** PUBLIC DISCLOSURE COPY **

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.

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015 Open to Public Inspection

For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016	
Check if applicable: C Name of organization D Employer identification number	
change KENYON COLLEGE	
Name change Doing business as 31-4379507	
Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number	
terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 311,639,152	$\overline{2}$.
Amended return GAMBIER, OH 43022 H(a) Is this a group return	
Application F Name and address of principal officer: SEAN M. DECATUR for subordinates? Yes X I	Nο
pending I	No
Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list, (see instructions)	
Website: ► WWW . KENYON . EDU H(c) Group exemption number	
Form of organization: X Corporation Trust Association Other L Year of formation: 1824 M State of legal domicile:	OH
Part I Summary	_
1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	_
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b)	
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	38
4 Number of independent voting members of the governing body (Part VI, line 1b)	37
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	
6 Total number of volunteers (estimate if necessary)	36
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a Total unrelated business revenue from Part VIII, column (C), line 12	
b Net unrelated business taxable income from Form 990-T, line 34	0.
Prior Year Current Year	
8 Contributions and grants (Part VIII, line 1h) 13,765,306. 17,257,67	
9 Program service revenue (Part VIII, line 2g) 106,004,775. 108,559,618 20,761,278. 28,555,143	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20, 761, 278. 28, 555, 143	
11 Other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 32,086,044. 33,538,934	
, , , , , , , , , , , , , , , , , , ,	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 53,187,660. 54,750,433	
	0.
b Total fundraising expenses (Part IX, column (D), line 25) 2,822,330.	1
17 Other expenses (Fartix, Column (7), lines Tra-Tra, TT-24e)	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 131, 383, 826. 138, 093, 886	
19 Revenue less expenses. Subtract line 18 from line 12	<u> </u>
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 889,277,395. 674,323,300	
9	
∄ 22 Net assets or fund balances. Subtract line 21 from line 20	4 •
der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it i	
e, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	.5
s, correct, and complete. Declaration of preparer (other than officer) is based on an information of which preparer has any knowledge.	
Signature of Officer Date	_
SEAN M. DECATUR, PRESIDENT	
Type or print name and title	
Print/Type preparer's name Preparer's signature Date Check PTIN	
id CHRISTOPHER B. ANDERSON While Solve Solve CHRISTOPHER B. ANDERSON P00226559	
eparer Firm's name MALONEY + NOVOTNY LLC// Firm's EIN 34-0677006	
e Only Firm's address 1111 SUPERIOR AVE, SUTTE 700	
CLEVELAND, OH 44114-2540 Phone no. (216) 363-0100	<u>) </u>
ay the IRS discuss this return with the preparer shown above? (see instructions)	No

532002 12-16-15

Pa	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
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 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u></u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	<u> </u>
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	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	000	X
		Form	990	(2015)

Form 990 (2015) KENYON COLLEGE
Part IV Checklist of Required Schedules (continued)

	· (continued)		Yes	Na
00-	Did the averagination apparate and average hospital facilities?	20a	res	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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 2? 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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
		23	х	
2/12	Schedule J			
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a	х	
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-40		
·	any tax-exempt bonds?	24c		х
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Lou		
D	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	LOD		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	SHIP IN		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
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?			
		31		X
32	If "Yes," complete Schedule N, Part I 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	Х	
	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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			
	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?			1
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2015)

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Par	a control of the second of					
	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	504			
	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable		0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re		N			
	(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		1961			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
				3a	X	_
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		"			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a	X	-0.00
b	If "Yes," enter the name of the foreign country: ▶ <u>UNITED</u> <u>KINGDOM</u>					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		200			77
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					٦,
_	any contributions that were not tax deductible as charitable contributions?		and the second s	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b		100 F
7	Organizations that may receive deductible contributions under section 170(c).		d- d t- th0	R88	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	
				7b	Λ	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7-		х
.1	to file Form 8282?	7d		7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year			70		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		A	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo		ne required?	10000		- 21
_	If the organization received a contribution of qualified intellectual property, and the organization file re-			7g 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		1 0/111 1036-0 !		T LD	
0				8	1000	No. of Concession, Name of Street, or other Persons, Name of Street, or other Persons, Name of Street, Name of
9	Sponsoring organizations maintaining donor advised funds.			0		2.5
	DITE. 1			9a		NO CONTRACTOR
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		••••••	9b		
	Section 501(c)(7) organizations. Enter:	••••••		OB The second		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	,			
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				No.
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	÷				7
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		•		R O	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	w =				To a
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c		S-TA	A No.	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X

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b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O

KENYON COLLEGE 31-4379507 Form 990 (2015) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 38 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 37 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? X 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official X b Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶OH
- 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) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website

X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 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.
- 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition more	l than c	one	Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation from related	amount of other
	week (list any						Ė	from the	organizations	compensation
	hours for	ndividual trustee or director				D.		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			Highest compensated employee		(W-2/1099-MISC)	,	organization
	organizations	l trus	nal tr		loyee	ошо				and related
	below	ividu	nstitutional trustee	Officer	/ emp	hest	Former			organizations
	line)	르	- Si	₽	ā.	흕	윤			
(1) BRACKETT B. DENNISTON	1.00	٠,,						0.	۸	0
CHAIR	0.00	X	\vdash			_	_	0.	0.	0.
(2) JOSEPH E. LIPSCOMB	1.00	٦,						0.	0.	0.
VICE-CHAIR	1.00	Х	_			H	_	0.	0.	0.
(3) JUDITH (HOFF) GILBERT	0.00	х						0.	0.	0.
SECRETARY	1.00	Δ						0.	0.	0.
(4) THE RIGHT REV.THOMAS E. BREIDEN TRUSTEE	0.00	х						0.	0.	0.
(5) MARSHALL W. CHAPIN	1.00	Δ		\vdash	-		_	0.	0.	<u> </u>
TRUSTEE	0.00	х						0.	0.	0.
(6) ROSE BRINTLINGER FEALY	1.00	22		\vdash	\vdash		\vdash		•	
TRUSTEE	0.00	X						0.	0.	0.
(7) STEVEN B. FEIRSON	1.00		\vdash	\vdash	\vdash	\vdash	\vdash			
TRUSTEE	0.00	x						0.	0.	0.
(8) JAMES FINN	1.00			\vdash	\vdash	T				
TRUSTEE	0.00	x						0.	0.	0.
(9) RUTH E, FISHER	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(10) NINA P. FREEDMAN	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(11) PAUL J. GOLDBERGER	1.00									-
TRUSTEE	0.00	X						0.	0.	0.
(12) HOPE C. HARROD	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(13) AILEEN C. HEFFERREN	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(14) PAMELA FEITLER HOEHN-SARIC	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(15) THE RIGHT REV.MARK HOLLINGSWORT	1.00							100		200
TRUSTEE	0.00	Х						0.	0.	0.
(16) ANDY H. HULL	1.00							Wide	0.50	_
TRUSTEE	0.00	Х						0.	0.	0.
(17) LARRY H. JAMES	1.00							-	_	_
TRUSTEE	0.00	X						0.	0.	0.

532007 12-16-15

Form 990 (2015) KENYON CO									31-43/9	507	P	age o
Part VII Section A. Officers, Directors, Trus	99.5	loy	ees,			ghes	t Co	ompensated Employee	s (continued)	_		
(A)	(B)			_ (0				(D)	(E)		(F)	
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable	E	stimate	ed
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	ar	nount	of
	week		Cer an	uau	recto	i/uus	өө)	from	from related	1000 0000 0000	other	
	(list any hours for	recto						the	organizations	100-00-00-00-00-00-00-00-00-00-00-00-00-	pensa	
	related	or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom th janizat	
	organizations	rustee	trus		98	npen		(44-27 1099-141130)			d relat	
	below	fual tr	tiona		nploy	st cor	<u>.</u>			0.0000000	anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5		
(18) ASHLEY ROWATT KARPINOS M.D.	1.00											
TRUSTEE	0.00	X						0.	0.			0.
(19) TODD P. LEAVITT	1.00											
TRUSTEE	0.00	X						0.	0.			0.
(20) VICTORIA SMITH MCKENZIE	1.00								_			_
TRUSTEE		X						0.	0.			0.
(21) DAVID R. MEUSE	1.00	٠,						_	0			0
TRUSTEE	0.00	X	H	\vdash	-			0.	0.			0.
(22) JEFFREY C. MORITZ	1.00	v						0.	0.			0.
TRUSTEE (23) ROGER NOVAK	1.00	Х	_		_			0.	0.			0.
TRUSTEE	0.00	х						0.	0.			0.
(24) JAMES F. PARKER	1.00	21						•				
TRUSTEE	0.00	х						0.	0.			0.
(25) ALAN E. ROTHENBERG	1.00											
TRUSTEE	0.00	х						0.	0.			0.
(26) R. TODD RUPPERT	1.00											
TRUSTEE	0.00	X						0.	0.			0.
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Part VI								3,528,762.	111,591.		8,4	000 000
d Total (add lines 1b and 1c)								3,528,762.	111,591.	62	8,4	43.
2 Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove) wh	o re	ceived more than \$100,0	000 of reportable			80
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director or true	etec	. ko	V or	anle	vee	orb	nighest compensated on	anlovee on		163	140
line 1a? If "Yes," complete Schedule J for s										3	х	
4 For any individual listed on line 1a, is the su									A CONTRACTOR OF STATE AND A STATE OF ST		50	200
and related organizations greater than \$150	3.2							10		4	х	
5 Did any person listed on line 1a receive or a										2		
rendered to the organization? If "Yes," com	-									5		Х
Section B. Independent Contractors	pristo sonissidir					-11						

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
AVI FOODSYSTEMS, INC.		
2590 ELM ROAD NE, WARREN, OH 44483	FOOD SERVICE	5,470,684.
GUND PARTNERSHIP	ARCHITECTURE&PLANNIN	
47 THORNDIKE STREET, CAMBRIDGE, MA 02141	G	1,133,425.
ENVIRONMENTAL MANAGEMENT SERVICES		, , , , , , , , , , , , , , , , , , , ,
P.O. BOX 175, DUBLIN, OH 43017	CONSTRUCTION	952,169.
BRICKLER & ECKLER LLC		
100 SOUTH THIRD STREET, COLUMBUS, OH 43215	LEGAL SERVICES	698,974.
SHROCK PREMIER CUSTOM CONSTRUCTION		
234 WEST MAIN STREET, LOUDONVILLE, OH 44842	CONSTRUCTION	381,857.
 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization 	l above) who received more than	
GER DADE VIT GEORION A COMMINIMION CHI	ram C	E 000 (001E)

