

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023													
B Check if applicable:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">C Name of organization POMONA COLLEGE</td> <td>D Employer identification number 95-1664112</td> </tr> <tr> <td>Doing business as</td> <td></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 550 N. COLLEGE AVENUE</td> <td>E Telephone number 909-621-8135</td> </tr> <tr> <td>City or town, state or province, country, and ZIP or foreign postal code CLAREMONT, CA 91711-4434</td> <td>G Gross receipts \$ 1,200,592,914.</td> </tr> <tr> <td>F Name and address of principal officer: G. GABRIELLE STARR SAME AS C ABOVE</td> <td>H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>	C Name of organization POMONA COLLEGE	D Employer identification number 95-1664112	Doing business as		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 550 N. COLLEGE AVENUE	E Telephone number 909-621-8135	City or town, state or province, country, and ZIP or foreign postal code CLAREMONT, CA 91711-4434	G Gross receipts \$ 1,200,592,914.	F Name and address of principal officer: G. GABRIELLE STARR SAME AS C ABOVE	H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>
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	H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>												
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	H(c) Group exemption number												
J Website: WWW.POMONA.EDU													
K Form of organization: <input checked="" type="checkbox"/> 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 WIDELY REGARDED AS ONE OF THE WORLD'S LEADING LIBERAL ARTS COLLEGES.	
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 29
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 2882
	6	Total number of volunteers (estimate if necessary)	6 1887
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 11,823,856.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 24,525,060. Current Year: 21,270,295.
	9	Program service revenue (Part VIII, line 2g)	131,542,331. 138,891,294.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	341,598,794. 80,801,657.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,150,845. 2,721,414.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	498,817,030. 243,684,660.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,383,929. 55,234,189.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	104,079,788. 115,297,642.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	13,950,878.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	99,764,052. 121,586,159.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	256,227,769. 292,117,990.
	19	Revenue less expenses. Subtract line 18 from line 12	242,589,261. -48,433,330.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 3,643,695,009. End of Year: 3,668,675,252.
	21	Total liabilities (Part X, line 26)	412,708,332. 408,404,631.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,230,986,677. 3,260,270,621.

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		Date 05/10/24
	MARY LOU WOODS, ASST VP/ASSOC TREASURER	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CAREY MCKEE	Preparer's signature	Date 05/10/24	Check if self-employed <input type="checkbox"/>	PTIN P01281067
	Firm's name KPMG LLP	Firm's EIN 13-5565207		Phone no. 213-972-4000	
	Firm's address 550 SOUTH HOPE STREET, SUITE 1500 LOS ANGELES, CA 90071				

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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 [X] 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 \$ 135,495,476. including grants of \$ 55,234,189.) (Revenue \$ 136,331,195.) INSTRUCTION AND RESEARCH: CONSISTENTLY RANKED AS ONE OF THE TOP NATIONAL LIBERAL ARTS COLLEGES ACCORDING TO U.S. NEWS AND WORLD REPORT, POMONA COLLEGE OFFERS AN ACADEMIC PROGRAM THAT ENCOMPASSES THE MAJOR FIELDS OF THE ARTS, HUMANITIES, NATURAL SCIENCES AND SOCIAL SCIENCES. LEARNING IS ENCOURAGED THROUGH THEORY-BUILDING AND EMPIRICAL RESEARCH, HISTORICAL AND LINGUISTIC ANALYSIS, INQUIRY AND ETHICAL DEBATE. POMONA'S LIBERAL ARTS CURRICULUM, SMALL CLASSES, RESIDENTIAL CAMPUS AND SOPHISTICATED LABORATORIES AND STUDIOS PREPARE STUDENTS FOR LIVES OF PERSONAL FULFILLMENT AND SOCIAL RESPONSIBILITY IN A GLOBAL CONTEXT. POMONA GRADUATES NOT ONLY RECEIVE EXCELLENT LIFELONG PREPARATION FOR A WIDE RANGE OF CAREERS, BUT ALSO ARE ENCOURAGED TO DEVELOP THE RATIONAL DISCRIMINATION, AESTHETIC APPRECIATION, COMPASSION AND UNDERSTANDING

4b (Code:) (Expenses \$ 41,017,825. including grants of \$ 0.) (Revenue \$ 222,422.) AUXILIARY ENTERPRISES: A MAJORITY OF POMONA COLLEGE STUDENTS RESIDE IN CAMPUS HOUSING THROUGHOUT THEIR COLLEGE CAREER, A TESTAMENT TO THE QUALITY OF LIFE ON CAMPUS. THE SCALE AND ARRANGEMENT OF POMONA'S 14 RESIDENCE HALLS ENCOURAGE STUDENTS TO GET TO KNOW EACH OTHER. RANGING IN SIZE FROM 60 TO 250 STUDENTS, WITH AN AVERAGE OF ABOUT 120 EACH, THESE COEDUCATIONAL RESIDENCES ARE LARGE ENOUGH TO BRING TOGETHER STUDENTS WITH A VARIETY OF INTERESTS AND EXPERIENCES, BUT SMALL ENOUGH TO ALLOW RESIDENTS TO WORK IN COHESIVE GROUPS. POMONA PROVIDES SELF-OPERATED DINING AND CATERING SERVICES AT THREE DINING HALLS. POMONA'S GOAL IS TO SERVE FOOD THAT IS HEALTHY, FRESH AND DELICIOUS AND THAT IS PRODUCED IN A JUST AND SUSTAINABLE MANNER. THE INSTRUCTIONAL AND EXTRA-CURRICULAR PROGRAMS ARE FURTHER SUPPORTED BY BRIDGES

4c (Code:) (Expenses \$ 29,689,861. including grants of \$ 0.) (Revenue \$ 1,759,956.) STUDENT SERVICES: POMONA COLLEGE OFFERS STUDENTS A WIDE VARIETY OF PROGRAMS TO EXTEND THEIR EDUCATION BEYOND THE CLASSROOM, INCLUDING CLUBS, SPORTS, THE STUDENT LIFE NEWSPAPER AND STUDENT GOVERNMENT. OTHER RESOURCES OFFERED TO STUDENTS INCLUDE THE OFFICE OF BLACK STUDENT AFFAIRS, THE ASIAN AMERICAN RESOURCE CENTER, THE CHICANO/LATINO STUDENT AFFAIRS CENTER, THE WOMEN'S UNION AND THE QUEER RESOURCE CENTER. THE COLLEGE ALSO ASSISTS STUDENTS WITH ORIENTATION, REGISTRATION AND ACADEMIC COUNSELING. FROM THEIR FIRST YEAR AT POMONA, STUDENTS CAN TURN TO THE CAREER DEVELOPMENT OFFICE (CDO), WHICH PROVIDES RESOURCES, SERVICES AND CAREER ADVISING. STUDENTS ALSO CAN APPLY FOR THE CDO'S PROGRAM OF SUMMER INTERNSHIPS IN THE U.S. AND ABROAD. THE CLAREMONT COLLEGES' STUDENT HEALTH SERVICES STRESSES PREVENTATIVE MEDICINE AND

4d Other program services (Describe on Schedule O.) (Expenses \$ 51,432,802. including grants of \$ 0.) (Revenue \$ 577,721.)

