** PUBLIC DISCLOSURE COPY **

Form **990**

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

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

Open to Public Inspection

OMB No. 1545-0047

<u>A</u> F	or th	e 2017 calendar year, or tax year beginning $$ JUL $1,$ 2017 $$ and $$	ending J	UN 30, 2018					
B (Check if applicab	C Name of organization		D Employer identifi	cation number				
	Addre	e KENYON COLLEGE							
	Name chang	pe Doing business as		31-4	379507				
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 740-427-5181					
•	termir ated			G Gross receipts \$ 268,742,486.					
	Amen	ded CAMPTED OIL 42022		H(a) Is this a group r					
	Applied tion	F Name and address of principal officer: SEAN M. DECATUR		for subordinates? Yes X N					
	pendi	EATON CENTER, GAMBIER, OH 43022		H(b) Are all subordinates in	ncluded? Yes No				
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) ol	r 527	If "No," attach a	list. (see instructions)				
		te: ► WWW . KENYON . EDU		H(c) Group exemption	n number 🕨				
	orm o	f organization: X Corporation	L Year	of formation: 1824	M State of legal domicile; OH				
1 6	1	Briefly describe the organization's mission or most significant activities: SEE S	CHEDII	T.E. O.					
Se		bliefly describe the organization's mission of most significant activities.	СППО						
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as:	sets.				
Ver	3			3	42				
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)			41				
9		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			1997				
JĘ.		Total number of volunteers (estimate if necessary)			707				
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	477,127.				
_		Net unrelated business taxable income from Form 990-T, line 34			0.				
				Prior Year	Current Year				
Φ	8	Contributions and grants (Part VIII, line 1h)		40,140,292.	90,667,709.				
eun	9	Program service revenue (Part VIII, line 2g)		12,966,290.	114,402,407.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25,219,899.	17,530,015.				
ш.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,882,761.	2,194,245.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		81,209,242.	224,794,376.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		34,909,033.	36,853,707.				
		Benefits paid to or for members (Part IX, column (A), line 4)	S-11000-000-000-000	0.	0.				
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		56,673,751.	61,407,959.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25) 4,411,82		10 106 170	49,900,769.				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>49,406,479.</u> 40,989,263.	148,162,435.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		40,389,263.	76,631,941.				
_ s		Revenue less expenses. Subtract line 18 from line 12							
ets or	20	Total assets (Part X, line 16)		ginning of Current Year 24,915,319.	End of Year 892,859,197.				
Assets d Baland	21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)		$\frac{24,513,515}{26,112,058}$.	296,860,246.				
Net/		Net assets or fund balances. Subtract line 21 from line 20		98,803,261.	595,998,951.				
	rt II	Signature Block			020/220/2021				
Unde	er pena	 Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of which		10	,				
		Sian M		5/13/19	N.				
Sign	1	Signature of officer		Date					
Here	е	SEAN M. DECATUR, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	D	ate Check C	PTIN				
Paid		CHRISTOPHER B. ANDERSON Charles		S/10/18 self-employ					
Prep		Firm's name MALONEY + NOVOTNY LLC		Firm's EIN	34-0677006				
Use	Only	Firm's address 1111 SUPERIOR AVE, SUITE 700							
		CLEVELAND, OH 44114-2540	8	Phone no. (2	16) 363-0100				
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Form **990** (2017)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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.			Market State
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	- 114		
	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	- 1.0		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	- 110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	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	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	· · · · · · · · · · · · · · · · · · ·	12a		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
IJ	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13		13	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		
IJ	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV	1-75		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	,		
10	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,	-"		
17		17		х
10	column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			-22
18		18		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	'°		
19	- · · · · · · · · · · · · · · · · · · ·	40		х
	complete Schedule G. Part III	19		

Form 990 (2017)

37

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

c Enter the amount of reserves on hand

Form 990 (2017)

31-4379507 Page 6

KENYON COLLEGE 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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	DOM:
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AK, CO, DC, MD, MA, MI, NV, NH, OH,	OR,	SC,	WA
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) av	ailable		
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inanci	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	SHIRLEY O'BRIEN - 740-427-5181			
	EATON CENTER, GAMBIER, OH 43022			

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 o						npen	sate		(F)		
(A)	(B)			(C				(D)	(E)	(F)	
Name and Title	Average		not c		nore	than o		Reportable	Reportable	Estimated	
	hours per					s both r/trus		compensation	compensation	amount of	
	week (list any	-				Π	r –	from the	from related organizations	other compensation	
	hours for	director				-		organization	(W-2/1099-MISC)	from the	
	related	I =	stee			nsate		(W-2/1099-MISC)	(organization	
	organizations	trustee	nstitutional trustee		Key employee	Highest compensated employee		`		and related	
	below	Individual	tution	Je:	вшр	lest c	Former			organizations	
	line)	Indi	Inst	Officer	Key	High	Forr		***************************************		
(1) BRACKETT B. DENNISTON	1.00										
CHAIR	0.00	Х						0.	0.	0.	
(2) JOSEPH E. LIPSCOMB	1.00										
VICE CHAIR	0.00	X						0.	0.	0.	
(3) JUDITH (HOFF) GILBERT	1.00										
SECRETARY	0.00	X						0.	0.	0.	
(4) THE RIGHT REVEREND THOMAS E. BR	1.00										
TRUSTEE	0.00	X						0.	0.	0.	
(5) MARSHALL W. CHAPIN	1.00										
TRUSTEE	0.00	Х						0.	0.	0.	
(6) SAMIE KIM FALVEY	1.00										
TRUSTEE	0.00	X						0.	0.	0.	
(7) ROSE BRINTLINGER FEALY	1.00										
TRUSTEE	0.00	X						0.	0.	0.	
(8) JAMES P. FINN	1.00										
TRUSTEE	0.00	X						0.	0.	0.	
(9) RUTH E. FISHER	1.00										
TRUSTEE	0.00	X						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	Х						0.	0.	0.	
(12) HOPE C. HARROD	1.00										
TRUSTEE	0.00	X						0.	0.	0.	
(13) AILEEN C. HEFFERREN	1.00									1-1-1	
TRUSTEE	0.00	X						0.	0.	0.	
(14) PAMELA FEITLER HOEHN-SARIC	1.00										
TRUSTEE	0.00	X						0.	0.	0.	
(15) THE RIGHT REVEREND MARK HOLLING	1.00										
TRUSTEE	0.00	Х]				0.	0.	0.	
(16) DAVID W. HORVITZ	1.00										
TRUSTEE	0.00	Х						0.	0.	0.	
(17) LARRY H. JAMES	1.00										
	0.00	x						0.	0.		