SEE PART VII, SECTION A CONTINUATION SHEETS

	COLLEGE								31-437	9507
Part VII Section A. Officers, Directors	, Trustees, Key Er	nplo	yee	s, ar	nd H	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Posi	tion			Reportable	Reportable	Estimated
	hours	(c	heck	all t	hat	арр	ly)	compensation	compensation	amount of
	per	Ė				m	Ė	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				oldm		organization	(W-2/1099-MISC)	from the
	hours for	ig i	as			ted e		(W-2/1099-MISC)		organization
	related	trustee or director	ruste		a)	pensa				and related
	organizations	al tru	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	Individual t	atiteti	Officer	уеш	ghest	Former			
	line)	Ĕ	Ĕ	8	永	至	요			
(27) DEBORAH RATNER SALZBERG	1.00							_	_	_
TRUSTEE	0.00	Х		Ш				0.	0.	0.
(28) BARRY F. SCHWARTZ	1.00			ΙI						
TRUSTEE	0.00	X		Ш				0.	0.	0.
(29) WILLIAM T. SPITZ	1.00									
TRUSTEE	0.00	X		Ш				0.	0.	0.
(30) L'QUENTUS THOMAS	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(31) CHRIS TOFT	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(32) GERALDINE COLEMAN TUCKER	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(33) CHARLES P. WAITE JR.	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(34) JENNIFER RUDOLPH WALSH	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(35) MARGARET TCHENG WARE	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(36) WENDY WEBSTER	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(37) BRUCE D. WHITE	1.00			П	\neg					
TRUSTEE	0.00	х						0.	0.	0.
(38) MATTHEW A. WINKLER	1.00			П						
TRUSTEE	0.00	х						0.	0.	0.
(39) SEAN M. DECATUR	40.00			П	\neg					
PRESIDENT & TRUSTEE	1.00	х		x				424,415.	0.	102,458.
(40) JOSEPH KLESNER	40.00									
PROVOST	0.00	į.		x				187,918.	0.	48,711.
(41) TODD BURSON	40.00							20,75201		2071220
VP FOR FINANCE	0.00	1		x				149,380.	0.	40,389.
(42) MARK KOHLMAN	40.00	\vdash		-	\dashv			115/5001		10/3031
CHIEF BUSINESS OFFICER	0.00	1		х				154,364.	0.	44,934.
(43) HEIDI MCCRORY	40.00	\vdash		47	\dashv			104,004.	0.	44,JJ4.
VP FOR DEVELOPMENT	0.00	1		х				209,326.	0.	47,725.
(44) JOSEPH NELSON	40.00	\vdash	\vdash	27	\dashv	-	-	202,320.	0.	±1,143.
CHIEF INVESTMENT OFFICER	0.00	1		х				791,965.	0.	39,986.
				17	\dashv			191,903.	0.	33,300.
(45) SHIRLEY O'BRIEN	40.00	ł		ټ				120 121	0.	14 051
CONTROLLER	0.00			Х	-			120,121.	0.	14,051.
(46) KATHRYN LAKE	40.00	ł						64 044	0	17 117
DIR.BOARD REL.&PRES.	0.00			Х				64,044.	0.	17,117.
Total to Part VII, Section A, line 1c										

Form 990 KENYON CO	JLLEGE								31-43/	9507
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, ar	nd H	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl		all t			ly)	compensation	compensation	amount of
	per	T.	Г			Ė	Ë	from	from related	other
	week					yee		the	organizations	compensation
	(list any	sctor				읦		organization	(W-2/1099-MISC)	from the
	hours for	Individual trustee or director				Highest compensated employee		(W-2/1099-MISC)		organization
	related	stee c	Institutional trustee			ensa				and related
	organizations	草	nal tr		Key employee	m oc				organizations
	below	vidus	慧	- Ja	E E	nest (Former			
	line)	Ξġ	Inst	Officer	Key	High	윤			
(47) RONALD GRIGGS	40.00									
VP FOR LBIS	0.00				Х			155,604.	0.	43,147.
(48) SARAH KAHRL	40.00									
DIR-KI/SEN ADV TO PRES.	0.00					Х		345,607.	0.	52,151.
(49) JENNIFER BRITZ	40.00				\Box					
VP ENROLL/DEAN OF ADMISSIONS&FIN AID	0.00					Х		207,162.	0.	27,877.
(50) PETER RUTKOFF	40.00	Г			П					
PROF OF AM. HISTORY	0.00					X		187,236.	0.	15,929.
(51) DAVID LYNN	40.00									
EDITOR-KENYON REVIEW	0.00					Х		65,114.	111,591.	18,189.
(52) GREGORY SPAID	40.00									
PROF OF ART	0.00				\square	Х		159,636.	0.	23,876.
(53) STEPHEN ARCHER	40.00									
DIRECTOR OF INVESTMENTS	0.00	_			\sqcup	_	X	159,586.	0.	51,554.
(54) HENRY TOUTAIN	40.00							145 004		40.240
DEAN OF STUDENTS	0.00	<u> </u>	_	_	\vdash	_	X	147,284.	0.	40,349.
	-	H			\vdash	_	┝			
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		1								
						_				
Total to Part VII, Section A, line 1c								3,528,762.	111,591.	628,443.

Total revenue Countended C	Revenue excluded from tax under sections 512 - 514
similar amounts not included above 16 697,631.	
f All other contributions, gifts, grants, and similar amounts not included above 1f 16,560,046.	
similar amounts not included above	
호텔 Sillillal alliquitis flot ilicituded above [1] 고,,,,,,,,	
q Noncash contributions included in lines 1a-1f: \$ 1,827,776.	
g Noncash contributions included in lines 1a-1f:\$ 1,827,776. h Total, Add lines 1a-1f 17,257,677.	
Business Code	
900000 96 122 257 96 122 257	
b AUXILIARY ENTERPRISES 900099 21,358,336. 21,358,336.	
6 BOOKSTORE 451211 991,128. 991,128.	
E TRUST FUNDS 900099 87,897. 87,897.	
B O T TOOL TOOL	
2 a TUITION AND FEES 900099 21,358,336. 21,358,368,368,368,368,368,368,368,368,368,36	
g Total. Add lines 2a-2f 108,559,618.	N/WEST
3 Investment income (including dividends, interest, and	
other similar amounts) 5,784,061. 43,312	5,740,749.
4 Income from investment of tax-exempt bond proceeds	<u> </u>
5 Royalties	
(i) Real (ii) Personal	
19.255	
6 a Gross rents 46,300. b Less: rental expenses 176,438.	
c Rental income or (loss) -128,072.	
d Net rental income or (loss)	
7 a Gross amount from sales of (i) Securities (ii) Other	
assets other than inventory 177, 488, 494.	
b Less: cost or other basis	
and sales expenses154,176,484. 540,928.	
c Gain or (loss) 23,312,010540,928.	
d Net gain or (loss) 22,771,082.	22,771,082.
8 a. Gross income from fundraising events (not	
including \$ of contributions reported on line 1c). See	
contributions reported on line 1c). See	
T Part IV line 18 al	
b Less: direct expenses b	
c Net income or (loss) from fundraising events	
9 a Gross income from gaming activities. See	
Part IV, line 19 a	
b Less: direct expenses b	
c Net income or (loss) from gaming activities	
10 a Gross sales of inventory, less returns	
and allowances a	
b Less; cost of goods sold b	
c Net income or (loss) from sales of inventory	
Miscellaneous Revenue Business Code	
11 a CONFERENCES & SEMINARS 721110 998,663. 722,381. 276,282	
b FINES 900099 34,345. 34,345.	
C LAUNDRY/VENDING 812300 3,954. 3,954.	
d All other revenue	
e Total. Add lines 11a-11d 2,500,936.	100
12 Total revenue. See instructions. ▶ 156,745,302. 110,784,272. 191,522	28,511,831.

Form 990 (2015) KENYON COLLEGE
Part IX Statement of Functional Expenses

Do r	Check if Schedule O contains a responder include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	$\label{lem:continuous} \textbf{Grants and other assistance to domestic organizations}$				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	24 242 242	21 010 040		
	individuals. See Part IV, line 22	31,810,849.	31,810,849.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 700 005	1 700 005		
_	individuals. See Part IV, lines 15 and 16	1,728,085.	1,728,085.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	2,154,608.	71,091.	1,688,877.	394,640
•	trustees, and key employees	2,134,000.	11,001.	1,000,017.	374,040
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	39,222,913.	35,339,825.	2,898,155.	984,933
8	Pension plan accruals and contributions (include	35/222/513.	33733370231	2705072301	501/500
0	section 401(k) and 403(b) employer contributions)	3,270,723.	2,916,497.	263,664.	90,562
9	Other employee benefits	7,164,040.	6,203,897.	720,836.	239,307
10	Payroll taxes	2,938,147.	2,400,551.	453,505.	84,091
11	Fees for services (non-employees):			,	
	Management				
b	Legal	608,725.		608,725.	
	Accounting	108,160.		108,160.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,271,192.		1,271,192.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	77,091.		74,647.	2,444
12	Advertising and promotion				
13	Office expenses	1,730,814.	1,613,372.	91,017.	26,425
14	Information technology	1,359,018.	327,146.	1,031,872.	
15	Royalties				
16	Occupancy	3,776,511.	3,773,688.	2,823.	485 500
17	Travel	3,204,383.	2,709,716.	319,138.	175,529
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	0 000 535	0 007 525		
20	Interest	9,227,535.	9,227,535.		
21	Payments to affiliates	10 100 725	0 721 025	200 256	76,544
22	Depreciation, depletion, and amortization	10,198,735.	9,731,935.	390,256. 219,461.	70,344
23	Insurance	443,433.	203,772.	219,401.	
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 0.) INSTRUCTIONAL SUPPORT	5,234,146.	5,234,146.		
a	FOOD SERVICE	4,244,664.	4,244,664.		
b	INSTITUTIONAL SUPPORT	1,892,116.	1,211,001.	1,892,116.	
c	OUTSIDE CONTRACTING&REP	1,322,344.	1,115,544.	204,963.	1,837
d	All other expenses	5,123,854.	4,035,414.	342,422.	746,018
е 25	Total functional expenses. Add lines 1 through 24e	138,093,886.		12,581,829.	2,822,330
<u>25</u> 26	Joint costs. Complete this line only if the organization		,,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		1		