4e Total program service expenses 257,635,964.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?	X	
11b	Describe on 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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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?		X
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

- 17** List the states with which a copy of this Form 990 is required to be filed CA, FL, MA, NH, OR, TN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
MARY LOU WOODS - 909-621-8135
550 N. COLLEGE AVENUE, CLAREMONT, CA 91711-4434

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GABI STARR PRESIDENT	40.00 0.00	X		X				995,835.	0.	124,543.
(2) MARIA WATSON VP ADVANCEMENT	40.00 0.00			X				425,463.	0.	65,783.
(3) DAVID WALLACE ASST TREASURER/CIO	40.00 0.00			X				378,063.	0.	58,403.
(4) AVIS HINKSON VP & DEAN STUDENTS	40.00 0.00			X				339,113.	0.	65,048.
(5) SETH ALLEN VP STRATEGY/DEAN ADM & FIN AID	40.00 0.00			X				331,849.	0.	53,443.
(6) ROBERT GAINS FORMER VP DEAN OF COLLEGE	0.00 0.00						X	330,103.	0.	42,714.
(7) GARY SMITH PROFESSOR	40.00 0.00					X		300,554.	0.	60,717.
(8) JOSE RODRIGUEZ VP CHIEF INFORMATION OFFICER	40.00 0.00			X				311,608.	0.	48,341.
(9) MARY LOU WOODS ASST VP/ASSOC TREASURER	40.00 0.00				X			258,838.	0.	42,514.
(10) ROBERT ROBINSON ASST VP OF FACILITIES	40.00 0.00				X			264,225.	0.	36,962.
(11) TAHIR ANDRABI PROFESSOR	40.00 0.00					X		236,590.	0.	55,997.
(12) YUQING WU VP DEAN OF THE COLLEGE	40.00 0.00			X				251,446.	0.	41,049.
(13) ELEANOR BROWN PROFESSOR	40.00 0.00					X		253,742.	0.	34,992.
(14) RODGER DEVINE AVP ADVANCEMENT OPERATIONS	40.00 0.00					X		244,156.	0.	35,428.
(15) ROBERT GOLDBERG FORMER VP TREASURER/COO	0.00 0.00						X	237,973.	0.	35,054.
(16) KEVIN DETTMAR PROFESSOR	40.00 0.00					X		236,023.	0.	35,323.
(17) MARK KENDALL CHIEF COMMUNICATIONS OFFICER	40.00 0.00			X				207,981.	0.	49,616.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTINA CIAMBRIELLO BOARD SEC/PRES AST	40.00 0.00			X				214,215.	0.	34,560.
(19) DANA WOOD ASST TREASURER	40.00 0.00			X				170,120.	0.	31,944.
(20) JEFFREY ROTH VP TREAS/COO (AS OF 9/6/22)	40.00 0.00			X				161,535.	0.	16,663.
(21) ERIN COLLINS REGISTRAR	40.00 0.00			X				125,587.	0.	33,973.
(22) STEPHANIE NAVARRO ASST SECRETARY	40.00 0.00			X				77,712.	0.	30,489.
(23) SAMUEL GLICK TRUSTEE/BOARD CHAIR	5.00 0.00	X		X				0.	0.	0.
(24) JANET INSKEEP BENTON TRUSTEE/BOARD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(25) ALISON REMPEL BROWN TRUSTEE/BOARD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(26) WENDALL JACKSON "JACK" LONG TRUSTEE/BOARD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
1b Subtotal								6,352,731.	0.	1,033,556.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								6,352,731.	0.	1,033,556.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 279

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CW DRIVER LLC 468 NORTH ROSEMEAD BLVD, PASADENA, CA 91107	CONSTRUCTION	8,435,717.
CAMBRIDGE ASSOCIATES LLC PO BOX 412015, BOSTON, MA 03352	INVESTMENT ADVISORY	2,025,000.
HIRSCHFELD KRAEMER LLP, 456 MONTGOMERY STREET, STE 2200, SAN FRANCISCO, CA 94104	LEGAL SERVICES	1,072,161.
OASIS KGI COMMONS 111 BUCKNELL AVE, CLAREMONT, CA 91711	RENTAL PROPERTY	789,848.
KPMG LLP PO BOX 29007, GLENDALE, CA 91209	TAX/AUDIT SERVICES	750,164.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 18

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JEAN KAPLAN TRUSTEE/BOARD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(28) R CARLTON SEAVER TRUSTEE/BOARD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(29) EILEEN WILSON-OYELARAN TRUSTEE/BOARD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(30) CHRISTINA WIRE TRUSTEE/BOARD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(31) ONETTA BROOKS TRUSTEE	2.00 0.00	X						0.	0.	0.
(32) SUSAN DUNN TRUSTEE	2.00 0.00	X						0.	0.	0.
(33) PAUL F. ECKSTEIN TRUSTEE	2.00 0.00	X						0.	0.	0.
(34) MATTHEW J. ESTES TRUSTEE	2.00 0.00	X						0.	0.	0.
(35) ALLYSON ARANOFF HARRIS TRUSTEE	2.00 0.00	X						0.	0.	0.
(36) NATHANIEL KIRTMAN III TRUSTEE	2.00 0.00	X						0.	0.	0.
(37) BOBBY LEE TRUSTEE	2.00 0.00	X						0.	0.	0.
(38) YI LI TRUSTEE	2.00 0.00	X						0.	0.	0.
(39) MARGARET LODISE TRUSTEE	3.00 0.00	X						0.	0.	0.
(40) STEPHEN B. LOEB TRUSTEE	2.00 0.00	X						0.	0.	0.
(41) DONALD MARRON TRUSTEE	2.00 0.00	X						0.	0.	0.
(42) DAVID NUNES TRUSTEE	2.00 0.00	X						0.	0.	0.
(43) JEFFEREY T PARKS TRUSTEE	2.00 0.00	X						0.	0.	0.
(44) PETER G. SASAKI TRUSTEE	2.00 0.00	X						0.	0.	0.
(45) NATHAN SEAVER DEAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(46) MICHAEL S SEGAL TRUSTEE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>									
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee				Former
(47) ADITYA SOOD TRUSTEE	2.00 0.00	X					0.	0.	0.
(48) JOHN STARR TRUSTEE	2.00 0.00	X					0.	0.	0.
(49) MACKENZIE TEYMOURI TRUSTEE	2.00 0.00	X					0.	0.	0.
(50) JENNIFER WILCOX THOMAS TRUSTEE	2.00 0.00	X					0.	0.	0.
(51) ALICIA ZALESIN TRUSTEE	2.00 0.00	X					0.	0.	0.
Total to Part VII, Section A, line 1c									

