Extended to May 15, 2019 2949317308900 -9
Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information and ending JUN 30, 2018 JUL 1, 2017

Common to congruence the common to the com	A F	or the	2017 calendar year, or tax year beginning $JUL 1, 2017$ and	ending	JUN 30, 2018	
Recombination Continue Cont	Вс	heck if	C Name of organization		D Employer identifi	cation number
TRAIL CLATEMENT UNIVERSITY CONSOLUTION 95-4786748 95-4786748 Number and street (or P.O. box mail is not delivered to street address) Room/suits E Telephone number (909) 621-8043 Cay or town, state or provinces, country, and 2/P or foreign postal code Carly or town, state or provinces, country, and 2/P or foreign postal code Cay or town, state or provinces, country, and 2/P or foreign postal code Cay or town, state or provinces, country, and 2/P or foreign postal code Cay or town, state or provinces, country, and 2/P or foreign postal code Cay or town, state or provinces, country, and 2/P or foreign postal code Cay or town, state or provinces, country, and 2/P or foreign postal code Cay or town, state or provinces, country, and 2/P or foreign postal code Cay or town, state or provinces, country, and 2/P or foreign postal code Cay or town, state or provinces, country, and 2/P or foreign postal code Cay or town, state or provinces, country, and 2/P or foreign postal code Cay or town, state or provinces, country, and 2/P or foreign postal code Cay or town, state or provinces, country, and 2/P or foreign postal code Cay or town, state or provinces, country, and 2/P or foreign postal code Cay or town, state or provinces, country, and 2/P or foreign postal code Cay or town, state or provinces or provinces Cay or town, state or provinces or provinces Cay or town, state or provinces Cay or town, state or provinces Cay or town, country, and 2/P or foreign postal code Cay or town, country, and 2/P or foreign postal code Cay or town, country, and 2/P or foreign postal code Cay or town, country, and 2/P or foreign postal code Cay or town, country, and 2/P or foreign postal code Cay or town, country, and 2/P or foreign postal code Cay or town, country, and 2/P or foreign postal code Cay or town, country, and 2/P or foreign postal code Cay or town, country, and 2/P or town, country,	a	pplicable	The <u>Claremont</u> Colleges, Inc.			
Dono business as 10.1 S Mills Ave. 10.1		Addres	fka Claremont University Consortium			
Number and street (or P.D. box I mail to not delivered to street address) Room/suita E Telephone number (909) 621-8043	X	¬ Name			95-4	786748
10.1 S Mills Ave. (9.99) 621-8043 (9.09) 6		Initial		Room/suite	F Telephone numbe	r
Claremont, CA 91711 FName and address of promotes country, and ZIP or foreign postal code Claremont, CA 91711 FName and address of principal officer Stig Lanesskog Same as C above I Tax exempt status IX 3016(3)3 501(6)		Final		1100111100111		
Ciaremont, CA 91.711 H(a) is this a group return for subordinates? Ves No man and address of principal officer Stig Lanesskog Same as C above Tax-exempl status \$\frac{1}{2}\$ 501(c)(3) \$\frac{1}{2}\$ (insertine.) 4947(a)(1) or 597 Min or sub-decided according to the sub-decided accordi		return/ termin		L		
Same as C above Same as C		Amend				
Same as C above Tax exempt status						
Tax-exempt status		tròn pendin		_	<i>V</i>)	• —
Website: ▶ https://services.claremont.edu/				- (3)	₽.X	
Form of cranarization				or 52	H /	
Barefil Summary						
Binefly describe the organization's mission or most significant activities. To advance The Claremont Colleges by aiding collaboration & the estab. of new institutions. Colleges by aiding collaboration & the estab. of new institutions.	K	orm of		L Yea	r of formation: ZUUU	M State of legal domicile: CA
Colleges by aiding collaboration & the estab. of new institutions. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of viding members of the governing body (Part VI, line 1a)	Pa			4	mb a Claman	
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total number of volunteers (estimate if necessary) 8 Contributions and grants (Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1th) 9 Program service revenue (Part VIII, line 1th) 10 Program service revenue (Part VIII, column (A), lines 3, 4, and Part VIII, column (Part VIII, column (A), lines 3, 4, and Part VIII, column (Part VIII, column (A), lines 5, 6d, 6e, 6e, 6e, 6e, 6e, 6e, 6e, 6e, 6e, 6e	•	1	Bnefly describe the organization's mission or most significant activities. To a	avance	e The Claremo	ont
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total number of volunteers (estimate if necessary) 8 Contributions and grants (Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1th) 9 Program service revenue (Part VIII, line 1th) 10 Program service revenue (Part VIII, column (A), lines 3, 4, and Part VIII, column (Part VIII, column (A), lines 3, 4, and Part VIII, column (Part VIII, column (A), lines 5, 6d, 6e, 6e, 6e, 6e, 6e, 6e, 6e, 6e, 6e, 6e	ဋ					
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total number of volunteers (estimate if necessary) 8 Contributions and grants (Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1th) 9 Program service revenue (Part VIII, line 1th) 10 Program service revenue (Part VIII, column (A), lines 3, 4, and Part VIII, column (Part VIII, column (A), lines 3, 4, and Part VIII, column (Part VIII, column (A), lines 5, 6d, 6e, 6e, 6e, 6e, 6e, 6e, 6e, 6e, 6e, 6e	Ĕ	_		sed of mor	e than 25% of its net as:	
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total number of volunteers (estimate if necessary) 8 Contributions and grants (Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1th) 9 Program service revenue (Part VIII, line 1th) 10 Program service revenue (Part VIII, column (A), lines 3, 4, and Part VIII, column (Part VIII, column (A), lines 3, 4, and Part VIII, column (Part VIII, column (A), lines 5, 6d, 6e, 6e, 6e, 6e, 6e, 6e, 6e, 6e, 6e, 6e	ð				. <u>3</u>	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, line 2p) 11 Cither revenue (Part VIII, lone) (Part VIII, column (A), lines 3,4, and 7d) (Part IX, column (A), lines 3,4, and 7d) (Part IX, column (A), lines 4) (Part IX, column (A), line 5+10) (Part IX, column (A), line 5+10) (Part IX, column (A), line 25) (Part IX, column (A), l	g	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, line 2p) 11 Cither revenue (Part VIII, lone) (Part VIII, column (A), lines 3,4, and 7d) (Part IX, column (A), lines 3,4, and 7d) (Part IX, column (A), lines 4) (Part IX, column (A), line 5+10) (Part IX, column (A), line 5+10) (Part IX, column (A), line 25) (Part IX, column (A), l	88	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		<u>5</u>	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, line 2p) 11 Cither revenue (Part VIII, lone) (Part VIII, column (A), lines 3,4, and 7d) (Part IX, column (A), lines 3,4, and 7d) (Part IX, column (A), lines 4) (Part IX, column (A), line 5+10) (Part IX, column (A), line 5+10) (Part IX, column (A), line 25) (Part IX, column (A), l	Ě				<u>6</u>	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, line 2p) 11 Cither revenue (Part VIII, lone) (Part VIII, column (A), lines 3,4, and 7d) (Part IX, column (A), lines 3,4, and 7d) (Part IX, column (A), lines 4) (Part IX, column (A), line 5+10) (Part IX, column (A), line 5+10) (Part IX, column (A), line 25) (Part IX, column (A), l	Ę	7 a '	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, column (A), lines 3.4, and rd) 11 Chter revenue (Part VIII, column (A), lines 3.4, and rd) 12 Total revenue - add lines 8 through 11 (must equal Fart VIII, Column (A), lines 1.2) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 1.5) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 12b) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Net assets or fund balances Subtract line 21 from line 20 24 Lines (Part X, line 26) 25 Part II Signature Block 26 Under penalties ol Girpury, 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, Beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Praid Pracy S. Pag1ia Firm's name Moss Adams LLP Firm's same Moss Adams LLP Firm'	_	ь	Net unrelated business taxable income from Form 990 T, line 34		7b	
8 Contributions and grants (Part VIII, line 1b) 9 Program service revenue (Part VIII, line 1c) 1 1 1 1 1 1 1 1 1			RECEIVED	_0 -		
12 Total revenue (Part VIII, Column (A), lines 3 of 5, c. Sc., sec. sec. sec. sec. sec. sec. sec. sec.	Φ.	8	Contributions and grants (Part VIII, line 1h)	.lol L		
12 Total revenue (Part VIII, Column (A), lines 3 of 5, c. Sc., sec. sec. sec. sec. sec. sec. sec. sec.	Ş	9	Program service revenue (Part VIII, line 2g) MAY 2.1 2019	그인L		
12 Total revenue (Part VIII, Column (A), lines 3 of 5, c. Sc., sec. sec. sec. sec. sec. sec. sec. sec.	9	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	IOII		
13 Grants and similar amounts paid (Part IX, column (A), lines 13) 0 .	Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 40c, and 11e)	୷୴୲୷		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4 Benefits paid to or for members (Part IX, column (A), line 4) 5 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6 Professional fundraising fees (Part IX, column (A), line 11e) 6 Total fundraising expenses (Part IX, column (A), line 11e) 7 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total labilities (Part X, line 26) 11 Total labilities (Part X, line 26) 12 Net assets or fund balances Subtract line 21 from line 20 13 Revenue less expenses Subtract line 21 from line 20 14 Revenue less expenses Subtract line 21 from line 20 15 Part II Signature Block 16 Index penalties of Geriury, I declare that I have examined this return, including accompanying schedules and slatements, 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. Profit of print name and little Profit of print name name name name name name name name		12	Total revenue - add lines 8 through 11 (must equal Fart VIII, column (A), line 12)		57,279,678.	51,665,157.
