINE 1A 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.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 95-1664112  
**Name:** POMONA COLLEGE

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID W OXTOBY PRESIDENT (THRU 06/30/17)	(i)	802,902		54,000	29,430	69,255	955,587	0
	(ii)	-----	-----	-----	0	-	-----	0
2 AUDREY BILGER AS OF 7116 VP DEAN OF COLLEGE	(i)	125,101		12,000	13,382	12,238	162,721	0
	(ii)	-----	-----	-----	0	-	-----	0
3 CHRISTOPHER ALLEN VP DEAN OF ADMISSIONS	(i)	213,945		36,000	28,203	14,398	292,546	0
	(ii)	-----	-----	-----	0	-	-----	0
4 KAREN SISSON VP TREASURER	(i)	283,377		18,000	29,430	23,016	353,823	0
	(ii)	-----	-----	-----	0	-	-----	0
5 MIRIAM FELDBLUM VP DEAN OF STUDENTS	(i)	223,322		2,901	24,518	35,229	285,970	0
	(ii)	-----	-----	-----	0	-	-----	0
6 PAMELA BESNARD VP OF ADVANCEMENT	(i)	268,298		42,000	29,430	37,836	377,564	0
	(ii)	-----	-----	-----	0	-	-----	0
7 TERESA SHAW SECRETARY TO BOARD, PRES ASST	(i)	141,500		16,500	16,590	524	175,114	0
	(ii)	-----	-----	-----	0	-	-----	0
8 DAVID WALLACE MANAGING DIR INVESTMENTS	(i)	145,589			15,554	17,393	178,536	0
	(ii)	-----	-----	-----	0	-	-----	0
9 DANA WOOD ASST TREASURER	(i)	123,268		6,618	13,471	11,973	155,330	0
	(ii)	-----	-----	-----	0	-	-----	0
10 MARY LOU WOODS ASST VP/ASSOC TREAS	(i)	197,001			22,180	21,516	240,697	0
	(ii)	-----	-----	-----	0	-	-----	0
11 MARYLOU FERRY VP OF COMMUNICATIONS	(i)	189,500		18,000	22,710	584	230,794	0
	(ii)	-----	-----	-----	0	-	-----	0
12 ROBERT ROBINSON ASST VP OF FACILITIES	(i)	199,345			22,611	21,516	243,472	0
	(ii)	-----	-----	-----	0	-	-----	0
13 WILLIAM MORSE VP OF PLANNING OFFICE	(i)	221,243			23,054	12,113	256,410	0
	(ii)	-----	-----	-----	0	-	-----	0
14 GARY SMITH PROFESSOR	(i)	256,157			29,629	21,243	307,029	0
	(ii)	-----	-----	-----	0	-	-----	0
15 ELEANOR BROWN PROFESSOR	(i)	191,429		42,000	26,014	6,989	266,432	0
	(ii)	-----	-----	-----	0	-	-----	0
16 GARY KATES PROFESSOR	(i)	195,257		35,500	26,598	27,468	284,823	0
	(ii)	-----	-----	-----	0	-	-----	0
17 KEN PFLUEGER CIO EXECUTIVE DIRECTOR	(i)	208,482			22,958	6,540	237,980	0
	(ii)	-----	-----	-----	0	-	-----	0
18 KIM BRUCE PROFESSOR	(i)	197,692			21,780	11,578	231,050	0
	(ii)	-----	-----	-----	0	-	-----	0

**Schedule K (Form 990)**

**Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047  
**2016**  
Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
POMONA COLLEGE