732007 11-28-17

Form 990 (2017)

FORM 990 (2017) RESINTON C	Опправа								31-43/3	JU/ Fage U	
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	(do			ition	than d	ana	Reportable	Reportable	Estimated	
	hours per	box	unle:	ss pe	rson i	s both	n an	compensation	compensation	amount of	
	week		cer an	da d	irecto	r/trus	tee)	from	from related	other	
	(list any	ector						the	organizations	compensation	
	hours for	or director	9			ted ted		organization	(W-2/1099-MISC)	from the	
	related organizations	te l	truste		۱.,	bens		(W-2/1099-MISC)		organization	
	below	lal tru	Institutional trustee		Key employee	Highest compensated employee				and related	
	line)	Individual t	stituti	Officer	y em	ghest	Former			organizations	
(18) DANIEL KRAMER	1.00	트	ᄪ	5	훏	宝島	꾼				
TRUSTEE	<u> </u>	х						0.	0.	0.	
(19) TODD P. LEAVITT	1.00	^			\vdash		┢	0.	0.	<u></u>	
TRUSTEE	0.00	x						0.	0.	0.	
(20) VICTORIA SMITH MCKENZIE	1.00										
TRUSTEE	0.00	х						0.	0.	0.	
(21) DAVID R. MEUSE	1.00										
TRUSTEE	0.00	X						0.	0.	0.	
(22) JEFFREY C. MORITZ	1.00										
TRUSTEE	0.00	X						0.	0.	0.	
(23) JAMES F. PARKER	1.00										
TRUSTEE	0.00	X						0.	0.	0.	
(24) DONNA BERTOLET POSEIDON	1.00										
TRUSTEE	0.00	Х						0.	0.	0.	
(25) MARK C. ROSENTHAL	1.00										
TRUSTEE	0.00	Х						0.	0.	0.	
(26) ALAN E. ROTHENBERG	1.00										
TRUSTEE	0.00	Х						0.	0.	0.	
1b Sub-total								0.	0.	0.	
c Total from continuation sheets to Part V	I, Section A						>	3,011,046.	0.	768,382.	
d Total (add lines 1b and 1c)							<u> </u>	3,011,046.	0.	768,382.	
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable		
compensation from the organization										68	

Yes No Х

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

Section B. Independent Contractors

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
PEPPER CONSTRUCTION CO.OF OHIO, 495 METRO		
PLACE SOUTH #350, DUBLIN, OH 43017	CONSTRUCTION	6,431,276.
AVI FOODSYSTEMS, INC.		
2590 ELM ROAD NE, WARREN, OH 44483	FOOD SERVICE	5,950,949.
GUND PARTNERSHIP	ARCHITECTURE&PLANNIN	
47 THORNDIKE STREET, CAMBRIDGE, MA 02141	G	3,492,039.
ELFORD, INC.		
1220 DUBLIN ROAD, COLUMBUS, OH 43215	CONSTRUCTION	2,611,496.
CORNERSTONE PARTNERS LLC, 675 PETER	INVESTMENT ADVISORY	
JEFFERSON PWAY #160, CHARLOTTESVILLE, VA	svcs	1,202,591.
2 Total number of independent contractors (including but not limited to those listed	above) who received more than	
\$100,000 of compensation from the organization > 26		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)