15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11a, 11d, 11f, 11f, 11d, 11d					0.	
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 29,332. 18,610,780. 21,681,786. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 42,373,054. 46,692,106. 19 Revenue less expenses Subtract line 18 from line 12 14,906,624. 4,973,051. 16 Revenue less expenses Subtract line 18 from line 12 18 Beginning of Current Year End of Year 20 Total liabilities (Part X, line 16) 28,625,858. 27,726,604. 28,625,858. 27,726,604. 29. Net assets or fund balances Subtract line 21 from line 20 109,412,736. 117,747,727. Part II Signature Block 109,412,736. 117,747,727. Part II Signature Block 109,412,736. 117,747,727. 109,412,736. 1		14	Benefits paid to or for members (Part IX, column (A), line 4)			
18 Total expenses (at live column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II Signature Block Under penalties of Gerjury, 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. Beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Printity per preparer's name Preparer's signature Practy S. Paglia Printity per preparer's name Preparer Tracy S. Paglia Printity per preparer's name Preparer Tracy S. Paglia Printity per preparer's name Preparer's signature Printity per preparer's name Preparer's signature Firms name Moss Adams LLP Firms name Moss Adams LLP Firms name Moss Adams LLP Firms same Phone no. 209-955-6100	60	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	. L	23,762,274.	25,010,320.
18 Total expenses (at live column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II Signature Block Under penalties of Gerjury, 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. Beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Printity per preparer's name Preparer's signature Practy S. Paglia Printity per preparer's name Preparer Tracy S. Paglia Printity per preparer's name Preparer Tracy S. Paglia Printity per preparer's name Preparer's signature Printity per preparer's name Preparer's signature Firms name Moss Adams LLP Firms name Moss Adams LLP Firms name Moss Adams LLP Firms same Phone no. 209-955-6100	38	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.
18 Total expenses (at live column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II Signature Block Under penalties of Gerjury, 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. Beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Printity per preparer's name Preparer's signature Practy S. Paglia Printity per preparer's name Preparer Tracy S. Paglia Printity per preparer's name Preparer Tracy S. Paglia Printity per preparer's name Preparer's signature Printity per preparer's name Preparer's signature Firms name Moss Adams LLP Firms name Moss Adams LLP Firms name Moss Adams LLP Firms same Phone no. 209-955-6100	8	b	Total fundraising expenses (Part IX, column (D), line 25) 29,3	32.		
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II Signature Block Under penalties of Gerjury, 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 Print Type or print name and title Print Type or print name and title Print Type preparer's name Tracy S. Paglia Firm's name Moss Adams LLP Firm's address 3121 W March Ln, Ste 200 Stockton, CA 95219-2367 Phone no. 209-955-6100	Ð	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
Beginning of Current Year End of Year 138,038,594. 145,474,331. 28,625,858. 27,726,604. 28,625,858. 27,726,604. 28,625,858. 27,726,604. 109,412,736. 117,747,727. Part II Signature Block Under penalties of Geriury, 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 Mi.a Alonzo, Assistant VP/Controller Printity pe preparer's name Preparer's signature Printity pe preparer's name Preparer's signature Tracy S. Paglia Firm's name Moss Adams LLP Firm's name Moss Adams LLP Firm's signature Firm's name Moss Adams LLP Firm's signature Firm's signature Printity pe preparer's signature Firm's name Moss Adams LLP Firm's EIN 91-0189318		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		42,373,054.	
Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of Gerjury, 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 Mia Alonzo, Assistant VP/Controller Type or print name and title Printity pe preparer's name Preparer's signature Tracy S. Paglia Preparer's signature Firm's name Moss Adams LLP Firm's name Moss Adams LLP Firm's lin Firm's Ein Plone no. 209-955-6100		19	Revenue less expenses Subtract line 18 from line 12		14,906,624.	4,973,051.
Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penatties of perjuny, 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 Mia Alonzo, Assistant VP/Controller Printerlype preparer's name Preparer's signature Preparer's signature Firm's name Moss Adams LLP Firm's name Moss Adams LLP Firm's lin Firm's EIN Plone no. 209-955-6100	or Ses					
Under penalties of Derjury, 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 Mia Alonzo, Assistant VP/Controller Type or print name and title Printer yee preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature O5/14/19 firm's elln > 91-0189318 Firm's address > 3121 W March Ln, Ste 200 Stockton, CA 95219-2367 Phone no. 209-955-6100	ets	20	Total assets (Part X, line 16)		138,038,594.	145,474,331.
Under penalties of Derjury, 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 Mia Alonzo, Assistant VP/Controller Type or print name and title Printer yee preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature O5/14/19 firm's elln > 91-0189318 Firm's address > 3121 W March Ln, Ste 200 Stockton, CA 95219-2367 Phone no. 209-955-6100	Ass	21	Total liabilities (Part X, line 26)			
Under penalties of Derjury, 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 Mia Alonzo, Assistant VP/Controller Type or print name and title Printer yee preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature O5/14/19 firm's elln > 91-0189318 Firm's address > 3121 W March Ln, Ste 200 Stockton, CA 95219-2367 Phone no. 209-955-6100	1 1 1 1 1 1 1 1 1 1	22			109,412,736.	117,747,727.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Mia Alonzo, Assistant VP/Controller Printerype or print name and title Printerype preparer's name Preparer's signature Preparer's signature Preparer's signature Printerype preparer's name Preparer Firm's name Moss Adams LLP Firm's EIN 91-0189318 Stockton, CA 95219-2367 Phone no. 209-955-6100	Pa	rt II	Signature Block		-	
Sign Here Mia Alonzo, Assistant VP/Controller Type or print name and title Printrype preparer's name Paid Preparer Firm's name Moss Adams LLP Firm's EIN 91-0189318 Preparer Use Only Figures address 3121 W March Ln, Ste 200 Stockton, CA 95219-2367 Phone no. 209-955-6100	Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of my	y knowledge and belief, it is
Sign Here Mia Alonzo, Assistant VP/Controller Type or print name and title Printrype preparer's name Paid Preparer Firm's name Moss Adams LLP Firm's EIN 91-0189318 Preparer Use Only Figures address 3121 W March Ln, Ste 200 Stockton, CA 95219-2367 Phone no. 209-955-6100					r has any knowledge.	
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Print name and title Print ype or print name and title Print ype preparer's name Preparer's signature Preparer's signature O5/14/19 firm's name Moss Adams LLP Firm's ell-employed Preparer Use Only Figure 3 address Stockton, CA 95219-2367 Phone no. 209-955-6100			Mia Alonzo, Assistant VP/Controller			
Paid Tracy S. Paglia						
Paid Tracy S. Paglia	_		Print(Type preparer's name Preparer's signature		Date Check	PTIN
Preparer Firm's name Moss Adams LLP 0 Firm's EIN 91-0189318 Use Only Fight's address 3121 W March Ln, Ste 200 Phone no. 209-955-6100	Paid				05/14/19 self-employ	red P00366884
Use Only Figure 3121 W March Ln, Ste 200 Stockton, CA 95219-2367 Phone no. 209-955-6100						
Stockton, CA 95219-2367 Phone no. 209-955-6100	-					
		,			Phone no. 20	9-955-6100
	May	the IF			1	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Form	990 (2017) fka Claremont University Consortium	95-4786748	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Bnefly describe the organization's mission		
•	To advance The Claremont Colleges by promoting collabora	tion. by	
		CIOII; Dy	
	providing innovative, high quality, and cost effective	, ,	
	customer-oriented services; and by supporting the establ	ishment of ne	ew
	institutions.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	☐ Vec	X No
	If "Yes," describe these new services on Schedule O	. 🗀 199	
			च् चा
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. LYes	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 other	rs, the total expenses, an	ıd
	revenue, if any, for each program service reported.	, a, a la l	
		nues 16,951,1	120 ,
4a			
	Academic Support services provided by TCC include the ce		<u> </u>
	system and bookstore providing library services and maki		
	available for the faculty and students of the Claremont	Colleges.	
4b	(Code) (Expenses \$ 6 , 632 , 713 • mctuding grants of \$ 0 •) (Rever	nue\$ 7,633,0	771 \
40	Student services provided to the Claremont Colleges by T		, , 1.
	health and counseling services; ethnic centers; an inter	<u>raith office</u>	<u>ot</u>
	chaplains and campus safety.		