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	19,590.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,474,041.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	17,776,664.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,678,268.				
	h Total. Add lines 1a-1f			21,270,295.			
Program Service Revenue	2 a TUITION AND FEES	Business Code					
		611710	102,396,261.	102,396,261.			
	b ROOM AND BOARD	611710	33,184,157.	33,184,157.			
	c AUXILIARY & EDUCATIONAL	611710	2,914,857.	2,914,857.			
	d OTHER SOURCES	611710	396,019.	396,019.			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			138,891,294.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		47,670,406.		1,848,386.	45,822,020.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		464.			464.	
	6 a Gross rents	6a	(i) Real	1,420,475.			
			(ii) Personal				
	b Less: rental expenses ...	6b	608,987.				
	c Rental income or (loss)	6c	811,488.				
	d Net rental income or (loss)			811,488.	461,667.	349,821.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	989,430,518.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	956,299,267.				
	c Gain or (loss)	7c	33,131,251.				
	d Net gain or (loss)			33,131,251.	9,383,596.	23,747,655.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a TRANSFERS FROM TCCS	Business Code					
		900099	1,446,573.			1,446,573.	
	b THIRD PARTY REIMB.	900099	236,825.			236,825.	
	c CATERING & BANQUET REV	722320	164,464.		130,207.	34,257.	
	d All other revenue	900099	61,600.			61,600.	
e Total. Add lines 11a-11d			1,909,462.				
12 Total revenue. See instructions			243,684,660.	138,891,294.	11,823,856.	71,699,215.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	48,889,098.	48,889,098.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,345,091.	6,345,091.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,984,895.	2,049,583.	2,044,407.	1,890,905.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	361,097.	292,453.	3,570.	65,074.
7 Other salaries and wages	83,726,146.	76,089,834.	1,728,690.	5,907,622.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,940,878.	6,491,299.	-45,657.	495,236.
9 Other employee benefits	11,180,570.	9,714,037.	224,673.	1,241,860.
10 Payroll taxes	7,104,056.	6,872,212.	156,774.	75,070.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,962,039.	1,733,679.	111,625.	116,735.
c Accounting	735,010.		735,010.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	13,297,352.		13,297,352.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	27,118,653.	24,126,953.	821,418.	2,170,282.
12 Advertising and promotion	506,461.	214,707.	29,324.	262,430.
13 Office expenses	14,497,359.	12,665,612.	1,009,021.	822,726.
14 Information technology	3,008,792.	2,650,200.	155,139.	203,453.
15 Royalties				
16 Occupancy	9,515,248.	9,384,874.	-35,996.	166,370.
17 Travel	4,539,096.	4,116,853.	148,851.	273,392.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	436,937.	393,846.	7,300.	35,791.
20 Interest	7,961,094.	7,961,094.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,058,334.	20,953,291.	56,791.	48,252.
23 Insurance	799,280.	646,024.	82,856.	70,400.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ANNUITY DIST. PAYOUT	6,010,549.	6,010,549.		
b FOOD SUPPLIES	5,620,521.	5,620,521.		
c OTHER STUDENT PAYMENTS	2,048,355.	2,048,355.		
d HEERF PAYMENT	917,367.	917,367.		
e All other expenses	1,553,712.	1,448,432.		105,280.
25 Total functional expenses. Add lines 1 through 24e	292,117,990.	257,635,964.	20,531,148.	13,950,878.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	124,431,393.	2	125,001,728.
	3 Pledges and grants receivable, net	27,901,892.	3	27,790,174.
	4 Accounts receivable, net	5,581,462.	4	5,382,296.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	2,016,971.	5	2,114,328.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	71,835.	8	91,202.
	9 Prepaid expenses and deferred charges	1,985,776.	9	2,769,585.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 721,990,482.		
	b Less: accumulated depreciation	10b 298,190,748.		
	11 Investments - publicly traded securities	430,245,475.	10c	423,799,734.
	12 Investments - other securities. See Part IV, line 11	337,746,097.	11	345,837,806.
	13 Investments - program-related. See Part IV, line 11	2,675,008,515.	12	2,696,367,660.
	14 Intangible assets	28,192,732.	13	28,229,589.
	15 Other assets. See Part IV, line 11	0.	14	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,512,861.	15	11,291,150.	
	3,643,695,009.	16	3,668,675,252.	
Liabilities	17 Accounts payable and accrued expenses	26,215,228.	17	19,370,218.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	1,268,832.	19	1,264,844.
	20 Tax-exempt bond liabilities	241,409,351.	20	240,175,831.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 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	143,814,921.	25	147,593,738.
	26 Total liabilities. Add lines 17 through 25	412,708,332.	26	408,404,631.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,512,565,340.	27	1,523,202,952.
	28 Net assets with donor restrictions	1,718,421,337.	28	1,737,067,669.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,230,986,677.	32	3,260,270,621.
33 Total liabilities and net assets/fund balances	3,643,695,009.	33	3,668,675,252.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	243,684,660.
2	Total expenses (must equal Part IX, column (A), line 25)	2	292,117,990.
3	Revenue less expenses. Subtract line 2 from line 1	3	-48,433,330.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,230,986,677.
5	Net unrealized gains (losses) on investments	5	69,491,219.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-55,503.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	8,281,558.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,260,270,621.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization POMONA COLLEGE	Employer identification number 95-1664112
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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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,199,325.	21,889,483.	24,292,908.	24,525,060.	21,270,295.	129,177,071.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	37,199,325.	21,889,483.	24,292,908.	24,525,060.	21,270,295.	129,177,071.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,657,514.
6 Public support. Subtract line 5 from line 4.						120,519,557.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	37,199,325.	21,889,483.	24,292,908.	24,525,060.	21,270,295.	129,177,071.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30,884,493.	30,676,395.	24,230,459.	38,154,180.	49,091,345.	173,036,872.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	939,208.	699,349.	1,213,492.	523,871.	1,909,462.	5,285,382.
11 Total support. Add lines 7 through 10						307,499,325.
12 Gross receipts from related activities, etc. (see instructions)					12	580,101,391.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	39.19	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	41.75	%
16a 33 1/3% support test - 2022. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. 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			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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			<input type="checkbox"/>
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			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 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
1 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
1 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?		
2 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>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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 Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b 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 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

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

CATERING AND BANQUET REVENUE

2018 AMOUNT: \$ 163,126.

2019 AMOUNT: \$ 48,532.

2020 AMOUNT: \$ 647,205.

2021 AMOUNT: \$ 96,982.

2022 AMOUNT: \$ 164,464.

DUPLICATING REVENUE

2018 AMOUNT: \$ 38,535.

2019 AMOUNT: \$ 33,801.

2020 AMOUNT: \$ 18,032.

2021 AMOUNT: \$ 37,428.

2022 AMOUNT: \$ 36,427.

TRANSFERS FROM TCCS

2022 AMOUNT: \$ 1,446,573.

MISC INCOME

2018 AMOUNT: \$ 737,547.

2019 AMOUNT: \$ 617,016.

2020 AMOUNT: \$ 440,873.

2021 AMOUNT: \$ 88,760.

2022 AMOUNT: \$ 17,951.

MISC SALES & SERVICES

2020 AMOUNT: \$ 20,370.

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.)