11230510 138919 94425S

Form 990 KENYON (- CHAPOH								31-437	9301
Part VII Section A. Officers, Directors, T	rustees, Key Er	nple	yee	s, aı	nd F	ligh	est	Compensated Employ	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(с	heck	all	that	at apply)		compensation	compensation	amount of
	per							from	from related	other
	week (list any	l b				ployee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	director				qem		(W-2/1099-MISC)	(**-2/1099-101130)	organization
	related	1 5	stee			nsate		(** 27 1000 111100)		and related
	organizations	trustee	nal tru		оуве	ошре				organizations
	below	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ē	l Si	#5	Ş.	불	Ē			
(27) R. TODD RUPPERT	1.00	1								
TRUSTEE	0.00	X						0.	0.	0.
(28) DEBORAH RATNER SALZBERG	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(29) WILLIAM T. SPITZ	1.00	1								
TRUSTEE	0.00	X						0.	0.	0.
(30) YIJI SHEN STARR	1.00	ļ								
TRUSTEE	0.00	X					<u> </u>	0.	0.	0.
(31) L'QUENTUS THOMAS	1.00							_	· _	_
TRUSTEE	0.00	X						0.	0.	0.
(32) BARRETT TOAN	1.00	l								_
TRUSTEE	0.00	X	_		<u> </u>		<u> </u>	0.	0.	0.
(33) CHRISTOPHER P. TOFT	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(34) SUSAN TOMASKY	1.00	l							_	
TRUSTEE	0.00	Х					_	0.	0.	0.
(35) D. MATTHEW VOORHEES	1.00								•	
TRUSTEE	0.00	X				_	_	0.	0.	0.
(36) JENNIFER RUDOLPH WALSH	1.00	٠,						ا م	0	_
TRUSTEE	0.00	Х			\vdash		_	0.	0.	0.
(37) DOUGLAS WANG	1.00	x							0.	0.
TRUSTEE (38) WENDY WEBSTER	1.00	_					 	0.	0.	<u> </u>
TRUSTEE	0.00	x						0.	0.	0.
(39) ZALI WIN	1.00	^					┝	0.	U .	0.
TRUSTEE	0.00	х						0.	0.	0.
(40) MATTHEW A. WINKLER	1.00	_						0.	U •	U.
TRUSTEE	0.00	v						0.	0.	0.
(41) ALEXANDER W. WRIGHT	1.00	Λ	<u> </u>		<u> </u>	-	 	0.	U •	0.
TRUSTEE	0.00	v						0.	0.	0.
(42) SEAN M. DECATUR	40.00							0.	<u> </u>	
PRESIDENT & TRUSTEE	1.00	х		Х				479,251.	0.	121,966.
(43) JOSEPH KLESNER	40.00	ᢡ			<u> </u>				J.	
PROVOST	0.00			Х				196,600.	0.	45,421.
(44) TODD BURSON	40.00				П	Н			•	,
VP FOR FINANCE	0.00	1		х				176,005.	0.	42,514.
(45) MARK KOHLMAN	40.00		П							
СВО	0.00	1		х				158,717.	0.	49,643.
(46) HEIDI MCCRORY	40.00		П					= ,		, •
VP FOR DEVELOPMENT	0.00	1	ı	x				216,682.	0.	53,940.

Form 990 KENYON C	ンドアはらた								31-43/	9307
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd F	ligh	est	Compensated Employe	es (continued)	
(A) Name and title	(B) Average	· (C)						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	(c				t apply)		compensation from the	compensation from related organizations	amount of other compensation
	(list any hours for related organizations	Individual trustee or director	i trustee		99/	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	below line)	Individual t	Institutional trustee	Officer	Key employee	Highest co	Former			organization.
47) SHIRLEY O'BRIEN CONTROLLER	40.00			х		į		125,010.	0.	14,726
(48) KATHRYN LAKE DIRBRDREL&PRES	0.00			х				65,929.	0.	18,397
49) RONALD GRIGGS OF FOR LBIS	40.00				x			159,771.	0.	49,060
50) DIANE ANCI P ENROLL/DEAN ADM&FINAID	40.00				x			207,266.	0.	56,064
51) MEREDITH BONHAM //P FOR STUDENT AFFAIRS	40.00				X			166,988.	0.	44,164
(52) SARAH H. STONE DIR-KI&SEN ADV TO PRES.	40.00	 			**	х			0.	
53) DAVID H. LYNN	40.00	ļ						214,174.		55,122
CDITOR-KENYON REVIEW 54) RIC S. SHEFFIELD	40.00					X		203,391.	0.	19,601
PROFESSOR 55) WENDY MACLEOD	40.00				_	Х		143,927.	0.	37,272
PROFESSOR 56) MARY K. DOLAN	40.00					Х		138,085.	0.	45,653
PROFESSOR 57) JENNIFER BRITZ	0.00					X		169,736.	0.	111,876
/P ENROLL/DEAN ADM&FINAID	0.00						Х	189,514.	0.	2,963
and the second s										
Fotal to Part VII, Section A, line 1c								3,011,046.		768,382

350000000		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII	3			
				10 mm	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
ts ts	1 :	a Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts	ı	b Membership dues							
ج ج	,	c Fundraising events					and the second		
ifts ar A] ,	d Related organizations							
%E	,	e Government grants (contribut		1,650,843.					
Sign	1	f All other contributions, gifts, gran					10 may 20 miles		
ber		similar amounts not included abo		89,016,866.					
Ē] ,	Noncash contributions included in lines		46,411,796.				h Carrier St.	
Cor		h Total. Add lines 1a-1f			90,667,709.				
				Business Code					
ø)	2 :	a TUITION AND FEES		900099	92,554,932.	92,554,932.			
Š		b AUXILIARY ENTERPRISES		900099	21,001,650.				
Program Service Revenue		BOOKSTORE		451211	845,825.	845,825.			
E	``	Фd			,	, -			
Peg		~ e			······································			WU. 18.00	
P.		f All other program service reve	nue						
		=			114,402,407.				
	3	Investment income (including			, ,		CONTRACTOR OF THE STATE OF THE		
		other similar amounts)			6,023,085.		247,402.	5,775,683.	
	4	Income from investment of tax					, ,		
	5	Royalties		-				**************************************	
		,	(i) Real	(ii) Personal					
	6 8	a Gross rents	48,366.	(ii) i Gradina.		100			
	1	b Less: rental expenses	174,430.					1.0	
		c Rental income or (loss)	-126,064.						
		d Net rental income or (loss)	, , ,	<u> </u>	-126,064.		-126,064.		
		a Gross amount from sales of	(i) Securities	(ii) Other					
	′ `	assets other than inventory	55,280,610.	(1.7 0 1.10)					
	,	b Less: cost or other basis							
	•	and sales expenses	43,226,892.	546,788.					
	١,	c Gain or (loss)		_					
		d Net gain or (loss)			11,506,930.			11,506,930.	
		a Gross income from fundraising							
venue	•	including \$							
		contributions reported on line							
Other Re		Part IV, line 18							
her	ŀ	Less: direct expenses							
ō		Net income or (loss) from fund		>					
		a Gross income from gaming ac							
	•	Part IV, line 19							
	ŀ	Less: direct expenses							
		Net income or (loss) from gam			1. Section of the sec	en fermant of grown for the order of the security and the			
		a Gross sales of inventory, less	-						
		and allowances							
	k	1	b						
		Net income or (loss) from sales		>	er de la grande de la companya de l La companya de la co				
		Miscellaneous Revenue		Business Code					
	11 a			721110	1,095,609.	739,820.	355,789.	Harring The state takes of the state and the state of the	
		LAUNDRY/VENDING	***************************************	812300	58,340.	58,340.	•		
		FINES		900099	15,665. 15,665.				
		d All other revenue		900099	1,150,695.	1,150,695.			
				•	2,320,309.				
	12	Total revenue. See instructions.			224,794,376.	116,366,927.	477,127.	17,282,613.	