**Employer identification number**  
95-1664112

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130175W99	02-04-2005	41,879,739	CAMPUS FAC, ISS COST & REFUNDING		X		X		X
<b>B</b>	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130178NN2	06-26-2008	59,475,000	EDUC FAC & COSTS OF ISS OF BOND		X		X		X
<b>C</b>	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130178SE7	04-20-2009	62,290,000	EDUC FAC & PARTIAL REFUNDING		X		X		X
<b>D</b>	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130178B88	07-12-2011	7,914,174	REFUNDING OF REMAINING 2001 BONDS		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	0		0		0		5,975,000	
<b>2</b>	Amount of bonds legally defeased . . . . .	0		0		0		0	
<b>3</b>	Total proceeds of issue . . . . .	42,565,205		64,248,356		67,960,259		8,034,728	
<b>4</b>	Gross proceeds in reserve funds . . . . .	0		0		0		0	
<b>5</b>	Capitalized interest from proceeds . . . . .	0		0		0		0	
<b>6</b>	Proceeds in refunding escrows . . . . .	0		0		0		0	
<b>7</b>	Issuance costs from proceeds . . . . .	576,345		739,587		888,077		158,283	
<b>8</b>	Credit enhancement from proceeds . . . . .	0		0		0		0	
<b>9</b>	Working capital expenditures from proceeds . . . . .	0		0		0		0	
<b>10</b>	Capital expenditures from proceeds . . . . .	25,785,275		63,508,769		0		0	
<b>11</b>	Other spent proceeds . . . . .	16,203,585		0		67,072,182		7,876,445	
<b>12</b>	Other unspent proceeds . . . . .	0		0		0		0	
<b>13</b>	Year of substantial completion . . . . .	2008		2011		2011		2011	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .		X		X	X			X
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .	X			X	X		X	
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		X

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %		0 %		0 %		0 %	
<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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, 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
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?	X		X			X		X
<b>b</b> Name of provider . . . . .	AIG		FSA		0		0	
<b>c</b> Term of GIC . . . . .	380 %		320 %					
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .	X		X					
<b>6</b> Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
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

<b>Return Reference</b>	<b>Explanation</b>
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

<b>Return Reference</b>	<b>Explanation</b>
PART I, ROW D, COLUMN (F)	\$7,740,674 OF THE PROCEEDS OF THE 2011 BONDS WERE USED TO ADVANCE REFUND \$7,700,000 IN PRINCIPAL OF BONDS WITH ORIGINAL DATE OF ISSUANCE OF 11/8/2001

<b>Return Reference</b>	<b>Explanation</b>
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

<b>Return Reference</b>	<b>Explanation</b>
PART IV, LINE 2C, COLUMN (A)	THE LAST REBATE CALCULATIONS FOR 2005A BONDS WERE PERFORMED AS OF 2/24/2010

<b>Return Reference</b>	<b>Explanation</b>
PART IV, LINE 2C, COLUMN (C)	THE LAST REBATE CALCULATIONS FOR 2009A BONDS WERE PERFORMED AS OF 3/31/2011

**Schedule K (Form 990)**

**Supplemental Information on Tax Exempt Bonds**  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 POMONA COLLEGE

**Employer identification number**  
 95-1664112

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466		06-26-2014	24,937,500	NEW CONSTRUCTION		X		X		X

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired . . . . .	0			
2 Amount of bonds legally defeased . . . . .	0			
3 Total proceeds of issue . . . . .	24,937,500			
4 Gross proceeds in reserve funds . . . . .	0			
5 Capitalized interest from proceeds . . . . .	0			
6 Proceeds in refunding escrows . . . . .	0			
7 Issuance costs from proceeds . . . . .	0			
8 Credit enhancement from proceeds . . . . .	0			
9 Working capital expenditures from proceeds . . . . .	0			
10 Capital expenditures from proceeds . . . . .	14,000,000			
11 Other spent proceeds . . . . .	0			
12 Other unspent proceeds . . . . .	10,937,500			
13 Year of substantial completion . . . . .	2015			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue? . . . . .		X		
15 Were the bonds issued as part of an advance refunding issue? . . . . .		X		
16 Has the final allocation of proceeds been made? . . . . .		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X			

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<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						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %							
<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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X						
<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							

**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						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X							
<b>b</b> Exception to rebate? . . . . .								
<b>c</b> No rebate due? . . . . .								
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						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	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 is not available under applicable regulations?	X							

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization POMONA COLLEGE

Employer identification number

95-1664112

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (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?