4c	(Code:) (Expenses \$ 18,684,812 • including grants of \$ 0 •) (Reven	ues 20,209,1	L53.)
	Institutional Support services provided to the Claremont		
	TCC include: food services administration; physical plan		
	facilities support; payroll and accounting; information		
	real estate; risk management; and employee benefits. Add		
	functions include advancing The Claremont Colleges, foun	<u>ding addition</u>	<u>nal</u>
	institutions and promoting cooperation among members to	enhance	
	programs.	-	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ► 40,047,117.		
		Form 99	90 (2017)

_	rt IV Checklist of Required Schedules	740	P	age •
	try oncomot of frequires concesses		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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 Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ł
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	L	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1
	Schedule D, Part III	8	Х	
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?			l
	If "Yes," complete Schedule D, Part IV	9	<u> </u>	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		,,	l
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D,	_	x	
	Part VI	11a	<u>├</u>	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	445	x	
_	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	A	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		х
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
u	Part X, line 16° If "Yes," complete Schedule D, Part IX	11d	1	х
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
٠	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
I4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			٦,
_	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		.
	1c and 8a? If "Yes," complete Schedule G, Part II	18	\vdash	X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "yes,"	1	1	

Form 990 (2017)

The Claremont Colleges, Inc.

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Part IV | Checklist of Required Schedules (continued)

		_	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	l
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	X	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	l		v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):		·	X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C		28c		х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
~	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If *Yes, * complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		·	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			7.
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	x	
	Note. All Form 990 filers are required to complete Schedule O		990	(2017 [\]
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The Claremont Colleges, Inc.

Form 990 (2017) fka Claremont University Consortium

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1118			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
Ī	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 443			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			ī
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ва	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		I	
	any contributions that were not tax deductible as chantable contributions?	6a		<u> </u>
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ı
	were not tax deductible?	6b	_	
7	Organizations that may receive deductible contributions under section 170(c).	_		لـــــا
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	\longrightarrow	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1		
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	<i>-</i>		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	\dashv	—
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	\longrightarrow	 -
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
_	sponsoring organization have excess business holdings at any time during the year?	╬┼		
9_	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	"		<u>1</u>
10	Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			- 1
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			i
_	amounts due or received from them)		Ì	1
12a	,	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			\Box
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
	````	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			1
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			ŀ
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	1 / 10 District of the Control of th	14b		
		Form f	990	(2017)

fka Claremont University Consortium

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Pa	TVI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a	"No" r	espons	se .
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 1a	<u>[</u>		
	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 in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b	3	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1		
,	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		<u> </u>	
-	persons other than the governing body?	7b	х	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	···		<b></b>
8	The governing body?	8a	x	
	Each committee with authority to act on behalf of the governing body?	8b	X	$\vdash$
9 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	100	<del></del>	
a	organization's mailing address? If "Yes " provide the names and addresses in Schedule O	۱۵		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>	·	
	This Section B reducts information about policies not required by the internal nevertice dode.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			П
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	·
	Other officers or key employees of the organization	15b	х	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1 1
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	vailabl	Э	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal	
	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			
	Mia Alonzo - 909-621-8043		_	
	101 S Mills Ave., Claremont, CA 91711			
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Form 990 (2017) 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

#### 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 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 report able compensation (Box 5 of Form W-2 and/or Dox 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week	юx	not ci , unter cer an	heck i	nore more	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
•	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Stig Lanesskog	40.00	١						200 450		40 654
Chief Executive Officer	1 00	X		X		┝	┞	390,450.	0.	49,654.
(2) Jacob Adams	1.00								251 220	75 004
Constituent Member	40.00	X	-			-		0.	351,328.	75,824.
(3) Robert Adler	1.00	x						0.	0.	0.
Member at Large (Thru 12/17)	1.00	Α.	$\vdash$	-		┝		- 0.	0.	<u> </u>
(4) James E. Blancarte	1.00	x						0.	0.	0.
Member at Large (Thru 12/17) (5) Harold Brown	1.00	-				┢	┝	- 0.	0.	<u> </u>
Constituent Member	4.00	x						0.	0.	0.
(6) Hıram Chodosh	1.00	^				┢	├	0.	0.	
Constituent Member	40.00	x						0.	729,107.	199,824.
(7) Robert Curry	2.00				_	$\vdash$	$\vdash$	· · · · · ·	123,2011	133,011
Chair of the Board	1.00	x		x		1		0.	0.	0.
(8) Bryant Danner	1.00			-		$\vdash$	┢	-		
Member at Large (Thru 12/17)		x						0.	0.	0.
(9) Wayne Drinkward	1.00						<u> </u>	1		
Constituent Member	1.00	x						0.	0.	0.
(10) Sharon Garrett	1.00	<u> </u>	Г			<u> </u>				
Member at Large (Thru 12/17)		$\mathbf{x}$						0.	0.	0.
(11) Samuel Glick	1.00		Г							
Constituent Member		x						0.	0.	0.
(12) R. Stanton Hales	1.00									
Member at Large (Thru 12/17)		x						0.	0.	0.
(13) Roderick Hamilton	1.00									
Member at Large (Thru 12/17)		X						0.	0.	0.
(14) Mark Herron	1.00									
Constituent Member	4.00	X	L					0.	0.	0.
(15) Maria Klawe	1.00									
Constituent Member	50.00	X				<u></u>	L	0.	611,163.	91,643.
(16) Brenda Levin	1.00									_
Member at Large (Thru 12/17)		X	L	$\sqcup$		<u> </u>	<u> </u>	0.	0.	0.
(17) David Mgrublian	1.00	1						_	_	_
Constituent Member	1.00	X	<u> </u>				<u> </u>	0.	0.	0 • Form <b>990</b> (2017)

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Part VII   Section A. Officers, Directors, Tru	ıstees, Key Emi	ploy	ees,	and	1 Hi	ghes	st Co	ompensated Employee	S (continued)	
(A)	(B)	ĺ		(0	C)			(D)	(E)	(F)
Name and title	Average	l do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	unle	ss per	rson i	s boti r/trus	h an	compensation	compensation	amount of
	week	⊢	Jer au	040	recu	I / I US	Tee,	from	from related	other
	(list any hours for	1 g			ŀ	i		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	2	1			붎		(W-2/1099-MISC)	(VV-2/1089-IVII3C)	organization
	organizations	ndividual trustee or director	institutional trustee		, S	1		(**2 1033 141100)		and related
	below	ga g	ution		툁	8 st	   15			organizations
	line)	₩ ₩	lastit	Officer	Kay employee	Highest compensated employee	Ē		_	
(18) Melvin Oliver	1.00									
Constituent Member	40.00	X						0.	460,150.	83,265.
(19) Cristina Rose	1.00	ı				l				_
Member at Large		X		Ш	_	<u></u>	L	0.	0.	0.
(20) Michael Rossi	1.00				ŀ	1			_	_
Constituent Member (Thru 03/18)	1.00	X		Ш	_	_		0.	0.	0.
(21) Sheldon Schuster	1.00									
Constituent Member	40.00	X		Ш	L.	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$		0.	557,382.	47,980.
(22) Gabrielle Starr	1.00	]								
Constituent Member	40.00	X		Ш		L	L	0.	349,602.	67,363.
(23) Larissa Tiedens	1.00	]								
Constituent Member	40.00	X		Ш	_		L	0.	511,688.	86,698.
(24) Tim Kırley	1.00	]								
Constituent Member	1.00	X			_	L	L	0.	0.	0.
(25) Mia Alonzo	20.00	1							_	
Assistant VP/Controller	24.00			Х		<u> </u>		145,807.	0.	37,061.
(26) Bonnie Clemens	40.00	]								
Sec to Board/Asst to CEO				X	<u> </u>			136,658.	0.	15,109.
1b Sub-total							▶		3,570,420.	
c Total from continuation sheets to Part	VII, Section A							1,617,149.		251,622.
d Total (add lines 1b and 1c)	<u> </u>						▶_	2,290,064.	3,570,420.	1006043.
Tatal acceptor of code advado (code doo but)	not limited to th		linto	ط مه		1 100		coived more than \$100	OOO of roportable	

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

No

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.
- For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? ff "Yes " complete Schedule J for such person

3		X
4	Х	
5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
Workday, 6230 Stoneridge Mail Road,		
Pleasanton, CA 94588	Software Consulting	2,629,316.
PricewaterhouseCoopers LLP	Audit/Consulting	
4040 W. Boy Scout Blvd, Tampa, FL 33607	Services	2,174,430.
Loeb & Loeb LLP, 10100 Santa Monica Blvd.,		
Suite 2200, Los Angeles, CA 90067	Legal Counsel	1,386,370.
Bon Appetit		
PO Box 50196, Los Angeles, CA 90074-0196	Food Service	1,081,461.
Kronos Incorporated 900 Chelmsford Street, Lowell, CA 01851	Consulting	887,378.