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All other	er organizations must co	molete column (A)	
Secu	Check if Schedule O contains a respor			ripiete coluitiii (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			6.00	
	individuals. See Part IV, line 22	35,227,108.	35,227,108.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	4 505 500	4 404 500		
	individuals. See Part IV, lines 15 and 16	1,626,599.	1,626,599.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4 546 404	405 005		245 256
	trustees, and key employees	1,716,401.	127,235.	1,272,110.	317,056.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	44 000 000	20 650 045	2 200 050	0 000 004
7	Other salaries and wages	44,070,899.	38,650,017.	3,329,958.	2,090,924.
8	Pension plan accruals and contributions (include	2 502 177	2 110 410	270 100	104 CEO
-	section 401(k) and 403(b) employer contributions)	3,583,177.	3,119,419.	279,106.	184,652.
9	Other employee benefits	8,914,401.	7,611,536.	837,548.	465,317.
10	Payroll taxes	3,123,081.	2,664,359.	301,400.	157,322.
11	Fees for services (non-employees):				
а	Management	765,124.	106 704	F.C.O. 420	
b	Legal		196,704.	568,420.	
	Accounting	131,389.		131,389.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	1 515 506		1 515 506	
f	Investment management fees	1,515,586.		1,515,586.	
g	Other. (If line 11g amount exceeds 10% of line 25,	E70 011	226 741	70 146	156 004
	column (A) amount, list line 11g expenses on Sch O.)	570,911.	336,741.	78,146.	156,024.
12	Advertising and promotion	2 152 040	2 010 020	70 710	EE 20 <i>C</i>
13	Office expenses	2,152,948.	2,018,930.	78,712.	55,306.
14	Information technology	1,569,330.	367,955.	1,201,375.	- i.
15	Royalties	4 005 000	2 001 407	222 (50	
16	Occupancy	4,025,066.	3,801,407.	223,659.	275 (50
17	Travel	4,202,343.	3,547,675.	379,010.	275,658.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			-	
19	Conferences, conventions, and meetings	11,833,009.	11,833,009.		
20	Interest	11,033,009.	11,033,009.		· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates	11,335,027.	10,739,873.	490,442.	104,712.
22	Depreciation, depletion, and amortization	434,303.	210,739,673.	223,659.	104,/12.
23	Insurance Other expenses, Itemize expenses not covered	434,303.	210,044.	223,039.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule O.)	4,460,647.	4,460,647.		
a h	OUTSIDE CONTRACTING&REP	1,880,091.	1,596,521.	183,835.	99,735.
b	INSTITUTIONAL SUPPORT	1,750,842.	1,000,0410	1,750,842.	JJ,133•
۲ C	INSTRUCTIONAL SUPPORT	589,791.	589,791.	1,130,044.	
d		2,684,362.	1,902,503.	276,745.	505,114.
	All other expenses Add lines 1 through 24e	148,162,435.		13,121,942.	4,411,820.
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	140,100, 1 00.	130,020,073.	10,141,944.	4,411,UAU.
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	, , , , , , , , , , , , , , , , , , , 			1	
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2017)

732010 11-28-17

Form **990** (2017)