Total 1,715,304

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CLAIRE OXTOBY	WIFE OF PRESIDENT	64,514	SALARY AND BENEFITS		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2016**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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 . . . . .				
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	98	3,207,956	AVG MKT DONTN DATE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .	X	1	235,804	APPRAISAL
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 1

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 three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31	Yes	
32a		No
33		

**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.

Return Reference	Explanation
NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED	FORM 990, SCHEDULE M, PART I, COLUMN (B) COLUMN B REFLECTS THE NUMBER OF ITEMS RECEIVED FROM VARIOUS CONTRIBUTORS, EXCEPT IN THE CASE OF SECURITIES, WHICH REFLECTS THE NUMBER OF CONTRIBUTORS
USE OF THIRD PARTIES OR RELATED ORGANIZATIONS FOR NONCASH CONTRIBUTIONS	FORM 990, SCHEDULE M, LINE 32B ANY GIFT OF UNNEEDED PERSONAL OR REAL PROPERTY IS SOLD BY PROFESSIONAL REPRESENTATIVES
TYPES OF PROPERTY RECEIVED FOR NONCASH CONTRIBUTIONS	FORM 990, SCHEDULE M, LINE 33 THE COLLEGE FOLLOWS A POLICY TO NOT RECORD OR CAPITALIZE ITS COLLECTIONS THE COLLEGE'S ART COLLECTIONS CONSIST OF OBJECTS OF HISTORICAL AND AESTHETIC SIGNIFICANCE HELD FOR PUBLIC EXHIBITION AND EDUCATIONAL PURPOSES ALL WORKS IN THE COLLECTION ARE CATALOGUED, PRESERVED, CARED FOR AND MONITORED ACCORDING TO PROFESSIONAL MUSEUM STANDARDS, AND ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM DE-ACCESSION TO BE USED EXCLUSIVELY FOR ACQUISITION

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
POMONA COLLEGE

**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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**Employer identification number**