2 Total number of independent contractors (including but not limited to those lists \$100,000 of compensation from the organization > 26		, 000

See Part VII, Section A Continuation sheets

Form 990 (2017)

95-4786748

orm 990 IKa Clar	emone or	1 T A	<u></u>	<u> </u>	<u> </u>	<u> </u>	011	SOLCIUM	95-4/6	0740
Part VII Section A. Officers, Directors, Tr	ustees, Key En	nplo	yee	s, ar	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
Name and title	Average			Pos	rtton	)		Reportable	Reportable	Estimated
	hours	(cl	heck	allt	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	١.				же		the	organizations	compensation
	(list any	8				ď		organization	(W-2/1099-MISC)	from the
	hours for	8	, s			ated (		(W-2/1099-MISC)		organization
	related	ste	L rest		يو	pens				and related
	organizations	喜	ia di		ploye	шоэ 1				organizations
	below (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Fоrmer			
		Ē	=	ō	, K	至	3			
27) Lori Husein (Thru 1/18)	40.00	ł		,,				250 202	0.	60 407
Y for Finance & Admin/Treasurer	40.00	-	-	X	$\vdash$	$\vdash$		250,283.	0.	62,407
28) Denise Hayes	40.00	ł		۱,,				017 010	0	22 226
P for Student Affairs (Thru 6/18)	10.00	_	_	X			Щ.	217,018.	0.	27,776
29) Charles Thompson	40.00	ļ						015 000	•	26 000
10	ļ		_	<u> </u>	X	<u> </u>		217,808.	0.	36,029
30) Kevin Mulroy	40.00				<u>.                                    </u>			100 000	_	
ean of the Library	ļ				X			188,950.	0.	21,314
31) Nayan Shah	40.00									
hysician (Thru 11/17)					L	X		200,094.	0.	27,360
32) Stanley Skipworth	40.00								_	
ssistant VP Campus Safety	<u> </u>				Щ	X		149,575.	0.	18,761
33) Jeremy Whaley	40.00									
eputy CIO						X		136,324.	0.	31,171
34) Monty Veerachaylukana	40.00									
irector of Infrastructure Services						X		130,947.	0.	13,751
35) Dana Makewics	40.00									
ssistant VP Operations and Assessme						X		126,150.	0.	13,053
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			<u> </u>	l						

Page 9

		Check if Schedule O cont	anis a response	or note to any lift	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	( <b>D)</b> Revenuè exclude from tax under sections 512 - 514
<b>g</b> 1	1 a	Federated campaigns	1a					
and Other Similar Amounts	b	Membership dues	1b					
ğ	С	Fundraising events	1c					
ä	d	Related organizations	1d					
1	е	Government grants (contribut	ions) 1e					ļ.
ig .	f	All other contributions, gifts, gran	its, and			1		
異		similar amounts not included abo	ve <b>1f</b>	349,214.				
g	g	Noncash contributions included in lines	1a-1f \$	80,057.				
ğ E	h	Total Add lines_1a-1f		. •	349,214.			
				Business Code				
2	2 a	Support Services		611710	44,460,454.	44,460,454.		
٦	b	Program Rental	_	611710	169,769.	169,769.		
ä	С	Student Loan Interest		611710	163,139.	163,139.		
Revenue	d							
٩	е							
	f	All other program service reve	enue					
	Я	Total. Add lines 2a-2f		<b></b>	44,793,362.			
3		Investment income (including	dividends, intere	est, and				ľ
		other similar amounts)		▶	526,133.		9,239.	516,89
4	1	Income from investment of ta	x-exempt bond p	roceeds				
5		Royalties		▶ [				
			(i) Real	(ii) Personal				
l e	Ва	Gross rents	48,950.					
i T	b	Less rental expenses	50,581.					
	-	Rental income or (loss)	<1,631.>					
		Net rental income or (loss)	<u> </u>	<u> </u>	<1,631.>			<1,631
۱,		Gross amount from sales of	(i) Securities	(ii) Other	· · · · · · · · · · · · · · · · · · ·			
'	. u	assets other than inventory	26,643,623.					
	<b>h</b>	Less cost or other basis		1,,,,,,,,,,,				
		and sales expenses	25,614,116.	2,596,734.				
	_	Gain or (loss)	1,029,507.					
-	_	Net gain or (loss)		<u> </u>	5,998,079.			5,998,079
,   a	d 3 a	Gross income from fundraisin	g events (not		0,250,0102			
]		including \$	of	1				
		contributions reported on line	1c) See					
;		Part IV, line 18	a					
	b	Less: direct expenses	. b	L		<b> </b> -		
<b>'</b>	С	Net income or (loss) from fund	fraising events					ļ
8	Эа	Gross income from gaming ad	ctivities. See					i
		Part IV, line 19	а		•			
	b	Less direct expenses	, <b>b</b>					
	c	Net income or (loss) from gam	ning activities					
10	) a	Gross sales of inventory, less	returns			T		
		and allowances	a					1
	ь	Less cost of goods sold	b					
		Net income or (loss) from sale	•	<b></b>	······································			
		Miscellaneous Revenu		Business Code				
11	1 a	- IVIIOGEIIANGGG FIGVONG						
''	. ь							
	_			<del>                                     </del>		+		72,
1	d	All other revenue						,,.
			-				<u>-</u> .	
1	е	Total. Add lines 11a-11d Total revenue. See instructions.			51,665,157.	44,793,362.	9,239.	6,513,34

	on 501(c)(3) and 501(c)(4) organizations must comp		or organizations must occ	anlata column (A)	
Seci	Check if Schedule O contains a respon			IDIELE COIUMN (A).	. [
	not include amounts reported on lines 6b, 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				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	· · · · · · · · · · · · · · · · · · ·			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 000 030	720 006	1 100 004	
	trustees, and key employees	1,920,830.	732,006.	1,188,824.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	17 602 127	15,264,074.	2 220 062	
7	Other salanes and wages	17,603,137.	13,204,0/4.	2,339,063.	
8	Pension plan accruals and contributions (include	1,496,755.	1 294 709	202,046.	
_	section 401(k) and 403(b) employer contributions)	2,626,475.	1,294,709. 2,009,806.	616,669.	
9	Other employee benefits Payroll taxes	1,363,123.	1,142,093.	221,030.	
10	Fees for services (non-employees)	1,303,123.	1,142,055.	221,030.	
I1 -	' ' '				
a b	Management Legal	137,571.	4,210.	133,361.	
	Accounting	152,022.	1,2101	152,022.	
٦	Lobbying	132,0220		102,0220	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	117,000.		117,000.	=
	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	3,488,950.	3,051,299.	432,888.	4,763
12	Advertising and promotion	166,871.	98,590.	50,962.	17,319
13	Office expenses	2,018,172.	1,773,714.	237,208.	7,250
4	Information technology	1,707,779.	1,670,969.	36,810.	·
5	Royalties				
16	Occupancy	1,639,309.	1,637,361.	1,948.	
17	Travel	374,139.	297,484.	76,655.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	931,694.	845,364.	86,330.	
20	Interest	874,898.	838,024.	36,874.	
21	Payments to affiliates	577,117.	559,809.	17,308.	
2	Depreciation, depletion, and amortization	3,681,705.	3,225,109.	456,596.	
3	Insurance	130,899.	123,110.	7,789.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Books & Periodicals	4,123,014.	4,122,357.	657.	
b	Building Repair	1,315,411.	1,244,328.	71,083.	
c					
d					
	All other expenses	245,235.	112,701.	132,534.	
5	Total functional expenses. Add lines 1 through 24e	46,692,106.	40,047,117.	6,615,657.	29,332
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)			<u></u>	

732010 11-28-17

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	6,360,446.	1	1,136,821
2	Savings and temporary cash investments	19,809,112.	2	9,494,856
3	Pledges and grants receivable, net	33,383.	3	37,208
4	Accounts receivable, net	4,490,078.	4	8,563,766
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr) Complete Part II of Sch L		в	· · · · · · · · · · · · · · · · · · ·
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	277,086.	8	298,84
9	Prepaid expenses and deferred charges	3,237,574.	9	2,927,48
10	Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a 78,571,647.			
1 1	Less accumulated depreciation 10b 34,883,260.	41,097,123.	10c	43,688,38
11	Investments - publicly traded securities	41,142,669.	11	56,487,56
12	Investments - other securities See Part IV, line 11	12,824,171.	12	12,464,05
13	Investments - program-related See Part IV, line 11	2,425,789.	13	2,712,51
14	Intangible assets	6,313,779.	14	7,659,23
15	Other assets See Part IV, line 11	27,384.	15	3,60
16	Total assets. Add lines 1 through 15 (must equal line 34)	138,038,594.	16	145,474,33
17	Accounts payable and accrued expenses	7,577,701.	17	7,780,09
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	13,973,977.	20	13,264,49
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
22	key employees, highest compensated employees, and disqualified persons			
	Complete Part II of Schedule L	<del></del>	22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	6,768,284.	24	6,441,58
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	305,896.	25	240,42
26	Total liabilities. Add lines 17 through 25	28,625,858.	26	27,726,60
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	78,547,365.	27	86,775,51
28	Temporanly restricted net assets	18,165,481.	28	18,220,48
27 28 29 30 31 32	Permanently restricted net assets	12,699,890.	29	12,751,73
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.	<u>, , , , , , , , , , , , , , , , , , , </u>		
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	109,412,736.	33	117,747,72
	•••	138,038,594.		145,474,33

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	51	,66	5,1	57.