Form 990 (2015)
Part X | Balance Sheet

ar	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	D 006 110	1	C 264 200
	2	Savings and temporary cash investments	7,976,117.	2	6,364,289
	3	Pledges and grants receivable, net	21,574,722.	3	23,895,377
	4	Accounts receivable, net	1,999,873.	4	2,278,994
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		17.58	
		Part II of Schedule L		5	
- 1	6	Loans and other receivables from other disqualified persons (as defined under			
- 1		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
- 1		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	1 002 601	7_	1 115 151
٦	8	Inventories for sale or use	1,092,601.	8	1,115,151
- 1	9	Prepaid expenses and deferred charges		9	一
	10a	Land, buildings, and equipment: cost or other			
- 1		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 372,083,377. 10b 134,240,180.	241,726,819.	10c	237,843,197
- 1			109,808,576.	11	142,759,261
- 1	11	Investments - publicly traded securities	290,941,710.	12	241,230,387
	12	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11	5,298,803.	13	5,127,269
- 1	13	The state of the s	3,230,003.	14	3/12//203
- 1	14	Intangible assets	8,858,174.	15	13,709,381
	15	Other assets. See Part IV, line 11	689,277,395.	16	674,323,306
-	16	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	11,237,920.	17	12,004,050
	17 18	1	11/23//5201	18	12/001/000
	19	Grants payable Deferred revenue		19	
	20	Tax-exempt bond liabilities	192,158,893.	20	191,243,500
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	232/200/0501	21	
	22	Loans and other payables to current and former officers, directors, trustees,			F-1 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Lies	~	key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
<u>E</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
- 1		parties, and other liabilities not included on lines 17-24). Complete Part X of			. 30
		Schedule D	18,313,054.	25	18,077,024
	26	Total liabilities. Add lines 17 through 25	221,709,867.		
\neg		Organizations that follow SFAS 117 (ASC 958), check here X and			
ا ي		complete lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets	267,175,377.	27	255,305,802
<u>a</u> a	28	Temporarily restricted net assets	45,000,454.	28	36,439,731
Ö	29	Permanently restricted net assets	155,391,697.	29	161,253,199
Š		Organizations that do not follow SFAS 117 (ASC 958), check here			
P. F		and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ΨI	33	Total net assets or fund balances	467,567,528.	33	452,998,732
z	-		689,277,395.		674,323,306

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization							1 42 FO FOR	
KENY	ON COLLEGE	All consumations of the same and the same an					1-4379507	
Part I Reason for Public					e instruction	5.		
The organization is not a private found		177	(=)					
1 A church, convention of ch				0.00	l)(A)(i).			
2 X A school described in sect								
3 A hospital or a cooperative								
4 A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
city, and state:								
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). 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). (C		ntiai part of its support ii	oni a gove	en internati	uriit or ironii ti	ie general p	Jubiic described in	
8 A community trust describe		1)(A)(vi) (Complete Par	+ 11.)					
9 An organization that norma				contributio	ns members	nin fees an	d gross receipts from	
activities related to its exer	340	1 5						
income and unrelated busi								
See section 509(a)(2). (Co		(1000 000 tion of the tary in o	iii baoiiioc	ooo aoqaa	ou by 11.0 or;	,		
10 An organization organized		vely to test for public sa	fetv. See	section 50)9(a)(4).			
11 An organization organized						rry out the	purposes of one or	
more publicly supported or								
lines 11a through 11d that	-			0 00 0				
a Type I. A supporting orga							giving	
the supported organization		•		_				
organization. You must o	complete Part IV, Se	ections A and B.						
b Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	ing	
control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted	
organization(s). You mus								
c Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	ind functiona	lly integrate	d with,	
its supported organizatio	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.			
d Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppo	ted organiz	ation(s)	
that is not functionally in	tegrated. The organiz	ation generally must sat	isfy a distr	ibution red	uirement and	l an attentiv	reness	
requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
e Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III		
functionally integrated, o	r Type III non-function	nally integrated supporti	ng organiz	ation.				
f Enter the number of supported	organizations							
g Provide the following information			IO. A. I					
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(IV) is the o	rganization in your	(v) Amount o suppor		(vi) Amount of other support (see	
organization		above (see instructions))	governing o		instruc		instructions)	
			Yes	No	**************************************		2000-20072 to 2000.	
							7	
•				To Jacob				
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 KENYON COLLEGE
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support					•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	15916148.	14198801.	11104811.	13765306.	20180274.	75165340.
2	Tax revenues levied for the organ-						
	ization'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	15916148.	14198801.	11104811.	13765306.	20180274.	75165340.
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)						5306633.
	Public support. Subtract line 5 from line 4.	是不被是一个					69858707.
	ction B. Total Support		r		I		
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	15916148.	14198801.	11104811.	Д3765306.	20180274.	75165340.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	4044054	1 = 0 < 0 0 4 0	0440600	600000	6240204	50206022
	and income from similar sources	14314271.	15963348.	9413600.	6383220.	6312394.	52386833.
9	Net income from unrelated business			1			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		MARKET STATE OF THE STATE OF TH				107550172
	Total support. Add lines 7 through 10					F1.0	127552173
	Gross receipts from related activities,						,851,486.
13	First five years. If the Form 990 is fo						. —
Sec	organization, check this box and stockion C. Computation of Public	o herePer ic Support Per	centage				
	Public support percentage for 2015 (olumn (fi)		14	54.77 %
	Public support percentage for 2015 (Olumn (I))		15	49.00 %
	33 1/3% support test - 2015. If the			n line 12 and line	14 io 22 1/20/ or m		
16a							
D	b 33 1/3% support test - 2014. 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						
470	and stop here. The organization qualifies as a publicly supported organization						
1/a							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
1-	10% -facts-and-circumstances test						
D	more, and if the organization meets to						
	organization meets the "facts-and-circ						
10	Private foundation. If the organization		-				s
18	rivate loundation. If the organization	AT GIU HOL CHECK A	DON OIT III IC TO, TO	a, 100, 17a, 01 17L			or 990-EZ) 2015
					Com		

Schedule A (Form 990 or 990-EZ) 2015 KENYON COLLEGE

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

(Complete o	y if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify unde	he tests listed below, please complete Part II.)
ation A Dublic S	pport

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
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						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6		` '				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3) organiza	ation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2015 (li	ine 8, column (f) di	vided by line 13, o	olumn (f))		15	%
16	Public support percentage from 2014	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	15 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2015. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						▶ □
F	33 1/3% support tests - 2014. If the						nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						▶ □
	22 00 02 15	ala ilot offoot u		,,			or 990-EZ) 2015

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 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 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")? // "Yes," and if you checked 11a or 11b 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	12793	
2		E05=21
3a	2830	
3b		
3c		100 m
4a		
4b		MELECULAR SE
4c		
5a		MUNICIPAL S
		-
5b 5c		
30		150
6		
7		
7	10.73	
8		
9a	TO SEE	ests.
9b		
90	1200	
9c		
10a	15 to 2	
10b		255
90 or 99	0-EZ	2015

3a

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

trustees of each of the supported organizations? Provide details in Part VI.

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Par	TV Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	3		
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 organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:	LIFE PART THE		
а				于100 主命415 42
b	· · · · · · · · · · · · · · · · · · ·			
С	到此地就在一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的			
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		and the second second	
4	Distributions for 2015 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
_	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
c	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

2015

Name of the organization	Employer identification number						
KI	31-4379507						
Organization type (check o							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation						
, -	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.					
General Rule							
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to							

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

Schedule B	(Form 990, 990-EZ, or 990-PF) (2015)			Page 2
Name of orga	nization		Employ	er identification number
KENYON	COLLEGE		31	-4379507
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
1		\$1,025,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
2		\$	74.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
3		\$610,2	17.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
4		\$1,000,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
5_		\$1,997,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution

523452 10-26-15

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

951,729.

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

X

6

Name of organization

Employer identification number

KENYON COLLEGE

31-4379507

(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
PUBLIC	CLY TRADED SECURITIES		
6			
		<u> </u>	06/30/16
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

nization		Employer identification number				
COLLEGE		31-4379507				
Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the following, charitable, etc., contributions of \$1,000 or les	ing line entry. For organizations				
		(d) Description of how gift is held				
(b) Fullpose of glit	(c) ose of gift	(u) Description of now girt is need				
	(e) Transfer of gift					
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
(e) Transfer of gift						
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-						
Transferee's name address a	(e) Transfer of gift	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				
	COLLEGE Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou. Use duplicate copies of Part III if addition (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift (b) Purpose of gift Transferee's name, address, a	COLLEGE Exclusively religious, charitable, etc., contributions to organizations described in the year from any one contributor. Complete columns (a) through (e) and the follow completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or fer to Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift (f) Use of gift (g) Use of gift (h) Purpose of gift				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KENYON COLLEGE

Employer identification number 31-4379507

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in		sed funds				
	are the organization's property, subject to the organization's	•					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor o		-				
	impermissible private benefit?						
Pai							
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (e.g., recreation or e		torically important land area				
	Protection of natural habitat		tified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last				
-	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements						
b							
c	Number of conservation easements on a certified historic stru						
d	Number of conservation easements included in (c) acquired a	2 2 (2.5000000000000000000000000000000000000					
-	listed in the National Register						
3	Number of conservation easements modified, transferred, rel						
	year >	,g,,					
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
_	>						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year				
-	▶ \$						
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation						
-	include, if applicable, the text of the footnote to the organization						
	conservation easements.		,				
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under SFAS 116 (AS	COURT DECEMBER (NO. 1)	nent and balance sheet works of art.				
14	historical treasures, or other similar assets held for public ext						
	the text of the footnote to its financial statements that descri						
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, ed	The property of the constitution was determined by the constitution of the constitutio					
	relating to these items:		and provide the following amounts				
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$				
			€ St.				
	If the organization received or held works of art, historical tre	asuras or other similar assets for financia					
2			ii gaiii, piovide				
_	the following amounts required to be reported under SFAS 1		•				
a	Revenue included on Form 990, Part VIII, line 1						
<u> </u>	Assets included in Form 990, Part X		Ψ				