2021 AMOUNT: \$ 6,218.

2022 AMOUNT: \$ 7,222.

REFUNDS & REBATES

THIRD PARTY REIMBURSEMENTS

2020 AMOUNT: \$ 87,012.

2021 AMOUNT: \$ 294,483.

2022 AMOUNT: \$ 236,825.

SCHEDULE A, PART II

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

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

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

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

POMONA COLLEGE

Employer identification number

95-1664112

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization POMONA COLLEGE	Employer identification number 95-1664112
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 2,530,496.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,665,722.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,110,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,101,547.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,015,351.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization POMONA COLLEGE	Employer identification number 95-1664112
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 837,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 671,438.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization POMONA COLLEGE	Employer identification number 95-1664112
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization POMONA COLLEGE	Employer identification number 95-1664112
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		912.
j Total. Add lines 1c through 1i			912.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

OTHER LOBBYING ACTIVITIES

THE COLLEGE PAID MEMBERSHIP DUES OF \$10,577 TO THE ASSOCIATION OF

INDEPENDENT CALIFORNIA COLLEGE AND UNIVERSITIES (AICCU), \$5,640 IN DUES

TO COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES

Part IV Supplemental Information *(continued)*

(CUPA-HR), \$51,337 IN DUES TO THE MASSACHUSETTS INSTITUTE OF
TECHNOLOGY, \$11,560 IN DUES TO THE NATIONAL ASSOCIATION OF COLLEGE AND
UNIVERSITY BUSINESS OFFICERS (NACUBO), \$7,291 IN DUES TO THE AMERICAN
COUNCIL ON EDUCATION AND \$1,029 IN DUES TO THE MODERN LANGUAGE
ASSOCIATION (MLA), WHICH MAY ENGAGE IN LOBBYING ACTIVITIES. OF THESE
AMOUNTS, \$912 IS ATTRIBUTABLE TO LOBBY RELATED EXPENSES FOR HIGHER
EDUCATION ISSUES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for amounts related to these items.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 on 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
1a Beginning of year balance	2,764,971,820.	3,031,447,003.	2,254,547,362.	2,321,097,295.	2,273,708,092.
b Contributions	14,348,586.	14,162,426.	14,157,679.	11,385,079.	6,105,044.
c Net investment earnings, gains, and losses	125,116,465.	-175,679,397.	865,191,000.	21,844,701.	138,213,928.
d Grants or scholarships	55,234,189.	52,383,929.	43,302,882.	49,733,633.	46,910,069.
e Other expenditures for facilities and programs	38,882,988.	44,599,935.	52,619,680.	42,036,355.	43,761,141.
f Administrative expenses	13,297,353.	7,974,348.	6,526,476.	8,009,725.	6,258,559.
g End of year balance	2,797,022,341.	2,764,971,820.	3,031,447,003.	2,254,547,362.	2,321,097,295.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 57.8700 %
 - b Permanent endowment 42.1300 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 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
1a Land		11,842,615.		11,842,615.
b Buildings		647,819,414.	255,387,573.	392,431,841.
c Leasehold improvements		13,496,590.	11,737,441.	1,759,149.
d Equipment		37,852,999.	26,286,933.	11,566,066.
e Other		10,978,864.	4,778,801.	6,200,063.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				423,799,734.

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	474,923,158.	END-OF-YEAR MARKET VALUE
(B) NON US EQUITY	251,679,549.	END-OF-YEAR MARKET VALUE
(C) EMERGING MARKETS	153,148,286.	END-OF-YEAR MARKET VALUE
(D) FIXED INCOME	218,587,440.	END-OF-YEAR MARKET VALUE
(E) VENTURE CAPITAL	595,407,673.	END-OF-YEAR MARKET VALUE
(F) PRIVATE EQUITY	228,559,382.	END-OF-YEAR MARKET VALUE
(G) ABSOLUTE RETURN	512,230,947.	END-OF-YEAR MARKET VALUE
(H) REAL ASSETS	261,763,046.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,696,367,660.	

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)		
Total. (Col. (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)	
Total. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	800,000.
(2) LIFE INCOME ANNUITIES PAYABLE	136,847,753.
(3) FUNDS HELD IN TRUST FOR OTHERS	4,896,521.
(4) GOV'T STUDENT LOAN ADVANCES	540,009.
(5) ASSET RETIREMENT LIABILITY	2,879,451.
(6) AGENCY FUNDS PAYABLE	906,521.
(7) VOLUNTARY DISABILITY INSURANCE	723,122.
(8) ESCHEATMENT PAYABLE	361.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	147,593,738.

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

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.

1	Total revenue, gains, and other support per audited financial statements	1	247,452,244.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	69,491,219.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	8,890,545.
e	Add lines 2a through 2d	2e	78,381,764.
3	Subtract line 2e from line 1	3	169,070,480.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,297,352.
b	Other (Describe in Part XIII.)	4b	61,316,828.
c	Add lines 4a and 4b	4c	74,614,180.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	243,684,660.

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.

1	Total expenses and losses per audited financial statements	1	218,184,887.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	608,987.
e	Add lines 2a through 2d	2e	608,987.
3	Subtract line 2e from line 1	3	217,575,900.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,297,352.
b	Other (Describe in Part XIII.)	4b	61,244,738.
c	Add lines 4a and 4b	4c	74,542,090.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	292,117,990.

Part XIII Supplemental Information.