2	Total expenses (must equal Part IX, column (A), line 25)	2	46	,69	2,1	06.
3	Revenue less expenses Subtract line 2 from line 1	3	4	, 97	3,0	<u>51.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109	,41	2,7	36.
5	Net unrealized gains (losses) on investments	5	3	,17	0,7	90.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		19	1,1	50.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	117	,74	7,7	27.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		li		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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					
ь	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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					
	X Separate basis Consolidated basis Both consolidated and separate basis			1		
С	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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		irt			
	Act and OMB Circular A-133?	_		3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			Зb		
				Form	990	(2017)

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

Open to Public Inspection

Employer identification number

The Claremont Colleges, Inc. fka Claremont University Consortium 95-4786748 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 📖 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a X 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. 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. 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 X 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 Provide the following information about the supported organization(s) (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions)) Pomona College 95-1664112 2 X 0. Claremont Graduate 2 95-1664100 X 0. University 0 , 95-1664123 2 X Scripps College Claremont McKenna 95-1664101 2 College X 0. Harvey Mudd 2 **-**College|95-1911219 Х 0. Ō. 0.

Schedule A (Form 990 or 990-EZ) 2017 fka Claremont University Consortium 95-4786748 Page 2 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 (a) 2013 (b) 2014 (c) 2015(d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from I Section B. Total Support **(ć)** 2015 (f) Total (b) 2014 (d) 2016 (e) 2017 Calendar year (or fiscal year beginning in) (a) 2013 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2016 Schedule A, Part II, Jine 14 16a 33 1/3% support test - 2017. If the organization did not/check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoonsstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. 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 PartVI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. 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-arid-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstancés" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017 732022 10-06-17

95-4786748 Page 3

(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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
_	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 of the						
	amount on line 13 for the year Add lines 7a and 7b	<del></del>					
	•						
Sec	Public support. (Subtract line 7c from line 6) etion B. Total Support	<u> </u>	L	1	1		
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						34-2-3-4-3-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camed 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 five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here			<del></del>			▶□
Sec	ction C. Computation of Publi	c Support Per	centage			, <u> </u>	
	Public support percentage for 2017 (		=	olumn (f))		15	<u>%</u>
	Public support percentage from 2016					16	%
	ction D. Computation of Inves					<del></del>	
17	Investment income percentage for 20			ie 13, column (f))		17	
18	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2017. If the	•					/ IS NOT
	more than 33 1/3%, check this box at	•	-	-			▶□
t	33 1/3% support tests - 2016. If the	-					ind
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	и аю пот спеск а	oox on line 14, 19	a, OT 19D, CRECK IT	_		0 or 000 E7\ 000=
73200	23 10-06-17				SCN	edule A (Form 990	J UI 88U-EZ] 2U1/

### Part IV | Supporting Organizations

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

### Section A: All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1	Х	
,	2		X
			İ
	3a		X
	 3b		
	3с		
			<del>_</del>
	4a		X
į			
	4b		
	4c		
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	5a		Ĥ
	5b		
	5c		
			ľ
	6		X
			<b></b>
	7		
	8		x
	9a		X
	9b		X
	9c		<u> </u>
	10a		$\overline{\mathbf{x}}$
	10b		
. 0	00 or 00	n-F7\	0047

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Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u></u>		
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		Х
_	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		х
	tion B. Type I Supporting Organizations	1		
			Yes	No
•	Did the directors, trustees, or membership of one or more supported organizations have the power to			-110
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<del></del>	<u>x</u>	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			<del></del>
	supervised, or controlled the supporting organization.	2		Х
Sec	tion 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)? 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).	1		
Sec	tion 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?	1		
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? If *No, * explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's		ĺ	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	_	
Sec	tion 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 instruction	<u></u>		
' a	The organization satisfied the Activities Test. Complete line 2 below	<b>-</b> ,.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
		ata (ata ani		
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	suucuons)	Yes	No
2	Activities Test: Answer (a) and (b) below.		1 53	140
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ļ
	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	2a		
Ь	· ·			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			l
	reasons for the organization's position that its supported organization(s) would have engaged in these	- <u>-</u> -		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2017 fka Claremont University			95-4786748 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying to			in Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must comp	olete S	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes 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		
Sect	ion 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).			
а	Average monthly value of secunties	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
đ	Total (add lines 1a, 1b, and 1c)	1d	· <del></del>	
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
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 1-1/2% 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 .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	Check here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting o	rganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Sche Par	dule A (Form 990 or 990-EZ) 2017 fka Claremont tV Type III Non-Functionally Integrated 509			5-4786748 Page 7
Secti	on D - Distributions	<u> </u>		Current Year
	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
<u>a</u>	1			
<u>b</u>	From 2013			ļ
<u> </u>	From 2014			
<u>d</u>	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			<u> </u>
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			<u> </u>
<u> </u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2017, if			
3	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			<u> </u>
Ŭ	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3			1
•	and 4c			
8	Breakdown of line 7			j
	Excess from 2013	_	-	i
	Excess from 2014			Í
	Excess from 2015			i
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ)	fka Clare	mont Univers	ity C	onsort	ium 95-	4786748 Page
Part VI Supplemental Info	ormation (Schedule	A. Part I. Line 12g - Info	rmation re	garding su	pported organizations (c	continuation)
(i) Name of supported organization	(īi) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization in your	(v) Amount of monetary support	(vi) Amount of other support
		above)	Yes	No		
					,	
Pitzer College Keck Graduate	95-2261113	2	Х		0.	
Reck Graduate Institute of Appli	05 4625327	2	x		0.	
institute of Applia	<u> </u>				<u> </u>	
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## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Description of the National Action of the Internation of the Internation of the Internation of the Internation of Internation

Open to Public

Inspection

OMB No 1545-0047

Nam	e of the organization The Claremont Colle		Employer identification number
D	fka Claremont Unive		95-4786748
Pai			Counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(2) 501101 4011000 141140	(2)
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	····	
3	Aggregate value of grants from (dunng year)  Aggregate value at end of year		
4	Did the organization inform all donors and donor advisors in w	enting that the assets held in donor advised fur	nde .
5	are the organization's property, subject to the organization's	5	Yes No
6	Did the organization inform all grantees, donors, and donor ad		; —
Ü	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	delicit advices, or for any extremperson control	Yes No
Pai		anization answered "Yes" on Form 990, Part N	
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or ed		ly important land area
	Protection of natural habitat	Preservation of a certified I	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form of a c	onservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the organ	nization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the pend	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it l	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conservati	on easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ng of violations, and enforcing conservation ea	asements dunng the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(E	3)(1)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the or	ganization's accounting for
	conservation easements		
Pai			Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi	·	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
Ь	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edi	ucation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1	<del></del> .	► \$ <u>0.</u> ► \$ 31,600.
	(ii) Assets included in Form 990, Part X		·· ' <del></del>
2	If the organization received or held works of art, historical trea-	_	, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>S</b>
	Assets included in Form 990, Part X		<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2017

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								-		—
3	Using the organization's adquisition, accessi	on, and other record:	s, check any of the t	rollowing that are a	signir	icant use	OT ITS	colloction	tems	
	(check all that apply)	_	. च्हि							
а	X Public exhibition	d								
Ь	X Scholarly research	е	X Other Se	e Part XI	<u>/</u>					
С	X Preservation for future generations						_			
4	Provide a description of the organization's co						ın Part	XIII		
5	During the year, did the organization solicit of				ar ass	ets	_	٦,,	T	1
Dos	t IV Escrow and Custodial Arran				C-	000 D		Yes_	IA	No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete ir the organizatio	n answered "Yes"	on Fo	m 990, P	art IV,	line 9, or		
_			on for anotabilition	. as athes seeds or	t incli	ıdad				
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contributions	S Of Outer assets in	A IIICII	Jueu		Yes		] No
_	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII			•		•	L	res		JNU
b	ii res, explain the analigement in rat Alli	and complete the toi	lowing table					Amount		—
_	Beginning balance					1c		7 41100116		
	Additions during the year		•••			1d				
	Distributions during the year	•	•		•	1e				
f	Ending balance	•				1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	istodial account lia	bility?			Yes		No
	if "Yes," explain the arrangement in Part XIII									<u> </u>
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	rm 990, Part IV, lin	e 10					
		(a) Current year	(b) Prior year	(c) Two years back	(d)	Three year	s back	(e) Four	years	back
1a	Beginning of year balance	27,698,506.	26,416,069.	28,994,668		30,482	,679.	27,	661,	
ь	Contributions	2,550.	2,050.	76,934			450.		1,	731.