94425S_1

_' ar	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
I	1	Cash - non-interest-bearing	2 222 524	1	05 005 006
	2	Savings and temporary cash investments	9,899,604.	2	27,887,383
	3	Pledges and grants receivable, net	33,360,022.	3_	32,250,109
	4	Accounts receivable, net	1,994,666.	4	1,650,52
	5	Loans and other receivables from current and former officers, directors,	4.0		
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
3		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	,
Classe	7	Notes and loans receivable, net	4 045 640	7	1 001 50
۱	8	Inventories for sale or use	1,017,648.	8	1,001,52
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 402,159,906.	040 054 055		246 705 16
		Less: accumulated depreciation 10b 155,364,738.	242,054,855.	10c	
	11	Investments - publicly traded securities	100,192,554.	11	186,878,39
	12	Investments - other securities. See Part IV, line 11	312,350,133.	12	361,632,71
	13	Investments - program-related. See Part IV, line 11	5,021,466.	13	4,919,67
١	14	Intangible assets	10 004 371	14	00 040 70
	15	Other assets. See Part IV, line 11	19,024,371.	15	29,843,70
4	16	Total assets. Add lines 1 through 15 (must equal line 34)	724,915,319.	16	892,859,19
١	17	Accounts payable and accrued expenses	11,064,848.	17	8,572,98
-	18	Grants payable		18	
1	19	Deferred revenue	106 405 017	19	270 027 06
1	20	Tax-exempt bond liabilities	196,425,217.		270,037,86
ı	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	Pierro de la companya della companya della companya de la companya de la companya della companya
:	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	*	23	
1	24	Unsecured notes and loans payable to unrelated third parties		24	
1	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	18,621,993.	_ ا	18,249,39
1	00	Schedule D	226,112,058.	25 26	296,860,24
\dashv	26	Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	ZZ0,11Z,030.		250,000,24
-		complete lines 27 through 29, and lines 33 and 34.			
	07	· · · · · · · · · · · · · · · · · · ·	267,619,305.	27	292,554,17
	27	Unrestricted net assets	46,725,967.	28	112,025,75
	28	Temporarily restricted net assets Permanently restricted net assets	184,457,989.	29	191,419,02
	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	101,107,	23	
	20	and complete lines 30 through 34.		30	
	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		31	
	31			32	
	32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	498,803,261.	33	595,998,95
	33	FOLAI NEL ASSELS OF IUNU DAIANCES	724,915,319.	্তত	892,859,19

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u>,</u>				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	224			
2	Total expenses (must equal Part IX, column (A), line 25)	2	148			
3	Revenue less expenses. Subtract line 2 from line 1	3			1,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	498			
5	Net unrealized gains (losses) on investments	5	20	<u>,04</u>	<u>5,0</u>	<u>13.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<u>51</u>	8,7	<u> 36.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	595	<u>,99</u>	8,9	<u>51.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	.O elub				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audi	t			
	Act and OMB Circular A-133?			3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		i			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	<u> </u>
				Form	990	(2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

31-4379507 KENYON COLLEGE Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). X 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ß 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). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 KENYON COLLEGE 31-4379 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11104811.	13765306.	20180274.	40140292.	90667709.	<u> 175858392</u>
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	11104811.	13765306.	20180274.	40140292.	90667709.	<u> 175858392</u>
5	The portion of total contributions	100					
	by each person (other than a					Part Part	
	governmental unit or publicly						
	supported organization) included					4.77	
	on line 1 that exceeds 2% of the	1000					
	amount shown on line 11,						
	column (f)						49024747.
6	Public support. Subtract line 5 from line 4.					line and the second	126833645
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	11104811.	13765306.	20180274.	40140292.	90667709.	<u> 175858392</u>
8	Gross income from interest,					1	
	dividends, payments received on						
	securities loans, rents, royalties,					MATERIAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDR	
	and income from similar sources	9413600.	6383220.	6312394.	5868679.	6071451.	34049344.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						<u> 209907736</u>
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 558	,866,033.
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stop	p here			<u></u>	• • • • • • • • • • • • • • • • • • • •	>
_	ction C. Computation of Publi						
	Public support percentage for 2017 (14	60.42 %
	Public support percentage from 2016					15	60.07 <u>%</u>
16a	33 1/3% support test - 2017. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2016. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	: - 2017. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac			-	•		
	meets the "facts-and-circumstances"	•			•		
b	10% -facts-and-circumstances test						
	more, and if the organization meets the		•				9
	organization meets the "facts-and-circ		-				▶∐
<u>18</u>	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 16b, 17a, or 17b			
	Schedule A (Form 990 or 990-EZ) 2017						

Schedule A (Form 990 or 990-EZ) 2017 KENYON COLLEGE Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

<u> </u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	i					
	membership fees received. (Do not	i					
	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-	i					
	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.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	V. A.	1-7	1			•
	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						
С	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	tax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						>
Sec	tion C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2017 (I	line 8, column (f) di	vided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	017 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2017. If the					33 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box as						
h	33 1/3% support tests - 2016. If the	-	-				
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	12 10 06 17					edule A (Form 990	

Part IV | Supporting Organizations

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

Section	A. All	Supporting	organizations

- 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) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c 4a		
4b		
4c		
5a		
5b 5c		
7		
8		
9a		
9b		
<u>9c</u>		
10a 10b		
990 or 99	0-EZ)	2017

3b

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

instructions).

Chulletten of	Type in Non-I unotionally integrated see	(a)(b) Supporting Orga	(continued)	
Sect	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
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	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii) Underdistributions	(iii) Distributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2017	Amount for 2017
	Distributable amount for 2017 from Section C, line 6			
_1	Underdistributions, if any, for years prior to 2017 (reason-			
2	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
	Excess distributions carryover, if any, to 2017			
<u>a</u> b	From 2013			
	From 2014			
	From 2015			
	From 2016	2 2 2 2 2 2		
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
7	line 7: \$			
а	Applied to underdistributions of prior years	100 min a de 1		The second secon
	Applied to 2017 distributable amount			1000 1000
	Remainder. Subtract lines 4a and 4b from 4.	at 10 Territoria inche inche Variati (ett.) "Series perior, il il coporto, perior (ett.) (ett.) (ett.) (ett.)		
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.