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Sche	dule D (Form 990) 2015 KENYON (4379507	
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)							
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items							
	(check all that apply):	(check all that apply):						
а	Y Public exhibition	d		hange programs				
b	X Scholarly research	е	Other					
C	X Preservation for future generations							
4	Provide a description of the organization's co						Part XIII.	
5	During the year, did the organization solicit or						—	□
	to be sold to raise funds rather than to be ma						Yes	X No
Par	t IV Escrow and Custodial Arrang	2	ete if the organizatio	n answered "Yes	s" on Fo	orm 990, Part	: IV, line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia							
	on Form 990, Part X?						Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	owing table:				Amount	
	8 1 1 1 1 1					10	Amount	
	Beginning balance					1c		
	Additions during the year					1e		
	Distributions during the year					1f		
f	Ending balance Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.							H
Par								
		(a) Current year	(b) Prior year	(c) Two years ba) Three years b	ack (e) Four	ears back
1a	Beginning of year balance	213,628,161.	210,519,201.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		182,472,8		070,652.
	Contributions	2,494,144.	3,110,779.	3,302,9	35.	5,066,6	62. 7,4	166,658.
	Net investment earnings, gains, and losses	-4,111,488.	9,181,548.	22,185,98	89.	13,720,8	79. 5,9	915,017.
	Grants or scholarships	4,321,325.	4,101,462.	3,307,40	68.	3,134,3	39. 2,9	958,209.
	Other expenditures for facilities							
	and programs	5,960,578.	5,081,905.	4,824,2	50.	4,964,0	99. 5,0	021,226.
f	Administrative expenses							
	End of year balance	201,728,914.	213,628,161.	210,519,2	01.	193,161,9	95. 182,4	172,892.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a) held as:				
а	Board designated or quasi-endowment							
b	Permanent endowment ▶ 66.47	%						
C	Temporarily restricted endowment ▶	3.31 <u></u> %						
	The percentages on lines 2a, 2b, and 2c show	80 N .						
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered f	for the o	organization	_	
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
b	If "Yes" on line 3a(ii), are the related organiza	(5)					3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm		D-+ N/ E 44- C) F 000 D-	ud V II.a	- 10		
7	Complete if the organization answered						(d) Book	value
	Description of property	(a) Cost or o basis (investn	Statistics (April 1997)	t or other (other)		umulated eciation	(d) Book	value
	1 1			0,593.	depre	Jointion	1 860	,593.
	Land			2,575.10	0.84	12.366		
	Buildings		313,00	2,3,3.10	5,05			, 2000
	Leasehold improvements		32.85	6,051. 2	0.18	39,874.	12.666	,177.
	Equipment			4,158. 1				
	Other						237,843	

	1	
Part VII	Investments -	Other Securities.

Turt VIII				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value		
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) HEDGE & ALTERN. EQUITY				
(B) FUNDS	119,971,219.	END-OF-YEAR MARKET VALUE		
(C) PRIVATE EQUITY FUNDS	71,034,032.	END-OF-YEAR MARKET VALUE		
(D) REAL ESTATE FUNDS	25,811,345.	END-OF-YEAR MARKET VALUE		
(E) COMMODITIES FUNDS	10,942,590.	END-OF-YEAR MARKET VALUE		
(F) FIXED INCOME ALTERNATIVE				
(G) FUNDS	13,471,201.	END-OF-YEAR MARKET VALUE		
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	241,230,387.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Vee"	on Form 990 Part IV line	11d See Form 990 Part Y line 15		

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

Other Liabilities. Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) FAIR VALUE OF INT.RATE SWAPS	4,280,537.	
(3) DEPOSITS AND ADVANCES	2,176,514.	
(4) LIAB.FOR POST-RETIREMENT BEN.	6,095,289.	
(5) ANNUITIES AND OTHER FUNDS PAYABLE	3,924,078.	
(6) GOVERNMENT LOAN FUNDS	1,600,606.	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25,)	18,077,024.	

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

Part XIII | Supplemental Information (continued)

PART III, LINE 4:

DESCRIPTION OF ART COLLECTION - THE MAJORITY OF THE COLLEGE'S COLLECTION

("COLLEGE COLLECTION") OF ART AND ARTIFACTS IS CARED FOR BY THE GRAHAM

GUND GALLERY, A SECTION 501(C)(3) SUBSIDIARY OF WHICH THE COLLEGE IS THE

SOLE MEMBER. THE GRAHAM GUND GALLERY AND ITS GALLERY COLLECTION

PRIORITIZES 20TH - 21ST CENTURY ART IN ITS EXHIBITIONS AND COLLECTING

PROGRAM. THE COLLEGE'S COLLECTION OF PRE-20TH CENTURY, ETHNOGRAPHIC,

TEACHING AND OTHER COLLECTION OBJECTS ARE MANAGED BY THE GRAHAM GUND

GALLERY'S PROFESSIONAL STAFF AND HOUSED IN ITS FACILITY. SOME COLLEGE

COLLECTION OBJECTS ARE INSTALLED AND ON VIEW IN COLLEGE BUILDINGS.

PART V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS - FOR THE COLLEGE'S ENDOWMENT FUNDS, THE

INVESTMENT OBJECTIVE IS TO ACHIEVE SUPERIOR LONG-TERM TOTAL RETURNS SUCH

THAT THE REQUIREMENTS OF THE ANNUAL BUDGET ARE MET WHILE ALLOWING FOR

SIGNIFICANT GROWTH, ALL WITHIN THE CONFINES OF REASONABLE RISK.

EXPENDITURES FROM THE ENDOWMENT FUND ARE USED EXCLUSIVELY TO FURTHER THE

EXEMPT EDUCATIONAL PURPOSES OF THE COLLEGE.

PART X, LINE 2:

FIN 48 (ASC 740) FOOTNOTE - FEDERAL INCOME TAXES: THE INTERNAL REVENUE

SERVICE HAS DETERMINED THAT THE COLLEGE, THE KENYON REVIEW, THE GUND

GALLERY, THE KOKOSING NATURE PRESERVE, AND THE PHILANDER CHASE CONSERVANCY

ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL

REVENUE CODE AS PUBLIC CHARITIES DESCRIBED IN SECTION 501(C)(3);

ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN MADE IN THE

CONSOLIDATED FINANCIAL STATEMENTS. THE KENYON INN MANAGEMENT COMPANY IS

SUBJECT TO FEDERAL INCOME TAXES, WHICH FOR JUNE 30, 2016 AND 2015 WERE NOT

Schedule D (Form 990) 2015

532055 09-21-15

Schedule D (Form 990) 2015 KENYON COLLEGE Part XIII Supplemental Information (continued)	31-4379507 Page 5
SIGNIFICANT TO THESE CONSOLIDATED FINANCIAL STATEMENTS. THEF	RE WERE NO
UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2016.	
THE INCOME TAX RETURNS FOR ALL ENTITIES REMAIN SUBJECT TO EX	KAMINATION BY
THE INTERNAL REVENUE SERVICE, AS WELL AS VARIOUS STATE AND I	OCAL TAXING
AUTHORITIES, GENERALLY FOR THREE YEARS.	
	- A-A-SULTER MOTOR STREET AND THE
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
BOOKSTORE COST OF GOODS SOLD, WHICH WAS NETTED WITH REVENUE	ON LINE 2D
OF PART VIII OF FORM 990 BUT SHOWN AS AN EXPENSE ON	
FINANCIAL STATEMENTS	1,365,107.
CHANGE IN INTEREST RATE SWAP OBLIGATION	224,567.
ADJUSTMENT FOR REVENUE OF RELATED ORGANIZATIONS INCLUDED IN	CONSOLIDATED
FINANCIAL STATEMENTS	9,770,766.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	11,360,440.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FINANCIAL AID EXPENSE, WHICH WAS NETTED WITH TUITION INCOME	ON FINANCIAL
STATEMENTS BUT SHOWN AS AN EXPENSE IN PART IX OF FORM 990	31,774,344.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
BOOKSTORE COST OF GOODS SOLD, WHICH WAS NETTED WITH REVENUE	ON LINE 2D
OF PART VIII OF FORM 990 BUT SHOWN AS AN EXPENSE ON	
FINANCIAL STATEMENTS	1,365,107.
ADJUSTMENT FOR EXPENSES OF RELATED ORGANIZATIONS INCLUDED IN	N CONSOLIDATED
FINANCIAL STATEMENTS	4,338,486.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	5,703,593.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	

532055 09-21-15

SCHEDULE E

(Form 990 or 990-EZ)

Schools

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

KENYON COLLEGE Employer identification number 31-4379507

Pa	rt I		VEO	L NI
		_	YES	N
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		٦,	
	other governing instrument, or in a resolution of its governing body?	1	X	363
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			181
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		77	-44
	If you need more space, use Part II	3	Х	
	ALL APPLICATIONS, COURSE CATALOGS, AND THE STUDENT HANDBOOK			
	PUBLICIZE OUR NONDISCRIMINATORY POLICY. THE PUBLICATIONS ARE			
	PROVIDED TO ALL PROSPECTIVE AND ENROLLED STUDENTS.			
4	Does the organization maintain the following?			
4	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	x	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	Г
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	112		Г
			х	
·	admissions programs and scholarships?	4c		
	admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	_	-
	admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4c 4d	X	
	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.		_	
d 5	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to:	4d	_	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d 5a	_	2
d 5 a b	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	4d 5a 5b	_	2
d 5 a b	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a 5b 5c	_	2
d a b c	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5a 5b 5c 5d	_	2
d a b c	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5a 5b 5c 5d 5e	_	2
d 5 a b c	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5a 5b 5c 5d 5e 5f	_	2 2 2
d b c d e f	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5a 5b 5c 5d 5e 5f 5g	_	2 2 2 2 2 2 2
d 5 a b c d e f	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f	_	2 2
d a b c d e f	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f 5g	_	
d b c d e f	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g	_	
5 a b c d e f g h	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g	_	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5 a b c d e f g h	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g	X	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5 a b c d e f g h	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5a 5b 5c 5d 5e 5f 5g 5h	X	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5 a b c d e f g h	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h	X	2 2 2 2 2 2

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Schedule E (Form 990 or 990-EZ) (2015)

Schedule E (Form 990 or 990-EZ) (2015) KENYON COLLEGE 31-4379507 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.
Also provide any other additional information.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
GOVERNMENT FINANCIAL AID - KENYON COLLEGE RECEIVES STUDENT FINANCIAL
ASSISTANCE FROM THE U.S. DEPARTMENT OF EDUCATION. THE ASSISTANCE CONSISTS
OF THE FOLLOWING FEDERAL PROGRAMS: NATIONAL DIRECT STUDENT LOANS, PELL
COLUMN CONTRACTOR TOURS OF CONTRACTOR OF THE COLUMN CONTRACTOR OF THE COLUMN CO
GRANTS, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, AND COLLEGE WORK
CHARLES DECEMBED ON A HOLD ALSO DECEMBED COME DECEMBED COME AND
STUDY PROGRAMS. THE COLLEGE ALSO RECEIVES SOME RESEARCH GRANTS AND
HOLLIDWING OF VINE EDON WARTONG COMEDIMENTAL ACENCIES
EQUIPMENT GRANTS FROM VARIOUS GOVERNMENTAL AGENCIES.

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.