С	Net investment earnings, gains, and losses	2,325,585.	2,755,606.	<1,056,360.	<u> </u>	46	,891.	4,	324,	561.
d	Grants or scholarships	5,901.	5,844.	6,303		20	,830.		19,	681.
е	Other expenditures for facilities							·		
	and programs .	1,227,118.	1,277,938.	1,421,869	<u>.</u>	1,357	<u> </u>	<del></del>	291,	
f	Administrative expenses	205,863.	191,437.		+		<u>,403.</u>	+	193,	
g	End of year balance	28,587,759.	27,698,506.	26,416,069	<u>.                                    </u>	28,994	,668.	30,	482,	<u>679.</u>
2	Provide the estimated percentage of the curr		e (line 1g, column (a)	)) held as						
	Board designated or quasi-endowment	1.39	_%							
	Permanent endowment ► 54.00	%								
С		<u>4.61</u> %								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for	the o	rganizatio	n	Г	. 1	
	by								Yes	No
	(i) unrelated organizations			••	-			3a(i)	X X	
	(ii) related organizations							3a(ii)	X	—
b	If "Yes" on line 3a(ii), are the related organiza							_3b_	<u> </u>	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment lungs							
	Complete if the organization answere		Part IV line 11a S	See Form 990 Part	X line	10				
		(a) Cost or o	- 1			mulated	Т	(d) Book	value	
	Description of property	basis (investr				ciation		(w) DOOK	· valut	•
	Land	223.2 (1.110301)		7,407.				8,277	.41	<del>7</del> -
b	Buildings				.01	0,644	.1 2	7,130		
	Leasehold improvements		/		<u></u>	- , - <del></del>				<u> </u>
	Equipment	<u> </u>	14.54	5,045. 12	,12	8,395		2,416	, 6	50.
	Other					4,221		5,864		
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part						3,688		

The Claremo	nt Colleges	, Inc.			
Schedule D (Form 990) 2017 fka Claremo	nt Universi	ty Consortiu	m 95-	4786748 Pa	ige 3
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 v	valuation Cost or end-	of-year market value	;
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) Absolute Return	10,107,08	86. End-of-Y	ear Market	Value	
(B) Private Equity/Venture					
(C) Capital	2,356,96	4. End-of-Y	ear Market	Value	
(D)					
(E)					
(F)					
(G)	· · · · ·				
(H)					_
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	12,464,05	50.			
Part VIII Investments - Program Related.	1				
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		valuation. Cost or end-	of-year market value	!
(1)	, ,				
(2)					
(3)					
(4)					
(5)					
(6)		-			
(7)	· · · · · · · · · · · · · · · · · · ·	-			
(8)					
(9)			<del></del>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.					
	on Form DOD, Dort IV	line 11d See Form 000	Port V. lino 15		
Complete if the organization answered "Yes"	Description	ille 110 See Funi 990,	rait X, lille 15	(b) Book value	
·································	Description	<u> </u>	-	(b) book value	
(2)			<del></del>		
(3)					
			<del></del>		
(5)					
(6)		<del></del>			
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.	<del>2 15.) </del>				
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f See Form	n 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes			]		
(2) Funds held in trust for of	thers	3,555.			
(3) Asset retirement obligation		236,871.	1		
(4)			1		

<u>1.                                    </u>	(a) Description of liability	(b) BOOK Value
(1) Fed	eral income taxes	
(2) <b>Fu</b>	nds held in trust for others	3,555.
(3) As	set retirement obligation	236,871.
(4)		
(5)		
(6)		
(7)		
(8)	•	
(9)		
Total. (Colui	mn (b) must equal Form 990. Part X. col. (B) line 25.)	<b>▶</b> 240,426.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

The Claremont Colleges, Inc.	0.5	4706740 a 4
Schedule D (Form 990) 2017		4786748 Page 4
	return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1	55,130,014.
1 Total revenue, gains, and other support per audited financial statements	<u> </u>	33,130,014.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized gains (losses) on investments 2a 3,170,790		
- · · · · · · · · · · · · · · · · · · ·	-	
b Donated services and use of facilities 2b	$\dashv$	
c Recoveries of prior year grants d Other (Describe in Part XIII.)  2c  2d  420,306	$\dashv$	
		3,591,096.
e Add lines 2a through 2d	2e	51,538,918.
3 Subtract line 2e from line 1	3_	31,330,310.
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 117,000	.	
		126,239.
c Add lines 4a and 4b	4c	51,665,157.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	· · · · · ·	•••
Total expenses and losses per audited financial statements	T.	46,795,023.
• • • • • • • • • • • • • • • • • • • •	₽	40,133,023.
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 d Other (Describe in Part XIII) 2c 2d 219,917	-	
		219,917.
	3	46,575,106.
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	٦	40,373,100.
117 000		
b Other (Describe in Part XIII.)  4a 117,000  4b 4b	⊣	
c Add lines 4a and 4b	4c	117,000.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	46,692,106.
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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information  Part III, line 4:	94, Part	X, line 2, Part XI,
TCC holds a historic musical instrument (violin), which is u	sed	in the
above activities as well as teaching and performance, which	furt	hers the
educational purpose of the affiliated institutions.		
Part V, line 4:		
TCC uses the earnings of its endowment funds according to the	e di	rection of
the donor. Earnings are primarily used to support the Librar	ies	of the
Claremont Colleges and intercollegiate scholarships and prof	esso	rships.
Where no donor intent is specified, the earnings fund the ge	nera	1

operations of TCC.

#### **SCHEDULE F** (Form 990)

## 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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization The Claremont Colleges, Inc. 95-4786748 fka Claremont University Consortium General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (b) Number of (f) Total (a) Region employees, agents, and independent expenditures (by type) (such as, fundraising, prois a program service, offices for and gram services, investments, grants to describe specific type in the region investments contractors recipients located in the region) of service(s) in the region in the region in the region Central America and 20,325,147. the Caribbean -0 Investments 0 0 20,325,147. 3 a Sub-total b Total from continuation 0. 0 0 sheets to Part I c Totals (add lines 3a 0 20,325,147.

732071 10-06-17

Schedule F (Form 990) 2017

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

The Claremont Colleges, Inc. fka Claremont University Consortium

Schedule F (Form 990) 2017 fka Claremont University Consortium 95-4786748

Part II Grants and Other Assistance to Organizations or Entitles Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

95-4786748

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)					
(h) Description of noncash va					
(g) Amount of noncash assistance					ampt 💂
(f) Manner of cash disbursement					cognized as tax-exe
(e) Amount of cash grant					oreign country, re
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the crantee or counsel has provided a section 501 folds) equivalence letter
(c) Region					is listed above that are re- usel has provided a section
(b) IRS code section and EIN (ff applicable)					ecipient organization b the grantee or coun
f (a) Name of organization			,		2 Enter total number of n by the IRS, or for which

35

Schedule F (Form 990) 2017

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2017 fixa Claremont University Consortium 95-4786748

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.

Page 3

Part III can be duplicated if additional space is needed.

l	ı	ı	I	ı	ı	ı	I	I	I
(h) Method of valuation (book, FMV, appraisal, other)									
(g) Description of noncash assistance									
(f) Amount of noncash assistance									
(e) Manner of cash disbursement									
(d) Amount of cash grant									
(c) Number of recipients									
( <b>b</b> ) Region									
(a) Type of grant or assistance									

Schedule F (Form 990) 2017

Schedu	ıle F	(Form 990) 2017 fka Claremont University Consortium	95-4786748	Page 4
Part		Foreign Forms		
1	Was	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	orga	anization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	(92)	
	Cor	poration (see Instructions for Form 926)	X Yes	∐ No
2	Dıd	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		
	Trus	its and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trus	at With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	. Yes	X 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		
	Cer	tain Foreign Corporations (see Instructions for Form 5471)	X Yes	No No
4	Was	s the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qua	Ified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Info	rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see	Instructions for Form 8621)	Yes	X No
5	Dıd	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		
	Fore	eign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Dıd	the organization have any operations in or related to any boycotting countries during the tax year? $_{\it lf}$		
	"Ye:	s,* the organization may be required to separately file Form 5713, International Boycott Report (see		
	Inst	ructions for Form 5713, don't file with Form 990)	. Yes	X No
-	_		Schedule F (Form	n 990) 2017

732074 10-06-17

### **SCHEDULE J** (Form 990)

# **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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. The Claremont Colleges, Inc.