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

OMB No. 1545-0047

2017

Employer identification number Name of the organization 31-4379507 KENYON COLLEGE Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _____ \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2017)

Name of organization

Employer identification number

KENYON COLLEGE

31-4379507

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 29,600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2,237,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>45,421,057.</u>	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

KENYON COLLEGE

31-4379507

ENYON	I COLLEGE	31:	-4379507
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES		
3		\$ <u>42,649,887.</u>	
(a) No. from 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. from 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of org	anization		Employer identification number				
KENYON	I COLLEGE		31-4379507				
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religiounce to the duplicate copies of Part III if addition	columns (a) through (e) and the followir is, charitable, etc., contributions of \$1,000 or less	ection 501(c)(7), (8), or (10) that total more than \$1,000 for				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	1				
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Attach to Form 990.

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

2017
Open to Public Inspection

Employer identification number

KENYON COLLEGE 31-4379507 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 KENYON								379507		age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Simi	lar Asse	ets _{(contin}	ued)	
3	Using the organization's acquisition, accessing the companion of the compa	on, and other record	s, check	any of the f	ollowing tha	t are a si	gnificar	nt use of it	s collection	items	3
а	a X Public exhibition d Loan or exchange programs										
b	X Scholarly research	e	, 🗀	Other							
c	X Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	e organizati	on's exer	npt pur	pose in Pa	art XIII.		
5											
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X No										
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 9	90, Part l	V, line 9, or		
	reported an amount on Form 990, Pa	·									
1a	Is the organization an agent, trustee, custodi										_
	on Form 990, Part X?							l	Yes	L	_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing to	able:							
							-		Amount		
	Beginning balance										
	Additions during the year										
	Distributions during the year							·			
f O-	Ending balance							<u>[]</u>] V		٦,,,
	Did the organization include an amount on Fo						•	ا	Yes	H	_l No □
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in										
La State	Complete	(a) Current year		rior year	(c) Two year			an vaare ha	ck (e) Four	Voore	hack
10	Beginning of year balance	231,515,999.		728,914.	213,62		(d) Three years back 210,519,201.				995.
h	Contributions	163,788,088.		558,391.		4,144.	3,110,779.				935.
c ~	Net investment earnings, gains, and losses	20,275,335.		948,510.		1,488.		,181,54			989.
q	Grants or scholarships	5,053,049.		662,283.		1,325.		,101,46			468.
e	Other expenditures for facilities							·		<u>-</u>	
	and programs	5,417,827.	6,	057,533.	5,96	0,578.	5	,081,90	5. 4,	824,	250.
f	Administrative expenses										
g	End of year balance	405,108,546.	231,	515,999.	201,72	8,914.	213	,628,16	L. 210,	519,	201.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment	52.16	_%								
b	Permanent endowment ► 40.39	%									
c	Temporarily restricted endowment ▶	7 .4 5%									
	The percentages on lines 2a, 2b, and 2c short	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ition that	are held an	d administe	red for th	e orgar	nization	_		
	by:									Yes	No
	(i) unrelated organizations							<i>:</i>	3a(i)		X
	(ii) related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza								3b		<u> </u>
4	Describe in Part XIII the intended uses of the		wment fu	ınds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	··				1					
	Description of property	(a) Cost or o		(b) Cost		, , ,	ccumul	1	(d) Book	valu	е
	I I	basis (investn	nent)	basis (· · · · · · · · · · · · · · · · · · ·	ue	preciati	UI I	2 205	7	<u> </u>
	Land	1			<u>5,745.</u> 9,716.	115	710	602	2,205		
	Buildings			JJ4, J4:	<i>2,1</i> 10.	113 ,	, 4 7 ,	074.2	10,300	, , 0	<u>4.</u>
	Leasehold improvements	1		39 20.	4,785.	24 '	772	376	14,522	1	09
	Equipment				9,660.				$\frac{14,322}{11,486}$		
	Other		V colum			1 7 7 /	- - 4 /		46,795		

Complete if the organization answered "Ye	an Form OOD Dort IV line 1	1h Con Form 000 Dort V line 10
Complete if the organization answered Te	es on rollinggo, Part IV, line i	10. See Form 990, Part A, line 12

Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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	254,619,690.	END-OF-YEAR MARKET VALUE		
(C) PRIVATE EQUITY FUNDS	47,482,436.	END-OF-YEAR MARKET VALUE		
(D) REAL ESTATE FUNDS	18,781,488.	END-OF-YEAR MARKET VALUE		
(E) COMMODITIES FUNDS	19,379,383.	END-OF-YEAR MARKET VALUE		
(F) FIXED INCOME ALTERNATIVE				
(G) FUNDS	21,369,713.	END-OF-YEAR MARKET VALUE		
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	361,632,710.			
Part VIII Investments - Program Related.				

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FAIR VALUE OF INT.RATE SWAPS	3,184,385.
(3) DEPOSITS AND ADVANCES	1,835,873.
(4) LIAB.FOR POST-RETIREMENT BEN.	6,727,601.
(5) ANNUITIES AND OTHER FUNDS PAYABLE	5,140,800.
(6) GOVERNMENT LOAN FUNDS	1,360,735.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	18,249,394.

^{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

732054 10-09-17 Schedule D (Form 990) 2017

958-605 ADOPTION, THE COLLEGE DID CAPITALIZE WORKS OF ART AND COLLECTIONS.

AT JUNE 30, 2018 AND 2017, THE NET BOOK VALUE OF THESE ITEMS IS \$1,862,696

AND IS REFLECTED IN THE EQUIPMENT SECTION OF THE CONSOLIDATED STATEMENTS

OF FINANCIAL POSITION.