Open to Public

Department of the Treasury Internal Revenue Service Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

31-4379507 KENYON COLLEGE General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes 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. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (d) Activities conducted in region (f) Total (c) Number of (a) Region (b) Number of expenditures employees, agents, and (by type) (e.g., fundraising, program is a program service, offices for and services, investments, grants to describe specific type in the region independent contractors investments of service(s) in region recipients located in the region) in region in region CENTRAL AMERICA AND THE CARIBBEAN PROGRAM SERVICES EDUCATIONAL SERVICES 16,523. CENTRAL AMERICA AND 0 PROGRAM SERVICES EDUCATIONAL RESEARCH 1,168. THE CARIBBEAN CENTRAL AMERICA AND 105091097. THE CARIBBEAN INVESTMENTS 0 0 EAST ASIA AND THE EDUCATIONAL SERVICES 476,822. 0 PROGRAM SERVICES 0 PACIFIC EAST ASIA AND THE EDUCATIONAL RESEARCH 31,798. PACIFIC 0 0 PROGRAM SERVICES EAST ASIA AND THE STUDENT RECRUITMENT 0 0 PROGRAM SERVICES 3,279. PACIFIC EAST ASIA AND THE PROGRAM SERVICES OTHER 973. PACIFIC EAST ASIA AND THE 155,076. PACIFIC 0 GRANTMAKING 05,776,736. 3 a Sub-total 0 0 b Total from continuation 0 7,388,631. sheets to Part I c Totals (add lines 3a

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

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Schedule F (Form 990) 2015

113,165,367.

and 3b)

Schedule F (Form 990) KENYON COLLEGE

(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(a) Negion	offices in the region	employees or agents in region	(by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	expenditures for region
					1910.1
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	3,369,028
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	42,668
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	STUDENT RECRUITMENT	7,128
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	OTHER	3,948
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	INVESTMENTS		1,537,849
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	GRANTMAKING		1,155,953
MIDDLE EAST AND					
NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	175,327
MIDDLE EAST AND					
NORTH AFRICA	0	0	PROGRAM SERVICES	STUDENT RECRUITMENT	1,012
MIDDLE EAST AND					_
NORTH AFRICA	0	0	GRANTMAKING		81,131
NORTH AMERICA	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	27,304
MONTH AMERICA		,			27,004

Schedule F (Form 990)

KENYON COLLEGE

Part I Continuation	of Activities	s per Region	Schedule F (Form 990), Part I, line 3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	5,193
NORTH AMERICA	0	0	PROGRAM SERVICES	OTHER	1,337
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	65,255
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		24,727
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	311,732.
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	717
SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDENT RECRUITMENT	2,487
SOUTH AMERICA	0	0	GRANTMAKING		132,457
SOUTH ASIA	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	100,163,
SOUTH ASIA	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	1,914

Schedule F (Form 990) Part I Continuatio	KENYON C	OLLEGE	I- (Schedule F (Form 990), Part I, line 3	31-437	9507 Page 1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	GRANTMAKING		64,869.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	161,095.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	1,465.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		113,872.
Totals					7,388,631.

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KENYON COLLEGE

Schedule F (Form 990) 2015 KENYON COLLEGE

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

(i) Method of valuation (book, FMV, appraisal, other)							Schedule F (Form 990) 2015
(h) Description of non-cash assistance							Schedt
(g) Amount of non-cash assistance					empt by	A	
(f) Manner of cash disbursement		,			ecognized as tax-ex«		
(e) Amount of cash grant					foreign country, r		
(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 grantee or counsel has provided a section 501(c)(3) equivalency letter		
(c) Region					s listed above that are re has provided a section	· entities	
(b) IRS code section and EIN (if applicable)					recipient organization the grantee or counsel	Enter total number of other organizations or entities	
1 (a) Name of organization					2 Enter total number of the IRS, or for which t	3 Enter total number of	

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Schedule F (Form 990) 2015 **KENYON COLLEGE**Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
EDUCATION ASSISTANCE	EAST ASIA AND THE PACIFIC	7	155,076	CREDIT TO ACCOUNT	.0		
EDUCATION ASSISTANCE	EUROPE (INCLUDING ICELAND & GREENLAND)	62	1155953.	CREDIT TO ACCOUNT	.0		
EDUCATION ASSISTANCE	MIDDLE EAST AND NORTH AFRICA	4	81,131.	CREDIT TO ACCOUNT	.0		
	RUSSIA AND NEIGHBORING STATES	1	24,727.	CREDIT TO ACCOUNT	•0		
EDUCATION ASSISTANCE	SOUTH AMERICA	11	132,457.	CREDIT TO ACCOUNT	•0		
EDUCATION ASSISTANCE	SOUTH ASIA	G	64,869.	CREDIT TO ACCOUNT	•0		
EDUCATION ASSISTANCE	SUB-SAHARAN AFRICA	8	113,872.	CREDIT TO ACCOUNT	•0		
					:		
						Schedi	Schedule F (Form 990) 2015

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

Schedule F (Form 990) 2015

Employer identification number Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

2 _ 31-4379507 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant (c) IRC section if applicable General Information on Grants and Assistance (b) EIN KENYON COLLEGE criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2015)

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Page 2

KENYON COLLEGE

Schedule I (Form 990) (2015)

Part III

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

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. EDUCATIONAL PROGRAM GRANTS ARE MONITORED THROUGH THE COLLEGE'S FINANCIAL AND OTHER (d) Amount of non-cash assistance ٠. ö ö 。 - SCHOLARSHIPS, FELLOWSHIPS, 121,685. 30,046,260. 36,030. 1,343,178. 192,885 (c) Amount of cash grant (b) Number of recipients 23 907 46 127 MONITORING USE OF GRANT FUNDS (a) Type of grant or assistance PART I, LINE 2 RESEARCH FELLOWSHIPS PRIZES TO STUDENTS LEGAL FELLOWSHIPS TUITION REMISSION SCHOLARSHIPS Part IV

532102 10-28-15

AID COMPLIANCE PROCEDURES. PRIZES TO STUDENTS ARE AWARDED FOR ACADEMIC

MERIT

Page 2		tance							orm 990)
31-4379507		(f) Description of non-cash assistance							Schedule I (Form 990)
		(e) Method of valuation (book, FMV, appraisal, other)							
	I (Form 990), Part III.	(d) Amount of non- cash assistance	.0	0.	.0				
	States (Schedule	(c) Amount of cash grant	53,811.	.000,2	12,000.				
	uals in the United	(b) Number of recipients	18.	2.	r i				
Schedule I (Form 990) KENYON COLLEGE	Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	(a) Type of grant or assistance	EDUCATIONAL ENRICHMENT	OBFFA FELLOWSHIPS	DALION FELLOWSHIPS				

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

KENYON COLLEGE

Employer identification number 31-4379507

ra	it I Questions Regarding Compensation			
			Yes	No
1 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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	X Discretionary spending account X Personal services (e.g., maid, chauffeur, chef)			Tree of
			3.3	
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	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
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			18.6
	establish compensation of the CEO/Executive Director, but explain in Part III.			Tái s
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study	300		
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	1		
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
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.			
		1	- 1	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:		100	Exe
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to 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	135		
	contingent on the net earnings of:	105	1	
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.		1 2	-203
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 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	(App)	1.6	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	3	21	150
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2015

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. KENYON COLLEGE Schedule J (Form 990) 2015

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

Note: The sum of columns (B)(0-(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 \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C 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	orner deterred compensation	penelits	(n)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) SEAN M. DECATUR	ε	344,415.	80,000.	0	75,175.	27,283.	526,873.	0
PRESIDENT & TRUSTEE	<u> </u>		0	0	0	0	0	0
(2) JOSEPH KLESNER	E	186,92	0	993.	18,689.	30,022.	236,629.	0
PROVOST	: 🖹	0	0	0	0	0	0	0
(3) TODD BURSON	ε	149,380.	0.	0.	15,001.	25,388.	189,769.	0
VP FOR FINANCE	Ξ	0	0	0.	0	• 0		0
(4) MARK KOHLMAN	Ξ	153,764.	0	.009	15,502.	29,432.	199,298.	0.
CHIEF BUSINESS OFFICER	E		0	0				0
(5) HEIDI MCCRORY	ε	209,32	0.	0	20,62	27,096.	257,051.	0.
VP FOR DEVELOPMENT	<u> </u>	0	0	0.		0.		0.
(6) JOSEPH NELSON	Ξ	180,987.	0.	610,978.	17,91	22,074.	831,951.	500,000.
CHIEF INVESTMENT OFFICER	Ξ	0	• 0	• 0		0	0.	0.
(7) RONALD GRIGGS	Ξ	155,604.	0.	0	15,514.	27,633.	198,751.	0.
VP FOR LBIS	Ξ	0	0	0	0	• 0		0
(8) SARAH KAHRL	Ξ	234,406.	0	111,201.	23,060.	29,091.	397,758	110,000.
DIR-KI/SEN ADV TO PRES.	€	0	0	• 0	0.	• 0	0.	0.
(9) JENNIFER BRITZ	Ξ	156,67	0.	50,483.	15,075.	12,802.	235,039.	50,000.
VP ENROLL/DEAN OF ADMISSIONS&FIN AID			0.		0.	.0		0
(10) PETER RUTKOFF	Θ	163,865.	0	23,371.	15,	84.	203,165.	0
PROF OF AM. HISTORY	Ξ		0.	0.		.0		0.
(11) DAVID LYNN	Ξ	65,	0.	0	, 9	555.	Ĥ	0
EDITOR-KENYON REVIEW		110,	0.	720.	П	943.	3	0.
(12) GREGORY SPAID	Ξ	159,63	0	0	12,73	11,141.	183,51	0
PROF OF ART	Ξ		0.	0.		0.		0.
(13) STEPHEN ARCHER	(3)	159,586.	0.	0	16,62	34,932.	211,14	0.
DIRECTOR OF INVESTMENTS	Ξ	0.	0.	.0		0.		0
(14) HENRY TOUTAIN	8	146,204.	0.	1,080.	14,553.	25,796.	187,633.	0
DEAN OF STUDENTS	Ξ	0	0.	0	0	0.	0.	0
	Ξ							The second secon
	▣							
	Ξ							
	릐							
592112							Schedt	Schedule J (Form 990) 2015

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Page 3

KENYON COLLEGE

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

LINE 1A: H PART COLLEGE PROVIDED THE FOLLOWING BENEFITS THE ı BENEFITS PROVIDED TO OFFICERS

TO ITS PRESIDENT, SEAN DECATUR: PAYMENT OF MEMBERSHIP DUES FOR THE MOUNT

VERNON ROTARY CLUB AND THE UNIVERSITY CLUB; RESIDENCE ON CAMPUS FOR

PERSONAL USE AS WELL AS JOB-RELATED ACTIVITIES; MAID SERVICE FOR THE

AN AUTOMOBILE FOR COLLEGE-ONLY PURPOSES; ON-CAMPUS HOME; USE OF PRESIDENT'S

THE AND A DISCRETIONARY SPENDING ACCOUNT TO FURTHER THE COLLEGE'S MISSION. COLLEGE DID NOT TREAT THE VALUE OF THE REMAINING BENEFITS AS TAXABLE INCOME

THE PRESIDENT AS EXPENSES WERE INCURRED FOR COLLEGE-RELATED PURPOSES. FOR

SUBSTANTIALLY USED FOR COLLEGE PURPOSES SINCE THE PRESIDENT'S HOME IS ALSO,

THE PRESIDENT HOSTS MANY FUNCTIONS AT THE RESIDENCE.