fka Claremont University Consortium

Employer identification number 95-4786748

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	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			
	First-class or charter travel  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b	X	l
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		<del></del>	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee  Written employment contract  Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			1
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			
а	Receive a severance payment or change-of-control payment?	4a	$\overline{\mathbf{x}}$	
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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			1 1
	contingent on the revenues of.			احتتا
а	The organization?	5a		X
Ь	Any related organization?	5b		
	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			X
	The organization?	6a 6b		x
D	Any related organization?	00		
7	If "Yes" on line 6a or 6b, describe in Part III  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	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
3	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-		
•	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

95-4786748

Page 2

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)()-(iii) for each 1sted individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(P(D)	in column (B) reported as deferred on prior Form 990
			Company	ionesiedino				
(1) Stig Lanesskog	Ξ	342,116.	0	48,334.	29,856.	19,798.	440,104.	0
Chief Executive Officer	Ξ	0	0	0	0	0	0	0
(2) Jacob Adams	Ξ	0	0.	0	0	0.	• 0	0
Constituent Member		350,368.	0	960.	52,356.	23,468.	427,152.	0
(3) Hiram Chodosh	Ξ		0.	0.	• 0	0.	0	0
Constituent Member	⊞	519,97	0.	209,136.	15,856.	123,968.	928,931.	165,533.
(4) Maria Klawe	Θ		0 •	• 0	• 0		• 0	• 0
Constituent Member	: E	570,11	0	41,045.	32,400.	59,243.	.908,806.	0
(5) Melvin Oliver	(3)	0	0.	.0			• 0	• 0
Constituent Member	(E)	454,15	0 •	.000,9	32,400.	50,865.	543,415.	0
(6) Sheldon Schuster	(9)	0	0.	0	• 0	• 0	•0	• 0
Constituent Member	<b>E</b>	91,774	0	79,622.	32,400.	15,580.	605,362.	0
(7) Gabrielle Starr	(1)	0	0.	.0	• 0		• 0	0
Constituent Member	(ii)	349,60	0	.0	29,586.	37,777.	416,965.	0
(8) Larissa Tiedens	(E)	[•0	0.	.0	0	0	• 0	• 0
Constituent Member	(iii)	511,	0.	.0		54,298.	298,	
(9) Mia Alonzo	Ξ	145,32	0	480.	15,905.	, 15	182,86	
Assistant VP/Controller	<u> </u>		0.	0.		0		• 0
(10) Bonnie Clemens	ε	135,39	0	1,260.	13,876.	1,233.	151,767.	0
Sec to Board/Asst to CEO	(ii)		0.	0.		0	• 0	•0
(11) Lori Husein (Thru 1/18)	(3)	250,28	0.	0	28,569.	33,838.	312,690.	0
VP for Finance & Admin/Treasurer	(E)		0.	0.	0.	0.		• 0
(12) Denise Hayes	Ξ	205,01	0.	12,000.	22,813.	4,963.	244,794.	0
VP for Student Affairs (Thru 6/18)	Ξ		0.	0.		0		• 0
(13) Charles Thompson	<b>(E)</b>	217,80	0.	.0	23,875.	12,154.	253,837.	•0
cro	▣		0.	0		0		0
(14) Kevin Mulroy	Ξ	188,950.	0.	0	20,130.	1,184.	210,264.	0.
Dean of the Library	≘		0.	0	0.		0.	0
(15) Nayan Shah	ε	104,91	0.	95,180.	11,974.	15,386.	227,454.	0
Physician (Thru 11/17)	≘			0	- 1			0.
(16) Stanley Skipworth	Ξ	149,44	132.	0.	15,653.	3,108.	168,336.	0.
Agsistant VP Campus Safety	▤	0.1	0.	0.	0.	0	0.	0
							Sched	Schedule J (Form 990) 2017

95-4786748

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2017

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 even't listed on Form 990, Part VIII.

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.

		(B) Breakdown of \	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)(l)(a)	in column (b) reported as deferred on prior Form 990
(17) Jeremy Whaley	Ξ	136,324.	0.	0	14,316.	16,855.	167,495.	0.
Deputy CIO	(ii)		0.	0.	0	0	0	0
	(i)							
	(ii)							
	Θ							
	: 🗉							
	(1)							
	(iii)							
	€							
	(iii)							
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Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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.

1a:
Line
H
rt
₩

A housing allowance in the amount of \$12,000 was paid to the VP Student

Services/Dean. The allowance was included in taxable compensation. Housing

is provided to the CEO for which the fair market value of the rent is

included as taxable income.

Part I, Lines 4a-b:

Nayan Shah received a severance payment during 2017. The payment is subject

to a confidentiality agreement; details will be provided to the IRS upon

request.

Presidents of The Claremont Colleges participate in Section 457(f) plans

One or more of the Presidents provided by their respective institution.

received a payment per their plan agreement during the year.

Schedule J (Form 990) 2017

 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 It to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Supplemental Information on Tax-Exempt Bonds Claremont Colleges, Inc. ► Attach to Form 990. The Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEK (Farm 990)

Open to Public 2017 Inspection

Ş (9) Defeased (h) On behalf (i) Pooled financing × × Employer identification number OMB No 1545-0047 ž ž 95-4786748 ŝ × × ۵ of issuer Yes Yes Yes £ × × Yes ŝ ŝ Constru & Constru O (f) Description of purpose Yes Yes Facilities æ acilities 9,032,047. 179,979 Renewal 1,535,000 9,212,087 Renewal × × × Ŷ ŝ 2012 ܣ Œ 212,026. Yes Yes × × ,095,717 eoud enssi (e) Continuations 5,537,986. 9,095,867. 3,375,037. 182,732. 2,720,000 × × 욷 £ 2011 Φ (d) Date issued 04/07/11 08/02/12 Yes Yes × × × Claremont University Consortium (£) for Column 52-1705592|130178202| 52-1705592|130178P91| (c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, See Part VI (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds A Facilities Authority B Facilities Authority Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds fka Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III | Private Business Use CA Educational CA Educationa] Amount of bonds retired Other unspent proceeds Total proceeds of issue Other spent proceeds Part | Bond Issues Part II | Proceeds ı, φ 9 O Ń 2 5 O 4 13

722121 10-19-17 LHA For Paperwork Reduction Act Notice, see the instructions for Form 990.

bond-financed property?

Schedule K (Form 990) 2017

The Claremont Colleges, Inc. fka Claremont University Consortium

Schedule K (Form 990) 2017 fka Claremont University Conso	Consortium		95-	95-4786748				Page 2
3a Are there any management or service contracts that may result in private	Yes	No	Yes	N _o	Yes	No	Yes	S N
business use of bond-financed property?		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?		×		×				
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								
		.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?		×		×				
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?		×		×				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		8		8		%		%
c If "Yes" to line Ba, 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 1.145-27	×		×					
Part IVI Arbitrage								
	,	A		8		C	a	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	۶	Yes	£	Yes	Š
Penalty in Lieu of Arbitrage Rebate?		X		×				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		×				
b Exception to rebate?	×		×					
c No rebate due?		×		×				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
3 Is the bond issue a variable rate issue?		×		×				
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×		×				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
732122 10-18-17						Sch	Schedule K (Form 990) 2017	m 990) 2017

The Claremont Colleges, Inc. fka Claremont University Consortium

95-4786748

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Schedule K (Form 990) 2017	
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Part IV Arbitrade (Contracted)								
	•		<b>6</b>			C	6	
	Yes	2	Xes		Yes	2	Yes	2
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		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?	×		×					
Part V   Procedures To Undertake Corrective Action								
	∢		60			c	٥	
	Yes	No	Yes	No	Yes	₩	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⊀emediation isn't available under applicable requisitions?	×		×					
Bot VI Survismental Information Drovide additional information for resonance to an extending K See instructions	Schodule K	See instru	ا مون					
	N GOOD TO	200 1120	200					
r Name: CA Educa	itv						1	
Description of Purpose: Facilities Renewal &	Construction	tion		:				i
	75 77 77 77 77 77 77 77 77 77 77 77 77 7							
(a) Issuer Name: CA Educational Facilities Authority	ity							
of Purpose: Facilities Rene	Construction	tion						
į			1					
ssue price	717 and	proceeds	de of					
\$9,095,867 is the result of investment earnings.								
4 H								
		14						
issue price o	- 1	cue bi	and the proceeds	•				į
27,414,00/ 18 & resure								
							:	
732123 10-18-17						S	Schedule K (Form 990) 2017	m 990) 2017

# SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Noncash Contributions**

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.
The Claremont Colleges, Inc.

OMB No 1545-0047

2017

Open To Public Inspection

**Employer identification number** 

	ika Claremon	t univ	ersity Col	nsortium		95-4/	50/40	5
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII,	d on	(d) Method of deter noncash contributio		ıts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
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 (Furniture)	Х	1	80,0	)57.FM	V		
26	Other			-				
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organia	zation dunne	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 2	29		0	)
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1	through 28	3, that it		
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required	to be used f	or		
	exempt purposes for the entire holding period?	)	•			. 3	0a	X
ь	If "Yes," describe the arrangement in Part II					_		
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard c	ontributions	2	31	X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	ort, process, or sell no	ncash		- 1	
	contributions?					<u>3</u>	2a	X.
b	If "Yes," describe in Part II							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a)	is checked	,		
	december in Deat II						- 1	1

732141 09-07-17

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

Schedule M (Form 990) 2017

Schedule M (Form 990) 2017

732142 09-07-17

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ

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

The Claremont Colleges, Inc.