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

PART III, LINE 1A:

MAINTAINING COLLECTIONS OF ART, HISTORICAL TREASURERS, OR OTHER SIMILAR

ASSETS HELD FOR PUBLIC EXHIBITION, EDUCATION OR RESEARCH

THE COLLECTION, WHICH WAS ACQUIRED THROUGH PURCHASE AND CONTRIBUTIONS

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

STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE

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

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

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

CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED ON THE FINANCIAL

STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE

REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

Part XIII Supplemental Information (continued)

PART III, LINE 4:

DESCRIPTION OF ORGANIZATION'S COLLECTIONS

THE FINE ART COLLECTIONS OF POMONA COLLEGE ARE HOUSED IN THE BENTON MUSEUM

OF ART, A TEACHING MUSEUM AND A COLLECTING INSTITUTION. LOCATED IN A NEW

FACILITY THAT OPENED IN 2020, AMONG ITS IMPORTANT HOLDINGS OF OVER 19,000

OBJECTS ARE SUCH HIGHLIGHTS AS THE KRESS COLLECTION OF 15TH- AND 16TH-

CENTURY ITALIAN PANEL PAINTINGS; OVER 6,000 EXAMPLES OF PRE-COLUMBIAN TO

20TH-CENTURY AMERICAN INDIAN ART AND ARTIFACTS, INCLUDING BASKETRY,

CERAMICS, AND BEADWORK; A SIGNIFICANT COLLECTION OF AMERICAN AND EUROPEAN

PRINTS, DRAWINGS, AND PHOTOGRAPHS; AND A GROWING COLLECTION OF

CONTEMPORARY ART WITH AN EMPHASIS ON SOUTHERN CALIFORNIA. IN ADDITION TO

SERVING AS THE BASIS FOR CHANGING EXHIBITIONS, THE COLLECTIONS, WHICH ARE

ALWAYS AVAILABLE FOR INDIVIDUAL STUDY AND RESEARCH, ARE USED IN CLASSES.

THE BENTON MUSEUM OF ART IS THE SITE OF AN ACTIVE PROGRAM OF TEMPORARY

EXHIBITIONS THROUGHOUT THE ACADEMIC YEAR. THESE INCLUDE HISTORICAL AND

CONTEMPORARY EXHIBITIONS DESIGNED TO COMPLEMENT THE COLLEGES CURRICULA AND

TO EXPOSE STUDENTS TO AS WIDE A VARIETY OF WORKS OF ART AS POSSIBLE. ALL

EXHIBITIONS AND PROGRAMS ARE FREE AND OPEN TO THE PUBLIC. EXHIBITIONS ARE

ACCOMPANIED BY PUBLIC RECEPTIONS AND INCLUDE LECTURES AND RELATED PROGRAMS

FOR THE COLLEGE AND LOCAL COMMUNITY.

PART V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS

THE COLLEGES ENDOWMENT CONSISTS OF APPROXIMATELY 1,766 INDIVIDUAL FUNDS

ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING BOTH DONOR-RESTRICTED

ENDOWMENT FUNDS, AND THOSE DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION

AS ENDOWMENTS. THE COLLEGE HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION

Part XIII Supplemental Information *(continued)*

EACH YEAR 4.5% TO 5.5% OF ITS ENDOWMENT FUNDS' AVERAGE FAIR VALUE OVER THE
 PRIOR 20 QUARTERS THROUGH THE JUNE 30TH OF THE PRECEDING FISCAL YEAR IN
 WHICH THE DISTRIBUTION IS PLANNED. THESE FUNDS ARE USED TO FURTHER THE
 EDUCATIONAL MISSION OF THE COLLEGE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGES IN ACTUARIALLY DETERMINED GIFT LIABILITES	13,118,093.
RENTAL EXPENSES REPORTED NET OF REVENUE ON THE FORM 990	608,987.
ANNUITY AND LIFE INCOME FUNDS ADJUSTMENTS	-4,836,535.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	8,890,545.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID REPORTED GROSS OF TUITION ON FORM 990	55,234,189.
CHARITABLE GIFT ANNUITY PAYMENTS RECLASSIFIED AS EXPENSE	6,010,549.
PRIOR YEAR EXCISE TAX ADJUSTMENT	56,000.
PRIOR YEAR STIPEND ADJUSTMENT	16,090.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	61,316,828.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES REPORTED NET OF REVENUE ON FORM 990	608,987.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID REPORTED GROSS OF TUITION ON FORM 990	55,234,189.
CHARITABLE GIFT ANNUITY PAYMENTS RECLASSIFIED AS EXPENSE	6,010,549.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	61,244,738.

SCHEDULE E
(Form 990)

Department of the Treasury
Internal Revenue Service

Schools

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

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
<u>ALL BROCHURES AND CATALOGS SENT TO THE GENERAL PUBLIC CONTAIN</u>		
<u>THE COLLEGE'S NONDISCRIMINATORY POLICY. THESE BROCHURES AND</u>		
<u>CATALOGS ARE AVAILABLE ON CAMPUS FOR INSPECTION.</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ..	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Schedule E (Form 990) 2022

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

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

POMONA COLLEGE IS AWARDED GRANTS FROM GOVERNMENT AGENCIES, SUCH AS THE DEPARTMENT OF EDUCATION, AND THE CALIFORNIA STUDENT AID COMMISSION, TO PROVIDE FINANCIAL AID TO STUDENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization POMONA COLLEGE	Employer identification number 95-1664112
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	FINANCIAL AID	1,610,191.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	FINANCIAL AID	976,328.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING	FINANCIAL AID	173,575.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING	FINANCIAL AID	1,989,923.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING	FINANCIAL AID	543,506.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTMAKING	FINANCIAL AID	162,746.
SOUTH AMERICA	0	0	GRANTMAKING	FINANCIAL AID	433,784.
SOUTH ASIA	0	0	GRANTMAKING	FINANCIAL AID	455,038.
3 a Subtotal	0	0			6,345,091.
b Total from continuation sheets to Part I	0	0			394,836,464.
c Totals (add lines 3a and 3b)	0	0			401,181,555.

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

Schedule F (Form 990) 2022

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	STUDY ABROAD DIR EXP	26,027.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD DIR EXP	514,086.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD DIR EXP	135,608.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	STUDY ABROAD DIR EXP	2,774,156.
SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDY ABROAD DIR EXP	134,477.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD DIR EXP	198,461.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	STUDY ABROAD DIR EXP	111,814.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD OTHER EXP	31,275.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD OTHER EXP	229,393.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD OTHER EXP	836,737.
Totals					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	STUDY ABROAD OTHER EXP	104,998.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	STUDY ABROAD OTHER EXP	1,400,651.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	STUDY ABROAD OTHER EXP	38,626.
SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDY ABROAD OTHER EXP	85,611.
SOUTH ASIA	0	0	PROGRAM SERVICES	STUDY ABROAD OTHER EXP	201,237.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	211,980,007.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS	N/A	99,758,374.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS	N/A	46,004,609.
NORTH AMERICA	0	0	INVESTMENTS	N/A	14,602,597.
SOUTH AMERICA	0	0	INVESTMENTS	N/A	1,859,907.
Totals					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	INVESTMENTS	N/A	245,049.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS	N/A	607,432.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS	N/A	980,447.
SOUTH ASIA	0	0	INVESTMENTS	N/A	11,974,885.
Totals					394,836,464.