95-1664112

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>DESCRIPTION OF ORGANIZATION MISSION</p>	<p>FORM 990, PART III, LINE 1, CONTINUED THAT IS STRONGLY ROOTED IN SOUTHERN CALIFORNIA YET GLOBAL IN ITS ORIENTATION THROUGH CLOSE TIES AMONG A DIVERSE GROUP OF FACULTY, STAFF AND CLASSMATES, POMONA STUDENTS ARE INSPIRED TO ENGAGE IN THE PROBING INQUIRY AND CREATIVE LEARNING THAT ENABLE THEM TO IDENTIFY AND ADDRESS THEIR INTELLECTUAL PASSIONS THIS EXPERIENCE WILL CONTINUE TO GUIDE THEIR CONTRIBUTIONS AS THE NEXT GENERATION OF LEADERS, SCHOLARS, ARTISTS AND CITIZENS TO FULFILL THE VISION OF ITS FOUNDERS TO BEAR THEIR ADDED RICHES IN TRUST FOR ALL PROGRAM SERVICE Form 990 Part III Line 4a, CONTINUED POMONA GRADUATES NOT ONLY RECEIVE EXCELLENT LIFELONG PREPARATION FOR A WIDE RANGE OF CAREERS, BUT ALSO ARE ENCOURAGED TO DEVELOP THE RATIONAL DISCRIMINATION, AESTHETIC APPRECIATION, COMPASSION, AND UNDERSTANDING THAT ONLY KNOWLEDGE CAN FOSTER POMONA IS CURRENTLY TIED FOR THE NO. 2 PRODUCER OF FULBRIGHT STUDENTS AMONG BACHELOR'S INSTITUTIONS AS REPORTED BY THE CHRONICLE OF HIGHER EDUCATION IN FEBRUARY 2017 15 POMONA STUDENTS RECEIVED FULBRIGHTS DURING THE 2016-2017 ACADEMIC YEAR POMONA OFFERS 47 MAJORS IN THE NATURAL SCIENCES, HUMANITIES, SOCIAL SCIENCES FINE ARTS, AND INTERDISCIPLINARY FIELDS ALSO COMMON ARE DOUBLE MAJORS AND INDIVIDUAL SPECIAL MAJORS, CRAFTED BY THE STUDENT WITH GUIDANCE FROM FACULTY FIRST-YEAR STUDENTS DELVE INTO A CRITICAL INQUIRY SEMINAR TO DEVELOP SKILLS IN CRITICAL THINKING, ANALYSIS AND WRITING POMONA'S SUMMER UNDERGRADUATE RESEARCH PROGRAM ENABLES STUDENTS TO CONDUCT EXTENDED, FOCUSED RESEARCH IN CLOSE COOPERATION WITH A POMONA FACULTY MEMBER, WITH PROJECTS TAKING PLACE BOTH ON CAMPUS AND IN THE FIELD THE COLLEGE OFFERS APPROXIMATELY 600 CLASSES EACH YEAR, AND STUDENTS ALSO HAVE ACCESS TO THE MORE THAN 2,200 CLASSES AT THE CLAREMONT COLLEGES FORM 990, PART III, LINE 4B, CONTINUED POMONA PROVIDES SELF-OPERATED DINING AND CATERING SERVICES THROUGH THREE DINING HALLS POMONA'S GOAL IS TO SERVE FOOD THAT IS HEALTHY, FRESH AND DELICIOUS AND THAT IS PRODUCED IN A JUST AND SUSTAINABLE MANNER THE INSTRUCTIONAL AND EXTRA-CURRICULAR PROGRAMS ARE FURTHER SUPPORTED BY BRIDGES AUDITORIUM, A PERFORMING ARTS CENTER THAT SEATS 2,500, AND SEAVER THEATRE, A COMPREHENSIVE THEATRE COMPLEX FEATURING A 350-SEAT AUDITORIUM AND 100-SEAT EXPERIMENTAL THEATRE SPACE ATHLETIC FACILITIES INCLUDE THE LILIORE GREEN RAINS CENTER FOR SPORT AND RECREATION, THE HALDEMAN AQUATICS CENTER, AND FIELDS FOR SOFTBALL, BASEBALL, TRACK, SOCCER, FOOTBALL 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, CONTINUED THE COLLEGE ALSO</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>DESCRIPTION OF ORGANIZATION MISSION</p>	<p>O ASSISTS STUDENTS WITH ORIENTATION, REGISTRATION AND ACADEMIC COUNSELING FROM THEIR FIRST YEAR AT POMONA. STUDENTS CAN TURN TO THE CAREER DEVELOPMENT OFFICE, WHICH PROVIDES HELP WITH EVERYTHING FROM RESUME WRITING TO MOCK INTERVIEWS. STUDENTS ALSO CAN APPLY FOR THE CD O'S PROGRAM OF SUMMER INTERNSHIPS IN THE U S AND ABROAD. THE CLAREMONT COLLEGES' STUDENT HEALTH SERVICE STRESSES PREVENTATIVE MEDICINE AND HEALTH AWARENESS, WHILE