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, 2018 AND 2017 WERE NOT

Schedule D (Form 990) 2017

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2017

SCHEDULE E

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

KENYON COLLEGE

Employer identification number 31-4379507

Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Х Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, Х 2 catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 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. X If you need more space, use Part II 3 ALL APPLICATIONS, COURSE CATALOGS, AND THE STUDENT HANDBOOK PUBLICIZE OUR NONDISCRIMINATORY POLICY. THE PUBLICATIONS ARE PROVIDED TO ALL PROSPECTIVE AND ENROLLED STUDENTS. Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student X admissions, programs, and scholarships? 4c d Copies of all material used by the organization or on its behalf to solicit contributions? X 4d 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: a Students' rights or privileges? 5a b Admissions policies? c Employment of faculty or administrative staff? 5c d Scholarships or other financial assistance? 5d e Educational policies? 5e 5f Use of facilities? Athletic programs? 5h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Х b Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

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

Schedule E (Form 990 or 990-EZ) 2017

Schedule E (Form 990 or 990-EZ) 2017 KENYON COLLEGE 31-437950 7 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
GRANTS, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, AND COLLEGE WORK
STUDY PROGRAMS. THE COLLEGE ALSO RECEIVES SOME RESEARCH GRANTS AND
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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** KENYON COLLEGE 31-4379507 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? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (e) If activity listed in (d) (f) Total (b) Number of (c) Number of (d) Activities conducted in the region employees, agents, and (by type) (such as, fundraising, proexpenditures offices is a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN 0 PROGRAM SERVICES EDUCATIONAL SERVICES 141,791. CENTRAL AMERICA AND THE CARIBBEAN 0 0 PROGRAM SERVICES EDUCATIONAL RESEARCH 8,750. CENTRAL AMERICA AND 0 PROGRAM SERVICES STUDENT RECRUITMENT THE CARIBBEAN 1,507. CENTRAL AMERICA AND THE CARIBBEAN 0 GRANTMAKING 130,576. CENTRAL AMERICA AND THE CARIBBEAN 0 INVESTMENTS 126686233. 0 EAST ASIA AND THE 0 PROGRAM SERVICES EDUCATIONAL SERVICES 556,401. PACIFIC EAST ASIA AND THE 4,618. PACIFIC 0 0 PROGRAM SERVICES EDUCATIONAL RESEARCH EAST ASIA AND THE PACIFIC PROGRAM SERVICES STUDENT RECRUITMENT 14,754. 3 a Sub-total 0 0 27,544,630. **b** Total from continuation 0 0 4,518,358. sheets to Part I c Totals (add lines 3a 0 32,062,988.

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

Schedule F (Form 990) 2017

Schedule F (Form 990) Part I Continuatio	KENYON C n of Activities	s per Region	• (Schedule F (Form 990), Part I, line 3	3)	79507 Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE					
PACIFIC	0	0	PROGRAM SERVICES	OTHER	248
EAST ASIA AND THE					
PACIFIC	0	0	GRANTMAKING		229,009
			,		
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	2,125,171
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	82,639
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	STUDENT RECRUITMENT	10,748
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	OTHER	1,993
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		826,096
ICHIAND & GRIBNIAND)					020,000
MIDDLE EAST AND					
NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	266,216
MIDDLE EAST AND					
NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	4,131
MIDDLE EAST AND					
NORTH AFRICA	0	0	GRANTMAKING		171,531
•					

Schedule F (Form 990) Part I Continuation	KENYON C on of Activitie	OLLEGE s per Regior	I. (Schedule F (Form 990), Part I, line 3	<u>31-43/</u> 3)	9507 Page
(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 SERVICES	16,532
NORTH AMERICA	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	7,523
NORTH AMERICA	0	0	PROGRAM SERVICES	STUDENT RECRUITMENT	2,324.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	14,610.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		2,663
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	251,997.
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	2,354,
SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDENT RECRUITMENT	2,360.
SOUTH AMERICA	0	0	GRANTMAKING		216,312
SOUTH ASIA	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	101,930
Totals	.]				

Schedule F (Form 990)	KENYON C	OLLEGE		31-437950	7 Page 1
Part I Continuatio			(Schedule F (Form 990), Part I, line 3		т
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	1,446.
SOUTH ASIA	0	0	PROGRAM SERVICES	STUDENT RECRUITMENT	167.
SOUTH ASIA	0	0	GRANTMAKING		42,119.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	126,685.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	3,137.
SUB-SAHARAN AFRICA	0	. 0	PROGRAM SERVICES	STUDENT RECRUITMENT	125.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		8,292.
1					
para					
Totals					4,518,358.

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of by the IRS, or for whic 3 Enter total number of	Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has I Enter total number of other organizations or entities	ns listed above that are r insel has provided a sect or entities	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 Enter total number of other organizations or entities	foreign country, r	recognized as tax-exe	ampt 🔻		
							Sche	Schedule F (Form 990) 2017