LINE 4B: H PART P EMPLOYER CONTRIBUTION i SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

FOR SEAN DECATUR: \$50,000. SECTION 457(F) PLAN

ADDITIONAL INFORMATION: ı Ŀ COLUMN PART II, TO A NONQUALIFIED CONTRIBUTIONS COLUMN F REPRESENT ZI THE AMOUNTS

THE DEFERRED COMPENSATION PLAN REPORTED ON PRIOR YEARS' FORMS 990. PER Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 KENYON COLLEGE
Part III Supplemental Information

Part III Supplemental 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.

INSTRUCTIONS FOR FORM 990 AND SCHEDULE J, WE ARE REQUIRED TO LIST
DEFERRED COMPENSATION PLAN CONTRIBUTIONS EACH YEAR, EVEN IF THE
PARTICIPANTS ARE NOT YET VESTED IN THOSE CONTRIBUTIONS. THESE
NON-VESTED DEFERRED COMPENSATION CONTRIBUTIONS ARE SHOWN IN COLUMN C OF
SCHEDULE J, PART II EACH YEAR. WHEN THE CONTRIBUTIONS BECOME VESTED
AND ARE PAID OUT, THE AMOUNTS ARE PART OF EACH PARTICIPANT'S FORM W-2
AND THEREFORE ARE SHOWN IN COLUMN B OF PART II OF SCHEDULE J. THIS
DOUBLE-COUNTING OF DEFERRED COMPENSATION CONTRIBUTIONS IS ALLEVIATED
THROUGH THE DISCLOSURE OF AMOUNTS IN COLUMN F OF PART II IN THE YEAR IN
WHICH THE VESTED CONTRIBUTIONS ARE PAID TO THE PARTICIPANT.
Schedule J (Form 990) 2015

Schedule K (Form 990) 2015 44,637,452. 484,435. 44,153,017. (g) Defeased (h) On behalf (i) Pooled ŝ financing × × × M Employer identification number 31-4379507 OMB No. 1545-0047 2015 Open to Public Inspection × 2013 ŝ ŝ ž × × × × Δ of issuer Yes Yes Yes × å × × 100,467,203. 10,237,220. 956,478. 89,273,505 Yes M × ŝ ů 2010 ပ O (f) Description of purpose Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Yes Yes × × Z ۲ I Z 100189867. SEE PART SEE PART 44637452.SEE PART 330,072. SEE PART 3,923,296. 43,025,031. 372,995. 4,950,659. 37,535,000 778,081 ₂⊠ £ 2006 Ω Supplemental Information on Tax-Exempt Bonds 42822636. 33, Yes Yes × × × (e) Issue price 125,332. 3,055,000 6,330,072 6,204,740 × × ŝ ٥ 2003 90/60/80 02/11/10 07/24/13 (d) Date issued 10/15/03 Yes Yes × × 34-684967467756AR38 34-6849674|67756DBF2| 34-6849674|67756BHK9| 34-6849674|67756BKB5| 382121 10-22-15 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (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, (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? COLLEGE Has the final allocation of proceeds been made? Working capital expenditures from proceeds OHIO HIGHER EDUCATIONAL OHIO HIGHER EDUCATIONAL OHIO HIGHER EDUCATIONAL OHIO HIGHER EDUCATIONAL KENYON FACILITY COMMISSION B FACILITY COMMISSION C FACILITY COMMISSION Capital expenditures from proceeds D FACILITY COMMISSION Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Part III Private Business Use Other unspent proceeds bond-financed property? Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Part II Proceeds Department of the Treasury Internal Revenue Service SCHEDULEK Form 990) Parti N ဖ O 우 16 4 5 7 N F 4

Supplemental Information on Tax-Exempt Bonds

No (i) Pooled financing Employer identification number 31-4379507 × OMB No. 1545-0047 2015 Open to Public Inspection Yes å å (g) Defeased (h) On behalf å × Ω of issuer Yes Yes Yes å M Yes S No O (f) Description of purpose Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.iss.gov/form990. Yes Yes H PART å å SEE m 40683466. Yes Yes (e) Issue price 40,683,466 40,273,786 298,045 165,100 M ႘ å 2015 05/28/15 (d) Date issued Yes Yes M M M M 34-6849674 67756DFW1 582121 10-22-15 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (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, (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? COLLEGE Has the final allocation of proceeds been made? Working capital expenditures from proceeds OHIO HIGHER EDUCATIONAL KENYON A FACILITY COMMISSION Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III Private Business Use Other unspent proceeds bond-financed property? Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Proceeds Department of the Treasury Internal Revenue Service SCHEDULEK Form 990) Part Part II o N 2 ဖ œ 9 5 15 16 O 42 14 Ω Δ

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Schedule K (Form 990) 2015

Schedule K (Form 990) 2015 KENYON COLLEGE Part III Private Business Use (Continued)			31-	-4379507				Page 2
	A			В		C	D	
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?		×	×			×	×	
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								
4 Enter the percentage of imanced property used in a private business use by		%		76		76		8
Entures other trial a section 30 (C)(3) organization or a state or local government.		0./		0/		R		70
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		8
Does the bond issue meet the private security or payment test?		×		X		×		×
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×		×		×		×
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141·12 and 1.145·2?	×		×		×		×	
Part IV Arbitrage								
	▼			m		O-		
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	2;	Yes	٩.	Yes	ο N	Yes	oN I
		×		×		×		×
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×		×		×	×	
b Exception to rebate?	×		×		×			×
c No rebate due?		×		×		×		×
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		×		×		×		×
۱ _								
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?								
522122 10-22-15						Sch	Schedule K (Form 990) 2015	m 990) 2015

Schedule K (Form 990) 2015 KENYON COLLEGE			31-	-4379507				Page 2
Part III Private Business Use (Continued)								
2. Are there any management or service contracts that may result in private	Yes	ž	λ Α	2	Yes	S S	Yes	Š
	×							
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?		×						
			<u> </u>					
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by						;		,
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
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		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
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		%		%		%		%
 o If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1,141-12 and 1,145-2? 								
1 15								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-27	×							
		A		В		U		Δ
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	×							
b Exception to rebate?		×						
c No rebate due?		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed						-		
3 Is the bond issue a variable rate issue?		×						
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×		- adir				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
52122 10-22-15						S	hedule K (Fo	Schedule K (Form 990) 2015

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Page 3 × ٩ ٩ ۵ Yes Yes × × ٥ ٥ × × C Yes Yes × × 31-4379507 윈ద ů × STATE OF OHIO HIGHER EDUCATIONAL FACILITY REVENUE BONDS (KENYON COLLEGE QF THE FOLLOWING BOND ISSUE: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION, m 2002 SHOWN THE ISSUE WAS ISSUED TO PROVIDE FUNDS TO PAY PROJECT COSTS FOR EDUCATIONAL FACILITIES, INCLUDING COSTS TO CURRENT REFUND A PORTION Yes Yes × × EDUCATIONAL FACILITIES, AND 2) TO ADVANCE REFUND \$5,000,000 OF THE Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions). FOLLOWING BOND ISSUE: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION THE ISSUE WAS ISSUED TO 1) PROVIDE FUNDS TO PAY PROJECT COSTS FOR STATE OF OHIO HIGHER EDUCATIONAL FACILITY ADJUSTABLE MEDIUM TERM REVENUE BONDS (KENYON COLLEGE 2002 PROJECT), ISSUED DECEMBER 10, TOTAL PROCEEDS 윈 ŝ × ADDITIONAL INFORMATION ABOUT PROCEEDS - PART II, LINE 3: Yes Yes × × DESCRIPTION OF PURPOSE - PART I, ROW C, COLUMN F: COLUMN F: COLUMN F: FOR BONDS IN PART I, ROWS B AND C, THE AMOUNT OF d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 3 INCLUDES INVESTMENT EARNINGS Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation is not available under applicable 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? Were any gross proceeds invested beyond an available temporary period? - PART I, ROW A, ROW B, 1993. KENYON COLLEGE - PART I, PROJECT), ISSUED NOVEMBER 15, Procedures To Undertake Corrective Action DESCRIPTION OF PURPOSE DESCRIPTION OF PURPOSE Part IV Arbitrage (Continued) ON PART II, LINE Schedule K (Form 990) 2015 b Name of provider section 148? regulations? Term of GIC Part V

ဖ

THE FOLLOWING BOND ISSUES: A)

COLLEGE 2002 PROJECT),

Schedule K (Form 990) 2015

2002, AND 2) CURRENT REFUND

OHIO HIGHER EDUCATIONAL FACILITY

THE ISSUE WAS ISSUED TO 1) ADVANCE REFUND THE FOLLOWING BOND ISSUE

OHIO HIGHER EDUCATIONAL FACILITY COMMISSION, STATE OF OHIO HIGHER EDUCATIONAL FACILITY ADJUSTABLE MEDIUM TERM REVENUE BONDS (KENYON

ISSUED DECEMBER 10,

2

ŝ å Yes Yes ŝ ŝ Yes Yes 31-4379507 No ž STATE OF OHIO HIGHER EDUCATIONAL FACILITY REVENUE BONDS (KENYON COLLEGE , 2002, AND 2) CURRENT REFUND EDUCATIONAL FACILITIES, INCLUDING COSTS TO CURRENT REFUND A PORTION OF 2002. THE FOLLOWING BOND ISSUE: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION, m SHOWN Yes Yes THE ISSUE WAS ISSUED TO 1) ADVANCE REFUND THE FOLLOWING BOND ISSUE: EDUCATIONAL FACILITIES, AND 2) TO ADVANCE REFUND \$5,000,000 OF THE Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) FOLLOWING BOND ISSUE: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION OHIO HIGHER EDUCATIONAL FACILITY COMMISSION, STATE OF OHIO HIGHER COSTS FOR EDUCATIONAL FACILITY ADJUSTABLE MEDIUM TERM REVENUE BONDS (KENYON STATE OF OHIO HIGHER EDUCATIONAL FACILITY ADJUSTABLE MEDIUM TERM REVENUE BONDS (KENYON COLLEGE 2002 PROJECT), ISSUED DECEMBER 10, PROCEEDS THE ISSUE WAS ISSUED TO PROVIDE FUNDS TO PAY PROJECT COSTS FOR THE FOLLOWING BOND ISSUES: A) OHIO HIGHER EDUCATIONAL FACILITY ŝ 윈× × THE ISSUE WAS ISSUED TO 1) PROVIDE FUNDS TO PAY PROJECT TOTAL ADDITIONAL INFORMATION ABOUT PROCEEDS - PART II, LINE Yes Yes M × - PART I, ROW A, COLUMN F: DESCRIPTION OF PURPOSE - PART I, ROW B, COLUMN F: DESCRIPTION OF PURPOSE - PART I, ROW C, COLUMN F: THE AMOUNT OF d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? ON PART II, LINE 3 INCLUDES INVESTMENT EARNINGS. Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation is not available under applicable ISSUED DECEMBER 10, 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 6 Were any gross proceeds invested beyond an available temporary period? 1993. FOR BONDS IN PART I, ROWS B AND C, KENYON COLLEGE PROJECT), ISSUED NOVEMBER 15, Part V Procedures To Undertake Corrective Action DESCRIPTION OF PURPOSE COLLEGE 2002 PROJECT), Arbitrage (Continued) Schedule K (Form 990) 2015 Name of provider Term of GIC Part IV