MONSOUR COUNSELING AND PSYCHOLOGICAL SERVICES HELP STUDENTS WITH PERSONAL AND EMOTIONAL PROBLEMS. THE INTERFAITH OFFICE OF THE CHAPLAINS DIRECTS THE PROGRAMS OF THE CLAREMONT COLLEGES' MCALISTER CENTER FOR RELIGIOUS ACTIVITIES, ASSISTING STUDENTS IN MAKING CONTACT WITH MEMBERS OF THEIR COMMUNITY OF BELIEF. WORKING CLOSELY WITH STUDENTS, FACULTY AND STAFF, THE DIVISION OF STUDENT AFFAIRS AIMS TO PROVIDE SERVICES, ACTIVITIES, AND RESOURCES THAT SUPPORT THE COLLEGE'S EDUCATIONAL ENTERPRISE AND ENABLE EACH STUDENT TO LEARN, GROW, AND DEVELOP WHILE HERE AT POMONA. FORM 990, PART III, LINE 4D Other-Public Service, Institutional Support, Academic Support. IN ORDER TO FACILITATE OUR PRIMARY PROGRAM SERVICE OF INSTRUCTION AND RESEARCH, POMONA COLLEGE PROVIDES INSTITUTIONAL SUPPORT THROUGH OUR BUSINESS OFFICE, ALUMNI RELATIONS, INFORMATION TECHNOLOGIES, COMMUNICATIONS, MAJOR GIFTS/GIVING AND STAFF EDUCATIONAL SUPPORT TO KEEP OUR STAFF INFORMED OF NEW AND DEVELOPING WAYS TO ADVANCE OUR PRIMARY MISSION. POMONA'S ACADEMIC SUPPORT RESOURCES OFFER EXPERT PEER INSTRUCTION TO HELP DEVELOP STRATEGIC LEARNING SKILLS, ASSIST IN ACHIEVING PERSONAL INTELLECTUAL POTENTIAL, AND PROMOTE LEADERSHIP AND SERVICE LEARNING OPPORTUNITIES THROUGH THE PEER FELLOWS PROGRAM. ACADEMIC SUPPORT CENTERS INCLUDE THE WRITING CENTER, THE QUANTITATIVE SKILLS CENTER, THE FOREIGN LANGUAGE RESOURCE CENTER AND THE LEARNING FELLOWS PROGRAM. THE HONNOLD/MUDD LIBRARY PARTNERS WITH POMONA COLLEGE AS WELL AS THE OTHER CLAREMONT COLLEGES IN SUPPORTING LEARNING, TEACHING, AND RESEARCH. THE LIBRARY TIES THE ACADEMIC COMMUNITY TO VARIED CULTURAL AND SCHOLARLY TRADITIONS BY OFFERING USER-CENTERED SERVICES, BUILDING COLLECTIONS, DEVELOPING INNOVATIVE TECHNOLOGIES, AND PROVIDING AN INVITING ENVIRONMENT FOR STUDY, COLLABORATION, AND REFLECTION. THE LIBRARY'S GENERAL COLLECTIONS INCLUDE NEARLY 2 MILLION VOLUMES. THE LIBRARY ALSO HAS EXTENSIVE HOLDINGS OF JOURNALS, MAGAZINES, AND NEWSPAPERS, PROVIDING ACCESS TO ARTICLES IN OVER 70,000 PERIODICALS. TEACHING FROM ORIGINAL WORKS OF ART IS CENTRAL TO THE MISSION AT THE POMONA COLLEGE MUSEUM OF ART THROUGHOUT THE ACADEMIC YEAR. THE MUSEUM OFFERS A VARIETY OF EDUCATIONAL PROGRAMS HIGHLIGHTING THE EXHIBITIONS AND COLLECTIONS OF THE MUSEUM AND CONNECTING OUR STUDENTS WITH THE ARTS AND CONCERNS OF OUR TIME. POMONA COLLEGE FACULTY USES THE MUSEUM, ITS EXHIBITIONS, AND ITS COLLECTIONS AS A RESOURCE FOR TEACHING, AND AS A SUBJECT FOR RESEARCH AND WRITING. THE DRAPER CENTER FOR COMMUNITY PARTNERSHIPS IS THE COLLEGE'S MAIN AVENUE FOR FOSTERING M</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
DESCRIPTION OF ORGANIZATION MISSION	MUTUALLY BENEFICIAL EXCHANGES AMONG COMMUNITY MEMBERS, STUDENTS, FACULTY AND STAFF IN ORDER TO SUPPORT EDUCATIONAL OUTREACH INITIATIVES, COMMUNITY-BASED RESEARCH AND LEARNING, AND OTHER COMMUNITY ENGAGEMENT ACTIVITIES STUDENTS CAN EXPLORE AN ASSORTMENT OF COMMUNITY AND VOLUNTEER OPPORTUNITIES THROUGH THE DRAPER CENTER, INCLUDING COLLABORATIVE THEATRE WITH LOCAL MIDDLE-SCHOOL STUDENTS, FOOD RESCUE FOR LOCAL SHELTERS, EDUCATIONAL OUTREACH, VOLUNTEERING DURING SPRING BREAK AND TAKING CLASSES WITH COMMUNITY COLLABORATION