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	SUB-SAHARAN AFRICA	20	1,610,191.	CREDIT	0.	N/A	N/A
	EAST ASIA AND THE PACIFIC	16	976,328.	CREDIT	0.	N/A	N/A
	CENTRAL AMERICA AND THE CARIBBEAN	3	173,575.	CREDIT	0.	N/A	N/A
	EUROPE (INCLUDING ICELAND & GREENLAND)	27	1,989,923.	CREDIT	0.	N/A	N/A
	MIDDLE EAST AND NORTH AFRICA	8	543,506.	CREDIT	0.	N/A	N/A
	RUSSIA AND THE NEWLY INDEPENDENT STATES	3	162,746.	CREDIT	0.	N/A	N/A
	SOUTH AMERICA	7	433,784.	CREDIT	0.	N/A	N/A
	SOUTH ASIA	7	455,038.	CREDIT	0.	N/A	N/A

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see 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; don't file with Form 990)* 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.

PART I, LINE 2:

THE FINANCIAL AID PROVIDED BY THE COLLEGE FUNDS THE PROGRAM TUITION, ROOM AND BOARD (WHEN APPLICABLE), WHICH IS CREDITED DIRECTLY TO THE STUDENT ACCOUNT. THE STUDENT HAS NO DIRECT ACCESS TO THE PROGRAM FUNDS, THEREFORE, NO ADDITIONAL MONITORING OF THE USE OF FUNDS IS NECESSARY.

PART-I LINE-3(F)

ACCOUNTING BASIS FOR EXPENDITURES REPORTED IN COLUMN (F) ARE IN U.S. DOLLARS USING THE ACCRUAL BASIS OF ACCOUNTING.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INST. AID & GRANTS TO STUDENTS OF POMONA COLLEGE	905	48,419,363.	0.	N/A	N/A
OTHER GRANTS & OTHER STUDENT ASSISTANCE	215	469,735.	0.	N/A	N/A

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

PART I, LINE 2:

ADMISSION TO POMONA COLLEGE IS ON A NEED BLIND BASIS. THIS POLICY IS MAINTAINED TO ACCOMPLISH DIVERSIFICATION OF THE STUDENT BODY REGARDLESS OF THE FINANCIAL STATUS OF THE APPLICANTS. A PERMANENT FILE OF ALL STUDENTS WHO ARE RECIPIENTS OF SCHOLARSHIPS AND GRANTS IS MAINTAINED IN THE FINANCIAL AID OFFICE OF POMONA COLLEGE. AN ACCOUNTING SYSTEM TRACKS ALL AWARDS TO INDIVIDUAL STUDENTS FOR TUITION AND OTHER COSTS OF ATTENDING THE COLLEGE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

POMONA COLLEGE

Employer identification number

95-1664112

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GABI STARR PRESIDENT	(i)	975,335.	0.	20,500.	33,660.	90,883.	1,120,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARIA WATSON VP ADVANCEMENT	(i)	425,463.	0.	0.	33,660.	32,123.	491,246.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID WALLACE ASST TREASURER/CIO	(i)	378,063.	0.	0.	33,660.	24,743.	436,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AVIS HINKSON VP & DEAN STUDENTS	(i)	313,113.	0.	26,000.	33,660.	31,388.	404,161.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SETH ALLEN VP STRATEGY/DEAN ADM & FIN AID	(i)	284,349.	0.	47,500.	33,660.	19,783.	385,292.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBERT GAINS FORMER VP DEAN OF COLLEGE	(i)	309,603.	0.	20,500.	33,660.	9,054.	372,817.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GARY SMITH PROFESSOR	(i)	300,554.	0.	0.	33,660.	27,057.	361,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOSE RODRIGUEZ VP CHIEF INFORMATION OFFICER	(i)	303,698.	0.	7,910.	31,904.	16,437.	359,949.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARY LOU WOODS ASST VP/ASSOC TREASURER	(i)	238,338.	0.	20,500.	27,421.	15,093.	301,352.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ROBERT ROBINSON ASST VP OF FACILITIES	(i)	264,225.	0.	0.	27,884.	9,078.	301,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) TAHIR ANDRABI PROFESSOR	(i)	206,590.	0.	30,000.	26,671.	29,326.	292,587.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) YUQING WU VP DEAN OF THE COLLEGE	(i)	212,496.	0.	38,950.	26,074.	14,975.	292,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ELEANOR BROWN PROFESSOR	(i)	208,242.	0.	45,500.	27,584.	7,408.	288,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) RODGER DEVINE AVP ADVANCEMENT OPERATIONS	(i)	230,756.	0.	13,400.	24,302.	11,126.	279,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ROBERT GOLDBERG FORMER VP TREASURER/COO	(i)	165,998.	0.	71,975.	25,841.	9,213.	273,027.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) KEVIN DETTMAR PROFESSOR	(i)	233,523.	0.	2,500.	25,528.	9,795.	271,346.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) MARK KENDALL CHIEF COMMUNICATIONS OFFICER	(i)	164,541.	0.	43,440.	23,034.	26,582.	257,597.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) CHRISTINA CIAMBRIELLO BOARD SEC/PRES AST	(i)	195,711.	0.	18,504.	20,813.	13,747.	248,775.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) DANA WOOD ASST TREASURER	(i)	122,620.	0.	47,500.	16,787.	15,157.	202,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) JEFFREY ROTH VP TREAS/COO (AS OF 9/6/22)	(i)	136,461.	0.	25,074.	9,899.	6,764.	178,198.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) ERIN COLLINS REGISTRAR	(i)	121,915.	0.	3,672.	12,240.	21,733.	159,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

PER THE EMPLOYMENT CONTRACTS FOR THE PRESIDENT 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; THIS IS NOT TREATED AS TAXABLE

COMPENSATION. PARTS OF THE FACILITIES ARE CARED FOR BY COLLEGE STAFF TO

ENSURE READINESS FOR COLLEGE RELATED EVENTS.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

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

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

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

FEES ARE TREATED AS TAXABLE COMPENSATION.

PERSONAL SERVICES

PER THE EMPLOYMENT CONTRACT WITH G. GABRIELLE STARR, THE COLLEGE PROVIDES

UP TO 40 HOURS PER WEEK OF PRIVATE CHILDCARE WHILE THE CHILDREN ARE MINORS.

THIS BENFIT IS TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE.