Schedule K (Form 990) 2015 KENYON COLLEGE	Page 4
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued) COMMISSION, STATE OF OHIO HIGHER EDUCATIONAL FACILITY ADJUSTABLE DEMAND REVENUE BONDS (KENYON COLLEGE 1992 PROJECT), ISSUED DECEMBER 10, 1992;	
ON, STATE OF OHIO HIGENUE BONDS (KENYON CC	
STATE OF OHI	
I≽I	
+ E	
HIGHER EDUCATIONAL FACILITY COMMISSION, STATE OF OHIO HIGHER EDUCATIONAL FACILITY ADJUSTABLE MEDIUM TERM REVENUE BONDS (KENYON	
COLLEGE 2002 PROJECT), ISSUED ON DECEMBER 10, 2002.	
DESCRIPTION OF PURPOSE - PART I, ROW A, COLUMN F FOR 2015 BOND:	
NCE REFUND T	
HIGHER EDUCATIONAL FACILITY COMMISSION, STATE OF OHIO HIGHER EDUCATIONAL FACILITY REVENUE BONDS (KENYON COLLEGE 2006 PROJECT).	And the control of th
	1
532124 10-22-15	Schedule K (Form 990) 2015

SCHEDULE L

Transactions With Interested Persons

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open To Public Inspection

Name of th	e organization											ployer			on nu	mber
B		ENYON										-43	<u> 795</u>	07_		
Part I	Excess Bene			120	2.5.5.5								L			
	Complete if the o			<u>vered "Yes" on 1</u> Relationship betv				ne 25a or 25b	o, or F	orm 990-EZ, P	art V, I	ne 40	D.	(4)	Corre	cted?
1 (a) Nar	me of disqualified p	erson	(D) H	person and or			illed	(0	c) Des	cription of trar	rsactio	n			es	No No
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														+	\dashv	
2 Entor:	the amount of tax ir	ocurred by t	he or	ragnization man	anere	or dien	ualified	l nersons dur	ing th	e vear under						
				yanızatıon man								▶ \$				
	the amount of tax, i											\$				
	380			~ -												
Part II	Loans to and															
	Complete if the o	· -					Part V	, line 38a or F	Form 9	990, Part IV, Iir	ie 26; d	or if the	e orga	nizatio	n	
	reported an amou Name of			Part X, line 5, 6	1	an to or	10) Original	(6)	Balance due	[[]) In	(h) Ap	proved ard or	(i) W	ritten
	ested person	(b) Relations with organization		of loan	fron	n the zation?		ipal amount	"	Dalai ice due		ault?	by bo	ard or	agree	ment?
						From					Yes	No	Yes	No	Yes	No
													-			_
					-						-					-
																<u> </u>
Total								> \$								
Part III	Grants or Ass			_												
	Complete if the o		1							(-1) To		-) Purp		
(a) N	lame of interested p	erson	((b) Relationship interested pers				assistance		(d) Type assistar) Purp assista		
				the organiza		_			- 1							
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			_									$-\!\!\!+$				
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LHA For F	Panerwork Reduct	ion Act Not	lice.	see the Instruc	tions 1	for For	m 990	or 990-EZ.		Sch	edule	L (For	rm 990	or 99	90-EZ	2015

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047
2015

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Open To Public Inspection

Employer identification number

31-4379507 KENYON COLLEGE Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining amounts reported on contributions or noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g 1. OTHER-NOMINAL VALUE X Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 7,515.FMV&OTHER-NOM.VALUE X Books and publications 2,809.FMV&OTHER-NOM.VALUE X Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 1,813,785.FMV X 158 Securities - Publicly traded 9 Securities - Closely held stock _____ 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other ... 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other 1.\$1 FOR TRACKING 1 X Collectibles _____ 18 2,986.FMV X 19 Food inventory Drugs and medical supplies _____ 20 21 Taxidermy 3. \$1 FOR TRACKING X 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 571. FMV 1 (EVENT HOSTING) X 25 Other (ADVERTISING F) X 2 100. FMV&OTHER-NOM. VALUE Other 26 X 4 4. OTHER-NOMINAL VALUE (SUPPLIES Other > 27 X 8 1. OTHER-NOMINAL VALUE (PLANTS 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015) LHA

532141 08-21-15

Schedule M (Form 990) (2015)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2015
Open to Public Inspection

Name of the organization

KENYON COLLEGE

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

Employer identification number 31-4379507

KENYON COLLEGE IS A PRIVATE LIBERAL ARTS EDUCATIONAL INSTITUTION WITH APPROXIMATELY 1,700 STUDENTS AND 200 PROFESSORS. THE COLLEGE HAS 18 DEPARTMENTS AND 13 INTERDISCIPLINARY PROGRAMS. PART III, LINE 1 - ORGANIZATION'S MISSION: OVER THE 190 YEARS OF ITS LIFE, KENYON COLLEGE HAS DEVELOPED A DISTINCTIVE IDENTITY AND HAS SOUGHT A SPECIAL PURPOSE AMONG INSTITUTIONS OF HIGHER LEARNING. KENYON IS AN ACADEMIC INSTITUTION. THE VIRTUE OF THE ACADEMIC MODE IS THAT IT DEALS NOT WITH PRIVATE AND PARTICULAR TRUTHS, BUT WITH THE GENERAL AND THE UNIVERSAL. IT ENABLES ONE TO ESCAPE THE LIMITS OF PRIVATE EXPERIENCE AND THE TYRANNY OF THE PRESENT MOMENT. BUT TO ASSERT THE PRIMACY OF THE ACADEMIC IS NOT TO DENY THE VALUE OF EXPERIENCE OR OF OTHER WAYS OF KNOWING. KENYON'S ACADEMIC PURPOSE WILL PERMEATE ALL THAT THE COLLEGE DOES, BUT THE DEFINITION OF THE ACADEMIC WILL BE OPEN TO RECURRENT QUESTIONING. KENYON'S LARGER PURPOSES AS A LIBERAL ARTS INSTITUTION DERIVE FROM THOSE EXPRESSED CENTURIES AGO IN PLATO'S ACADEMY, ALTHOUGH OUR DISCIPLINES AND MODES OF INQUIRY DIFFER FROM THOSE OF THAT FIRST "LIBERAL ARTS COLLEGE." WE HAVE ALTERED OUR CURRICULUM DELIBERATELY IN ANSWER TO CHANGES IN THE WORLD, AS AN ORGANISM RESPONDS TO ITS ENVIRONMENT WITHOUT LOSING ITS IDENTITY. KENYON'S FOUNDER GAVE A SPECIAL AMERICAN CHARACTER TO HIS ACADEMY BY JOINING ITS LIFE TO THE WILDERNESS FRONTIER. HIS KENYON WAS TO AFFORD ITS STUDENTS A HIGHER SENSE OF THEIR OWN HUMANITY AND TO INSPIRE THEM TO WORK WITH OTHERS TO MAKE A SOCIETY THAT WOULD NOURISH A BETTER HUMANKIND. TO THAT END, AND Schedule O (Form 990 or 990-EZ) (2015) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Employer identification number 31-4379507

KENYON COLLEGE

AS AN IMPORTANT EDUCATIONAL VALUE IN ITSELF, KENYON MAINTAINS A DEEP COMMITMENT TO DIVERSITY. KENYON TODAY STRIVES TO PERSUADE ITS STUDENTS TO THOSE SAME PURPOSES. AS A PRIVATE AND INDEPENDENT COLLEGE, KENYON HAS BEEN FREE TO PROVIDE ITS OWN MODE OF EDUCATION AND SPECIAL QUALITY OF LIFE FOR ITS MEMBERS. ITS HISTORIC RELATIONSHIP WITH THE EPISCOPAL CHURCH HAS MARKED ITS COMMITMENT TO THE VALUES CELEBRATED IN THE JUDAEO-CHRISTIAN TRADITION, BUT WITHOUT DOGMATISM, WITHOUT PROSELYTIZING. BECAUSE ITS FACULTY AND STUDENTS ARE SUPPORTED BY NEITHER CHURCH NOR STATE, THE COLLEGE MUST CHARGE FEES AND SEEK SUPPORT FROM DONORS. WHILE THIS PRESERVES KENYON'S INDEPENDENCE, IT SETS UNFORTUNATE LIMITS. THE COLLEGE'S AMBITIONS MUST BE TEMPERED BY A SENSE OF WHAT IS ECONOMICALLY FEASIBLE. AS AN UNDERGRADUATE INSTITUTION, KENYON FOCUSES UPON THOSE STUDIES THAT ARE ESSENTIAL TO THE INTELLECTUAL AND MORAL DEVELOPMENT OF ITS STUDENTS. THE CURRICULUM IS NOT DEFINED BY THE INTERESTS OF GRADUATE OR PROFESSIONAL SCHOOLS, BUT BY THE FACULTY'S UNDERSTANDING OF WHAT CONTRIBUTES TO LIBERAL EDUCATION. THE FACULTY'S FIRST INVESTMENT IS IN KENYON'S STUDENTS. THE COLLEGE CONTINUES TO THINK OF ITS STUDENTS AS PARTNERS IN INQUIRY, AND SEEKS THOSE WHO ARE EARNESTLY COMMITTED TO LEARNING. IN THE FUTURE, KENYON WILL CONTINUE TO TEST ITS ACADEMIC PROGRAM AND MODES OF TEACHING AND LEARNING AGAINST THE NEEDS OF ITS STUDENTS, SEEKING TO BRING EACH PERSON TO FULL REALIZATION OF INDIVIDUAL EDUCATIONAL POTENTIAL. TO BE A RESIDENTIAL COLLEGE MEANS MORE THAN THAT THE COLLEGE PROVIDES DORMITORY AND DINING SPACE FOR ITS STUDENTS. IT ARGUES A RELATIONSHIP BETWEEN STUDENTS AND PROFESSORS THAT GOES BEYOND THE CLASSROOM. IT EMPHASIZES THAT STUDENTS LEARN AND DEVELOP, INTELLECTUALLY AND SOCIALLY, FROM THEIR FELLOWS AND FROM THEIR OWN RESPONSES TO CORPORATE LIVING. KENYON REMAINS A SMALL COLLEGE AND EXEMPLIFIES DELIBERATE LIMITATION. WHAT IS