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
REVIEW OF FORM 990	FORM 990, PART VI, SECTION B, LINE 11 THE INFORMATIONAL RETURN IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND IS INITIALLY REVIEWED BY THE ASST VICE PRESIDENT/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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CONFLICT OF INTEREST	FORM 990, PART VI, SECTION B, LINE 12C THE BOARD OF TRUSTEES ("THE BOARD") OF POMONA COLLEGE HAS INCORPORATED ITS CODE OF CONDUCT AND CONFLICT OF INTEREST POLICIES INTO ITS BYLAWS THE AUDIT COMMITTEE ("THE COMMITTEE") OF THE BOARD MONITORS ENFORCEMENT OF AND COMPLIANCE WITH THE CODE AND THE POLICIES, AND REPORTS THE RESULTS THEREOF TO THE BOARD THE COMMITTEE MONITORS COMPLIANCE BY MEANS OF AN ANNUAL CODE OF CONDUCT QUESTIONNAIRE IN MAY, THE COLLEGE DISTRIBUTES THE QUESTIONNAIRE TO ALL TRUSTEES, OFFICERS, FACULTY PROGRAM COORDINATORS AND DEPARTMENT CHAIRS AND STAFF AT THE DIRECTOR LEVEL AND ABOVE THE PRESIDENT'S OFFICE COLLECTS THE COMPLETED QUESTIONNAIRES AND COMPILES THE RESULTS, INCLUDING IDENTIFYING NEGATIVE RESPONSES AND ACCOMPANYING EXPLANATIONS IN OCTOBER, AN EXECUTIVE SUMMARY OF THE RESULTS ARE PROVIDED TO THE COMMITTEE, AND THE COMMITTEE REPORTS THOSE RESULTS TO THE BOARD HOWEVER, THROUGHOUT THE ANNUAL QUESTIONNAIRE DISTRIBUTION, COLLECTION AND COMPILATION PROCESS, ANY URGENT AND HERETOFORE UNKNOWN MATTERS IDENTIFIED BY QUESTIONNAIRE RESPONDENTS ARE ESCALATED IMMEDIATELY TO THE APPROPRIATE MEMBERS OF THE BOARD AND MANAGEMENT

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PROCESS OF DETERMINING COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15A and 15B 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 2017

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
DISCLOSURE OF DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19 THE POLICY OF POMONA COLLEGE IS TO MAKE ITS GOVERNING DOCUMENTS, INCLUDING THE ARTICLES OF INCORPORATION AND BYLAWS, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC WHEN REQUESTED

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 Changes in actuarially determined gift liabilities \$ 9,492,928

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
POMONA COLLEGE

**Employer identification number**

95-1664112

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" 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
<b>(1)</b> CLAREMONT UNIVERSITY CONSORTIUM 100 S MILLS AVE  CLAREMONT, CA 91711 95-4786748	SUPPORT UNIV	CA	501(C)(3)	11A	NA		No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> CHARITABLE REMAINDER TRUST (115)	CRT	CA	NA	Trust				Yes	
<b>(2)</b> POOLED INCOME FUND (2)	POOLED INTEREST	CA	NA	Trust				Yes	

**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 <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	Yes
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	Yes
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	Yes
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	Yes
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	Yes
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	Yes
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARITABLE REMAINDER TRUSTS	c	4,657,367	CASH & STOCK
(2) CHARITABLE GIFT ANNUITIES	c	7,710,784	CASH & STOCK



**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)