fka Claremont University Consortium

OMB No 1545-0047

Employer identification number

95-4786748

Open to Public Inspection

Form 990, Part VI, Section A, line 4:

The Organization legally changed it's name to The Claremont Colleges, Inc. effective 1/1/18. The governing documents of the organization were updated to reflect the name change.

Form 990, Part VI, Section A, line 7a:

The Claremont Colleges, Inc. ("TCC") is the central coordinating institution of The Claremont Colleges, a cluster of seven undergraduate, graduate, and professional academic institutions ("Member Institutions"). The governing body of TCC is its Board of Directors ("Board"). The Board is composed of the Chief Executive Officer of TCC, the Presidents and Board Chairs of each of the seven Member Institutions, and at least 3 Independent Directors (who are elected or appointed by the board).

Form 990, Part VI, Section A, line 7b:

TCC is governed, in part, by a constitution. Article VIII of that constitution provides that it may be amended by the Board, however amendments to six specific articles (Article II, Objectives, Article IV, Central Coordinating Institution, Article V, Size of Member Institutions, Article VI, Instructional Services, Article VII, Procedures for New Colleges and Other Institutions, and Article VIII, Amendments) become effective only "upon ratification by the respective boards of the member institutions."

Form 990, Part VI, Section B, line 11b:

TCC utilizes a process for review of the IRS Form 990 Return of

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Organization Exempt from Income Tax that involves multiple layers of
management as well as governing board members. TCC has engaged an outside
accounting firm to prepare the 990 using information provided by
individuals in the Office of Financial Services, the Office of Human
Resources, and the TCC Business Affairs Office, and changes are made as
needed. Once a revised draft is available, the draft is reviewed by the
Chief Executive Officer. After this review and any resulting changes are
complete, the revised draft is provided to members of the TCC Audit
Committee for questions and comments. Once questions and comments from the
Audit Committee are fielded and issues resolved, the Committee accepts the
990 and provides it to all voting members of the Board of Directors prior
to filing.

Form 990, Part VI, Section B, Line 12c:

The Conflict of Interest Policy applies to overseers, officers and employees of TCC. Each year, the Secretary of the Board sends a copy of the policy along with a survey to all overseers and officers to determine if there are any conflicts of interest. The results are reviewed by the Chief Executive Officer to determine if any conflicts exist and are reported to the Audit Committee annually. Any action required due to a conflict is evaluated on a case by case basis.

Form 990, Part VI, Section B, Line 15:

TCC has an executive compensation review policy in place for independent review by the Board of Directors. Each year a report of compensation for officers, key employees and other disqualified persons (see Part VII) is prepared which includes historic compensation data, and national and regional survey data. The Board meets to approve total compensation before

Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 350, 36, or 37. ► Attach to Form 990.

Open to Public Inspection 2017

OMB No 1545-0047

Employer Identification number 95-4786748

► Go to www.irs.gov/Form990 for instructions and the latest information. fka Claremont University Consortium Claremont Colleges, Inc. The Name of the organization Department of the Treasury Internal Revenue Service

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

Parti

Direct controlling entity End-of-year assets ◉ Total Income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded 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	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	bX13)
				501(c)(3))		Yes	No
Pomona College - 95-1664112							
550 N. College Ave							
Claremont, CA 91711	Education	California	501(c)(3)	Line 2	N/A		×
Claremont Graduate University - 95-1664100							
150 B 10th Street							
Claremont, CA 91711	Education	California	501(c)(3)	Line 2	N/A		×
Scripps College - 95-1664123							
1030 Columbia							
Claremont, CA 91711	Education	California	501(c)(3)	Line 2	N/A		×
Claremont McKenna College - 95-1664101							
500 B 9th Street							
Claremont, CA 91711	Education	California	501(c)(3)	Line 2	N/A		×

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

Schedule R (Form 990) 2017

95-4786748

The Claremont Colleges, Inc. fka Claremont University Consortium

Schedule R (Form 990) fka Claremont University Con

Part II Continuation of Identification of Related Tax-Exempt Organizations	xempt Organizations						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled organization?	gb(13) led flon? No
Harvey Mudd College - 95-1911219 301 Platt Blvd Claremont, CA 91711	Education	California	501(c)(3)	Line 2	N/A		×
Pitzer College - 95-2261113 1050 N. Mills Claremont, CA 91711	Bducation	California	501(c)(3)		   	_	×
G Dr	Education	California	501(c)(3)		N/A		×

The Claremont Colleges, Inc.

95-4786748

Page 2

fka Claremont University Consortium Schedule R (Form 990) 2017

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. Part III

(a)	(q)	(၁)	(p)	(0)	ω	(6)	3	8	9	( <del>K</del>
Name, address, and EIN of related organization	Primary activity	Lagal domicle (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Shar =	Share of end-of-year essets	Disproportionate abcations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? Yes No	General or Percentage managing ownership partner?
							-			
	•									

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 duning the tax year. **PartIV** 

ء	<u>8</u>	٩				i		l		1		
Section 1	5 12(b) controlle entlity	Yes No						$\vdash$				
(h)	Ownership controlled											
(8)	end-of-year											
(j)	income											
(e)	pe or entiry xorp, Scorp or frust)	on man										
(p)	ect connount											
(2)	Legal comictie (state or foreign	country)	-									
(b)												
(a) Name address and EIN	naire, audless, and Ein of related organization										•	

Schedule R (Form 990) 2017

The Claremont Colleges, Inc. Schedule R (Form 990) 2017 fka Claremont University Consortium

Party Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Page 3

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	S No	1
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	in Parts II-1V?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				18		×	
				4	Ļ	×	ı
C Giff graph or capital montribution from related organization(s)	:					×	1
	: : : : : : : : : : : : : : : : : : : :			<u>-</u>	╁	+	ı
d Loans or loan guarantees to or for related organization(s)				P	×	_	,
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>					× -		
	:						
f Dividends from related organization(s)				7		×	
		: : : : : : : : : : : : : : : : : : : :		<u> </u>	1	+	1
g Sale of assets to related organization(s)				루	4		1
h Purchase of assets from related organization(s)	:			ŧ	_	×	
				F		×	ı
	:	:		]	*		ı
J Lease of racilities, equipment, of other assets to related organization(s)	: :	: : : : : : : : : : : : : : : : : : : :	:::::::::::::::::::::::::::::::::::::::	•   •	4		n
k Lease of facilities, equipment, or other assets from related organization(s)	: : : : : : : : : : : : : : : : : : : :			*	×		1
l Performance of services or membership or fundraising solicitations for related organization(s)	ınization(s)			=	<u>×</u>		
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)			Ę.	_	×	
	(s)uoi	:		<b>.</b>	_	×	ı
	:::::::::::::::::::::::::::::::::::::::	:	:	<u> </u>	L	>	ı
o Statuty of para emproyees with related organization(s)	:::::::::::::::::::::::::::::::::::::::			2		۲	į)
p Reimbursement paid to related organization(s) for expenses	:::::::::::::::::::::::::::::::::::::::	:: :: :: :: :: :: :: :: :: :: :: :: ::		<u>위</u> :		×	ı
q Reimbursement paid by related organization(s) for expenses		:		19	× _		
							سرر
r Other transfer of cash or property to related organization(s)		:		<u> </u>		×	1
S			. :	t t	<u> </u>	×	ı
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	who must complete th	is line, including covered	elationships and transaction thresholds		-		ı
	la considera sonii cui	Depos Burgon form of					ı
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	unt involvec	_		
(F)							ı
					ļ		ı
(2)				!			1
(3)							1
( <del>9</del> )							
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(5)							- 1
p ^r							
(9)							- 1
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The Claremont Colleges, Inc. fka Claremont University Consortium Schedule R (Form 990) 2017

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

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exclus	ion for certain inve	stment partnerships.	3	9	17	1	5	5	4.1
Name, address, and EIN	Primary activity	(c) Legal domicile	Predominant Income	Are all partners sec.	0)		Disproper-	Code V-UBI	General c	(*) Percentage
of entity		(state or foreign country)	excluded from tax under sections 512-514)	Yes No	total income	end-of-year assets	allocations?	Value amount in box 20 instrain ownership of Schedule K-1 partner?  Yes No (Form 1065) Yes No	Partner?	ownership
		i								
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Schedule R (Form 990) 2017

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Schedule F	R (Form 990) 2017  Supplemental Infor	<u> тка</u>	Claremont	University Cons	ortium	95-4786748	Page 5
Part VII	」 Supplemental Infor	mation.	•				
	Provide additional inform	ation for r	esponses to questi	ons on Schedule R See instru	ctions		
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