Schedule O (Form 990 or 990-EZ) (2015)

532212 09-02-15

Employer identification number 31-4379507

INCLUDED HERE IS SPECIAL, WHAT IS EXCLUDED IS NOT NECESSARY TO OUR PURPOSES. FOCUS IS BLURRED WHEN THERE IS DISPERSION OVER LARGE NUMBERS OR OVER A LARGE BODY OF INTERESTS. KENYON REMAINS COMPREHENSIBLE. ITS DIMENSIONS ARE HUMANE AND NOT OVERPOWERING. PROFESSORS, KNOWING STUDENTS OVER YEARS, MEASURE THEIR OWN GROWTH. STUDENTS, KNOWING PROFESSORS INTIMATELY, DISCOVER THE HARMONY OR CONFLICT BETWEEN WHAT A TEACHER PROFESSES AND HIS OR HER BEHAVIOR. TO ENABLE ITS GRADUATES TO DEAL EFFECTIVELY WITH PROBLEMS AS YET UNCALCULATED, KENYON SEEKS TO DEVELOP CAPACITIES, SKILLS, AND TALENTS WHICH TIME HAS SHOWN TO BE MOST VALUABLE: TO BE ABLE TO SPEAK AND WRITE CLEARLY SO AS TO ADVANCE THOUGHTS AND ARGUMENTS COGENTLY; TO BE ABLE TO DISCRIMINATE BETWEEN THE ESSENTIAL AND THE TRIVIAL; TO ARRIVE AT WELL-INFORMED VALUE JUDGMENTS; TO BE ABLE TO WORK INDEPENDENTLY AND WITH OTHERS; TO BE ABLE TO COMPREHEND OUR CULTURE AS WELL AS OTHER CULTURES. KENYON HAS PRIZED THOSE PROCESSES OF EDUCATION WHICH SHAPE STUDENTS BY ENGAGING THEM SIMULTANEOUSLY WITH THE CLAIMS OF DIFFERENT PHILOSOPHIES, OF CONTRASTING MODES, OF MANY LIBERAL ARTS. THE SUCCESS OF KENYON ALUMNI ATTESTS TO THE FACT THAT OURS IS THE BEST KIND OF CAREER PREPARATION, FOR IT DEVELOPS QUALITIES THAT ARE PRIZED IN ANY PROFESSION. FAR BEYOND IMMEDIATE CONCERNS, HOWEVER, A LIBERAL EDUCATION FORMS THE FOUNDATION OF A FULFILLING AND VALUABLE LIFE. TO THAT PURPOSE KENYON COLLEGE IS DEVOTED.

FORM 990, PART VI, SECTION A, LINE 2:

L'QUENTUS THOMAS, TRUSTEE, AND DAVID MEUSE, TRUSTEE, HAVE A BUSINESS RELATIONSHIP.

Employer identification number 31-4379507

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

FORM 990 REVIEW - THE BOARD HAS DELEGATED THE REVIEW AND APPROVAL OF FORM

990 TO THE AUDIT SUBCOMMITTEE OF THE BUDGET, FINANCE, AND AUDIT COMMITTEE.

THE REVIEW IS CONDUCTED WITH THE ASSISTANCE OF THE OUTSIDE PUBLIC

ACCOUNTING FIRM.

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

FORM 990 PROVIDED TO GOVERNING BODY - THE COLLEGE HAS DISTRIBUTED FORM 990

TO THE FULL BOARD OF TRUSTEES WITH THE EXCEPTION OF DONOR INFORMATION ON

SCHEDULE B. BECAUSE OF SCHEDULE B'S PRIVATE AND CONFIDENTIAL NATURE, THE

BOARD HAS DELEGATED THE AUTHORITY AND RESPONSIBILITY FOR REVIEWING THAT

SCHEDULE TO THE CHAIR OF THE BOARD AND THE CHAIR OF THE AUDIT SUBCOMMITTEE

ON BEHALF OF THE FULL BOARD. AS SUCH, WE ARE REQUIRED TO ANSWER "NO" TO THE

QUESTION ON LINE 11A EVEN THOUGH A COPY OF FORM 990 (WITH REDACTED DONOR

INFORMATION ON SCHEDULE B) WAS PROVIDED TO THE TRUSTEES.

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

MONITORING AND ENFORCEMENT OF CONFLICT POLICY - THE COLLEGE'S CONFLICT

POLICY IS DISTRIBUTED AT THE FALL MEETING OF THE BOARD OF TRUSTEES.

ANNUALLY, OFFICERS AND TRUSTEES ARE ASKED TO DISCLOSE CONFLICTS, AND THESE

DISCLOSURES ARE MONITORED. IF A CONFLICT ARISES, THE PERSON IS NOT

PERMITTED TO VOTE OR PARTICIPATE IN THE DISCUSSION OF THE PROPOSED

TRANSACTION. PEOPLE WHO ARE INDEPENDENT OF THE INDIVIDUAL MAKE THE DECISION

ON THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

REVIEW AND APPROVAL OF COMPENSATION - COMPARABILITY SALARY STUDIES FROM

PEER INSTITUTIONS ARE PERFORMED FOR THE COLLEGE'S PRESIDENT AND FOR MEMBERS

532212 09-02-15 Schedule O (Form 990 or 990-EZ) (2015)

SCHEDULER (Form 990) Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Open to Public Inspection 2015

OMB No. 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

Employer identification number 31-4379507

entity

Direct controlling End-of-year assets **(e)** Total income Ð Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity KENYON COLLEGE Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part

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. Part II

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13) controlled	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	2
				501(c)(3))		Yes	No
THE KENYON REVIEW - 31-1443804							
209 CHASE AVE EATON CENTER							
GAMBIER, OH 43022	PUBLICATIONS	ОПО	501(C)(3)	LINE 7	KENYON COLLEGE	×	
PHILANDER CHASE CONSERVANCY - 31-1711213							
209 CHASE AVE EATON CENTER							
GAMBIER, OH 43022	LAND PRESERVATION	онто	501(C)(3)	LINE 11A, I	KENYON COLLEGE	×	
THE FIVE COLLEGES OF OHIO - 31-1440434							
209 CHASE AVE EATON CENTER							
GAMBIER, OH 43022	EDUC. CONSORTIUM	онто	501(C)(3)	LINE 11A, I	N/A		M
GREAT LAKES COLLEGES ASSOCIATION, INC							
38-1678376, 209 CHASE AVE EATON CENTER,							
GAMBIER, OH 43022	EDUC. CONSORTIUM	MICHIGAN	501(C)(3)	LINE 11A, I	N/A		×
For Paperwork Reduction Act Notice, see the Instructions for Form	s for Form 990.				Schedule R (Form 990) 2015	Form 990) 2015

Schedule R (Form 990) KENYON COLLEGE

Part II Continuation of Identification of Related Tax-Exempt Organizations KENYON COLLEGE

31-4379507

Part II Continuation of identification of Related Tax-Exempt Organizations	cempt 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 charity	(f) Direct controlling	(g) Section 512(b)(13) controlled organization?
				501(c)(3))		Yes No
GRAHAM GUND GALLERY - 46-3140140						
3 AV						
	ART GALLERY	онто	501(C)(3)	LINE 11A, I	KENYON COLLEGE	×
KOKOSING NATURE PRESERVE - 47-2482300						
209 CHASE AVE EATON CENTER						
	CEMETERY	онто	501(C)(13)	N/A	KENYON COLLEGE	×
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532222 04-01-15

31-4379507

Page 2

KENYON COLLEGE

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. Schedule R (Form 990) 2015

Part III

General or Percentage managing ownership S Yes 8 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ ž Disproportionate allocations? Ξ Yes (g)
Share of end-of-year assets Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>ම</u> (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization <u>a</u>

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

(a)	(q)	(0)	(p)	(a)	(±)	(a)	(f)	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	of /ear	Percentage ownership	Section 512(b)(13) controlled entity?	73 Jed 79
		country)		or trust)		assets		Yes	ટ
KENYON INN MANAGEMENT CO 31-1646746									
209 CHASE AVE EATON CENTER								-	
GAMBIER, OH 43022	HOTEL MGMT.SVC.	НО	KENYON COLLEGE	C CORP	90,869.	402,494.	1008	×	
CHARITABLE REMAINDER TRUSTS (8)									
EATON CENTER									
GAMBIER, OH 43022	CHARITABLE TRUST	НО	KENYON COLLEGE	TRUST					×
CHARITABLE REMAINDER TRUSTS (1)									
EATON CENTER									
GAMBIER, OH 43022	CHARITABLE TRUST	FL	KENYON COLLEGE	TRUST					×
POOLED INCOME FUND (1)									
EATON CENTER									
GAMBIER, OH 43022	POOLED INC. FUND	НО	KENYON COLLEGE	TRUST					M
532162 09-08-15		C				Sche	Schedule R (Form 990) 2015	990) 2	2015

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Yes

Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

tionships and transaction thresholds.	(d) Method of determining amount involved	ΔÄ	ΔW	ΔW			
is line, including covered rela	(c) Amount involved	163,703. FMV	122,141. FMV	627,280. FMV			
o must complete th	(b) Transaction type (a-s)	R	R	ጸ			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	(a) Name of related organization	(1) PHILANDER CHASE CONSERVANCY	(2) THE KENYON REVIEW	(3) GRAHAM GUND GALLERY	(4)	(5)	

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Schedule R (Form 990) 2015

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)

(k) rcentage vnership				
General or Pe managing partner?				
Code V-UBI General or Percentage amount in box 20 mansains ownership of Schedule K-1 periner? (Form 1065)				
(h) Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(e)(3) orgs.? Yes No				
(d) Predominant income prediction (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

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Part VII	(Form 990) 2015 Supplemental Infor	mation			
	Dravida additional inform	-lion for room -	and to supplience on Cabadula D (and instructions)		
	Provide additional inform	ation for respon	nses to questions on Schedule R (see instructions).		
b					
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