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

ENTITY 1

OMB No. 1545-0047

2022
Open to Public Inspection

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130175W99	02/04/05	41,879,739.	CAMPUS FAC, ISS. COST & REFUNDING		X		X		X
B CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130178NN2	06/26/08	59,475,000.	EDUC FAC & COSTS OF ISS. OF BOND	X			X		X
C CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130178SE7	04/20/09	62,290,000.	EDUC FAC & PARTIAL REFUNDING	X			X		X
D CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130178B88	07/12/11	7,914,174.	REFUNDING OF REMAINING 2001 BONDS		X		X		X

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

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

Schedule K (Form 990) 2022

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

ENTITY 2

OMB No. 1545-0047

2022
Open to Public Inspection

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466	NONE	06/26/14	24,937,500.	NEW CONSTRUCTION		X		X		X
B CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466	13048T8B2	11/30/17	154,654,395.	REFUNDING AND NEW CONSTRUCTION		X		X		X
C											
D											

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

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

Schedule K (Form 990) 2022

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		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d 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? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	.00 %		.00 %		.00 %		.00 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....	.00 %		.00 %		.00 %		.00 %	
6 Total of lines 4 and 5 .....	.00 %		.00 %		.00 %		.00 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 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
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X	X			X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X				X		X
b Exception to rebate?	X					X	X	
c No rebate due?		X			X			X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X

Part III Private Business Use

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

Part IV Arbitrage

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

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

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

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

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

PART I, ROW C, COLUMN (F)
 \$5,987,106 OF THE PROCEEDS OF THE 2009 BONDS WERE USED TO ADVANCE
 REFUND \$5,825,000 IN PRINCIPAL OF BONDS WITH ORIGINAL DATE OF ISSUANCE
 OF 2/3/1999.

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

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

PART I, ROW D, COLUMN (F)
 \$7,740,674 OF THE PROCEEDS OF THE 2011 BONDS WERE USED TO ADVANCE

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

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

PART I, ROW B, COLUMN (F)

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

PART II, ROW 2, COLUMN B

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

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

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

PART IV, LINE 2C, COLUMN (A)

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

PART IV, LINE 2C, COLUMN (C)

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

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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

2022

Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization POMONA COLLEGE	Employer identification number 95-1664112
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
ROBERT ROBINSON	KEY EMPL	RELOCATI		X	555,000.	338,314.		X	X		X	
CHRISTOPHER ALL	OFFICER	RELOCATI		X	398,050.	264,720.		X	X		X	
MARIA WATSON	OFFICER	RELOCATI		X	551,000.	502,392.		X	X		X	
CHRISTINA CIAMB	OFFICER	HOUSING		X	125,000.	125,000.		X	X		X	
JEFFREY ROTH	OFFICER	HOUSING		X	125,000.	125,000.		X	X		X	
YUQING WU	OFFICER	RELOCATI		X	555,000.	436,519.		X	X		X	
ROBERT GAINS	FORMER O	RELOCATI		X	532,000.	322,383.		X	X		X	
Total						\$ 2,114,328.						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KRISTEN ROMERO	FAMILY MBR OF TRUST	124,083.	SALARY & BE		X
GREG THOMAS	FAMILY MBR OF TRUST	88,837.	SALARY & BE		X
JENNIFER SCANLON	FAMILY MBR OF TRUST	148,177.	SALARY & BE		X

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: ROBERT ROBINSON

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

(C) PURPOSE OF LOAN: RELOCATION LOANS

(A) NAME OF PERSON: CHRISTOPHER ALLEN

(C) PURPOSE OF LOAN: RELOCATION LOANS

(A) NAME OF PERSON: MARIA WATSON

(C) PURPOSE OF LOAN: RELOCATION LOANS

(A) NAME OF PERSON: CHRISTINA CIAMBRIELLO

(C) PURPOSE OF LOAN: HOUSING LOANS

(A) NAME OF PERSON: JEFFREY ROTH

(C) PURPOSE OF LOAN: HOUSING LOANS

(A) NAME OF PERSON: YUQING WU

(C) PURPOSE OF LOAN: RELOCATION LOANS

Part V Supplemental Information

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

(A) NAME OF PERSON: ROBERT GAINS

(B) RELATIONSHIP WITH ORGANIZATION: FORMER OFFICER

(C) PURPOSE OF LOAN: RELOCATION LOANS

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

(A) NAME OF PERSON: KRISTEN ROMERO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MBR OF TRUSTEE

(D) DESCRIPTION OF TRANSACTION: SALARY & BENEFITS

(A) NAME OF PERSON: GREG THOMAS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MBR OF TRUSTEE

(D) DESCRIPTION OF TRANSACTION: SALARY & BENEFITS

(A) NAME OF PERSON: JENNIFER SCANLON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MBR OF TRUSTEE

(D) DESCRIPTION OF TRANSACTION: SALARY & BENEFITS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

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	X	205	656,135.	APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	77	3,014,445.	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				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (FOOD & BEVERAGE)	X	4	6,614.	COST
26 Other (LIFE INCOME INT)	X	2	1,074.	APPRAISAL
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 b If "Yes," describe the arrangement in Part II.
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 b If "Yes," describe in Part II.
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED. COLUMN B REFLECTS THE

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

OF SECURITIES, WHICH REFLECTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

USE OF THIRD PARTIES OR RELATED ORGANIZATIONS FOR NONCASH CONTRIBUTIONS

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

REPRESENTATIVES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

POMONA COLLEGE

Employer identification number

95-1664112

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

OFFERING AN IDEAL ENVIRONMENT FOR INTELLECTUALLY CURIOUS STUDENTS TO
PURSUE THEIR ACADEMIC AND LIFE GOALS.

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

CLOSE TIES AMONG A DIVERSE GROUP OF FACULTY, STAFF AND CLASSMATES,
POMONA STUDENTS ARE INSPIRED TO ENGAGE IN THE PROBING INQUIRY AND
CREATIVE LEARNING THAT ENABLE THEM TO IDENTIFY AND ADDRESS THEIR
INTELLECTUAL PASSIONS. THIS EXPERIENCE WILL CONTINUE TO GUIDE THEIR
CONTRIBUTIONS AS THE NEXT GENERATION OF LEADERS, SCHOLARS, ARTISTS AND
ENGAGED MEMBERS OF SOCIETY TO FULFILL THE VISION OF THE COLLEGE'S
FOUNDERS: TO BEAR THEIR ADDED RICHES IN TRUST FOR ALL.

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

THAT ONLY KNOWLEDGE CAN FOSTER. IN 2022-23, NINE RECIPIENTS FROM POMONA
COLLEGE WERE AWARDED FULBRIGHT AWARDS, PLACING POMONA AS A TOP PRODUCER
OF FULBRIGHT STUDENTS AMONG BACHELOR'S INSTITUTIONS, AS REPORTED BY THE
CHRONICLE OF HIGHER EDUCATION. POMONA OFFERS 48 MAJORS IN THE NATURAL
SCIENCES, HUMANITIES, SOCIAL SCIENCES FINE ARTS AND INTERDISCIPLINARY
FIELDS. ALSO COMMON ARE DOUBLE MAJORS AND INDIVIDUAL SPECIAL MAJORS,
CRAFTED BY THE STUDENT WITH GUIDANCE FROM FACULTY. FIRST-YEAR STUDENTS
DELVE INTO A CRITICAL INQUIRY SEMINAR TO DEVELOP SKILLS IN CRITICAL
THINKING, ANALYSIS AND WRITING. POMONA'S SUMMER UNDERGRADUATE RESEARCH
PROGRAM ENABLES STUDENTS TO CONDUCT EXTENDED, FOCUSED RESEARCH IN CLOSE
COOPERATION WITH A POMONA FACULTY MEMBER, WITH PROJECTS TAKING PLACE

BOTH ON CAMPUS AND IN THE FIELD. THE COLLEGE OFFERS ABOUT 650 COURSES

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

Schedule O (Form 990) 2022

Name of the organization POMONA COLLEGE	Employer identification number 95-1664112
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EACH YEAR, AND STUDENTS ALSO HAVE ACCESS TO NEARLY 2,700 COURSES AT THE CLAREMONT COLLEGES.

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

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

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

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

Name of the organization POMONA COLLEGE	Employer identification number 95-1664112
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES

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

TO FACILITATE OUR PROGRAM OF INSTRUCTION AND RESEARCH, POMONA COLLEGE

PROVIDES INSTITUTIONAL SUPPORT THROUGH OUR BUSINESS OFFICE, ALUMNI

RELATIONS, INFORMATION TECHNOLOGIES, COMMUNICATIONS, MAJOR GIFTS/GIVING

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

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

COMMUNITY PARTNERSHIPS IS THE COLLEGE'S MAIN AVENUE FOR FOSTERING

MUTUALLY BENEFICIAL EXCHANGES AMONG COMMUNITY MEMBERS, STUDENTS,

FACULTY AND STAFF IN ORDER TO SUPPORT EDUCATIONAL OUTREACH INITIATIVES,

COMMUNITY-BASED RESEARCH AND LEARNING, AND OTHER COMMUNITY ENGAGEMENT

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

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

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

ENTER HIGHLY SELECTIVE COLLEGES AND UNIVERSITIES. THROUGH THE DRAPER

CENTER, POMONA STUDENTS CAN EXPLORE AN ASSORTMENT OF COMMUNITY AND

VOLUNTEER OPPORTUNITIES THROUGH THE DRAPER CENTER, INCLUDING

COLLABORATIVE THEATRE WITH LOCAL MIDDLE-SCHOOL STUDENTS, FOOD RESCUE

FOR LOCAL SHELTERS, EDUCATIONAL OUTREACH, VOLUNTEERING DURING SPRING

BREAK AND TAKING CLASSES WITH COMMUNITY COLLABORATION. TEACHING FROM

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

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

VARIETY OF EDUCATIONAL PROGRAMS HIGHLIGHTING THE EXHIBITIONS AND

COLLECTIONS OF THE MUSEUM AND CONNECTING POMONA STUDENTS WITH THE ARTS

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

Name of the organization POMONA COLLEGE	Employer identification number 95-1664112
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ITS EXHIBITIONS, AND ITS COLLECTIONS AS A RESOURCE FOR TEACHING, AND AS

A SUBJECT FOR RESEARCH AND WRITING.

EXPENSES \$ 51,432,802. INCLUDING GRANTS OF \$ 0. REVENUE \$ 577,721.

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

THE INFORMATIONAL RETURN IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND IS

INITIALLY REVIEWED BY THE ASST VICE PRESIDENT/ASSOC TREASURER. AFTER

PRELIMINARY REVIEW BY THE ASST VICE PRESIDENT/ASSOC TREASURER, THE RETURN

IS REVIEWED AT THE AUDIT COMMITTEE MEETING. THE RETURN IS THEN PROVIDED TO

THE FULL BOARD FOR REVIEW PRIOR TO ELECTRONIC FILING.

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

THE BOARD OF TRUSTEES ("THE BOARD") OF POMONA COLLEGE HAS INCORPORATED ITS

CODE OF CONDUCT AND CONFLICT OF INTEREST POLICIES INTO ITS BYLAWS. THE

AUDIT COMMITTEE ("THE COMMITTEE") OF THE BOARD MONITORS ENFORCEMENT OF AND

COMPLIANCE WITH THE CODE AND THE POLICIES, AND REPORTS THE RESULTS THEREOF

TO THE BOARD. THE COMMITTEE MONITORS COMPLIANCE BY MEANS OF AN ANNUAL CODE

OF CONDUCT QUESTIONNAIRE. IN MAY, THE COLLEGE DISTRIBUTES THE QUESTIONNAIRE

TO ALL TRUSTEES, OFFICERS, FACULTY PROGRAM COORDINATORS AND DEPARTMENT

CHAIRS AND STAFF AT THE DIRECTOR LEVEL AND ABOVE. THE PRESIDENT'S OFFICE

COLLECTS THE COMPLETED QUESTIONNAIRES AND COMPILES THE RESULTS, INCLUDING

IDENTIFYING NEGATIVE RESPONSES AND ACCOMPANYING EXPLANATIONS. IN OCTOBER,

AN EXECUTIVE SUMMARY OF THE RESULTS ARE PROVIDED TO THE COMMITTEE, AND THE

COMMITTEE REPORTS THOSE RESULTS TO THE BOARD. HOWEVER, THROUGHOUT THE

ANNUAL QUESTIONNAIRE DISTRIBUTION, COLLECTION AND COMPILATION PROCESS, ANY

URGENT AND HERETOFORE UNKNOWN MATTERS IDENTIFIED BY QUESTIONNAIRE

RESPONDENTS ARE ESCALATED IMMEDIATELY TO THE APPROPRIATE MEMBERS OF THE

BOARD AND MANAGEMENT.

Name of the organization POMONA COLLEGE	Employer identification number 95-1664112
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FORM 990, PART VI, SECTION B, LINE 15:

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

Name of the organization POMONA COLLEGE	Employer identification number 95-1664112
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IN MAY 2023.

FORM 990, PART VI, SECTION C, LINE 19:

THE POLICY OF POMONA COLLEGE IS TO MAKE ITS GOVERNING DOCUMENTS, INCLUDING
 THE ARTICLES OF INCORPORATION AND BYLAWS, AND FINANCIAL STATEMENTS
 AVAILABLE TO THE PUBLIC WHEN REQUESTED.

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

CHANGES IN ACTUARIALLY DETERMINED GIFT LIABILITIES	13,118,093.
ANNUITY AND LIFE INCOME FUNDS RELEASED	-4,836,535.
TOTAL TO FORM 990, PART XI, LINE 9	8,281,558.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p align="center">POMONA COLLEGE</p>	Employer identification number <p align="center">95-1664112</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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
CHARITABLE REMAINDER TRUST (94)	CRT	CA	N/A	TRUST				X	
POOLED INCOME FUND (3)	POOLED INTEREST	CA	N/A	TRUST				X	

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.

1 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?

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

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	1,139,104.	CASH & STOCK
(2)			
(3)			
(4)			
(5)			
(6)			