41

KENYON COLLEGE

Schedule F (Form 990) 2017

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
EDUCATION ASSISTANCE	CENTRAL AMERICA AND THE CARIBBEAN	2	130,576.	CREDIT TO ACCOUNT	•0		
EDUCATION ASSISTANCE	EAST ASIA AND THE PACIFIC	15	229,009.	CREDIT TO ACCOUNT	•0		
EDUCATION ASSISTANCE	EUROPE (INCLUDING ICELAND & GREENLAND)	82	826,096.	CREDIT TO ACCOUNT	0.		
EDUCATION ASSISTANCE	MIDDLE EAST AND NORTH AFRICA	5	171,531.	171,531. CREDIT TO ACCOUNT	•0		
EDUCATION ASSISTANCE	RUSSIA AND NEIGHBORING STATES	2	2,663.0	CREDIT TO ACCOUNT	0		
EDUCATION ASSISTANCE	SOUTH AMERICA	8	216,312.	CREDIT TO ACCOUNT	•0		
EDUCATION ASSISTANCE	SOUTH ASIA	S	42,119.	42,119. CREDIT TO ACCOUNT	•0		
EDUCATION ASSISTANCE	SUB-SAHARAN AFRICA	10	8,292.	CREDIT TO ACCOUNT	°0		
						Schedu	Schedule F (Form 990) 2017

organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign X Yes No Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Did the organization have an ownership interest in a foreign corporation during the tax year? /f "Yes." the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To X Yes No Certain Foreign Corporations (see Instructions for Form 5471) 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 Yes X No (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? /f "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain X Yes No Foreign Partnerships (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2017

Yes X No

SCHEDULE I

(Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

1764 - 1765 AND
en to Pub Ispection
en l

OMB No. 1545-0047

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

Name of the organization KENYON COLLEGE	LLEGE						Employer identification number 31-4379507
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount	o substantiate the		or assistance, the	grantees' eligibility	for the grants or assis	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	tance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.	Jomestic Organiz	ations and Domestic	Governments. C	complete if the orga	ınization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	.IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if addition	onal space is need	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government orc	janizations listed in the	e line 1 table		***************************************		A
3 Enter total number of other organizations listed in the line 1 table	s listed in the line 1	table					A
LHA For Paperwork Reduction Act Notice, see the Instructions for	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2017)

Page 2

KENYON COLLEGE

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. Schedule I (Form 990) (2017)

Part III Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PRIZES TO STUDENTS	161	122,275.	0		
TUITION REMISSION	25	1,262,730.	•0		
SCHOLARSHIPS	905	33,281,338.	•0		·
RESEARCH FELLOWSHIPS	6 8	397,368.	•0		
LEGAL FELLOWSHIPS	80	36,050.	•0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	2; Part III, column	(b); and any other ad	ditional information.	

PART I, LINE

MONITORING USE OF GRANT FUNDS - SCHOLARSHIPS, FELLOWSHIPS, AND OTHER

EDUCATIONAL PROGRAM GRANTS ARE MONITORED THROUGH THE COLLEGE'S FINANCIAL

AID COMPLIANCE PROCEDURES. PRIZES TO STUDENTS ARE AWARDED FOR ACADEMIC

MERIT

46

Schedule I (Form 990) (2017)

Schedule I (Form 990) KENYON COLLEGE Part III Continuation of Grants and Other Assistance to Individuals in	uals in the United	States (Schedule	the United States (Schedule I (Form 990), Part III.)		31-4379507 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATIONAL ENRICHMENT	25.	71,075.	•0		
S-STEM SCHOLARSHIPS	16.	44,271.	.0		
DALTON FELLOWSHIPS	1.	12,000.	•0		
KENYON INSTITUTE SCHOLARSHIPS	0.	.0	•0		
	ŕ				
720970					Schedule I (Form 990)

732242 04-01-17

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I Questions Regarding Compensation

Employer identification number 31-4379507 KENYON COLLEGE

NESTE			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
IU	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	X Discretionary spending account X Personal services (such as, maid, chauffeur, chef)			
	Discretionary sponding account			
l.	If any of the house on line 1s are checked, did the argenization follows a written notice regarding payment or			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1b	х	
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	ID		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	2	х	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		22	
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	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:		77	
а		4a	X	_
b		4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			77
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	750000000000	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	L	<u> </u>

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

Schedule J (Form 990) 2017

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

KENYON COLLEGE

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

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

						-		
		(B) Breakdown of \	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reported as deferred on prior Form 990
(1) SEAN M. DECATUR	Ξ	364,251.	115,000.	0	92,175.	29,791.	601,217.	0.
PRESIDENT & TRUSTEE	Ξ	0	0	0	0	0.	0	0.
(2) JOSEPH KLESNER	Ξ	196,600.	0	0.	19,441.	25,980.	242,021.	0
PROVOST	<u>(E)</u>	0	0	0	0	0.	0	0
(3) TODD BURSON	Ξ	176,005.	0.	0.	17,616.	24,898.	218,519.	0.
VP FOR FINANCE	€	0	0.	0.	• 0	0.	• 0	0
(4) MARK KOHLMAN	(i)	158,717.	0.	0.	16,125.	33,518.	208,360	.0
CBO	(iii)	• 0	0.	0.	0	0.	0	0
(5) HEIDI MCCRORY	(i)	216,682.	• 0	0.	21,463.	32,477.	270,622.	.0
VP FOR DEVELOPMENT	(ii)		0.	0.	0.	0.	• 0	.0
(6) RONALD GRIGGS	(i)	159,771.	0.	0.	16,141.	32,919.	208,831.	.0
VP FOR LBIS	€	0		0.	• 0	0.	• 0	0
(7) DIANE ANCI	Ξ	207,266.	0.	0.	21,042.	35,022.	263,330.	.0
VP ENROLL/DEAN ADM&FINAID	(E)	• 0		0.	• 0			0.
(8) MEREDITH BONHAM	Θ	166,988.		0.	16,638.	27,526.	211,152.	.0
VP FOR STUDENT AFFAIRS	(ii)	• 0	0.	0.		0.	• 0	0
(9) SARAH H. STONE	(i)	214,174.	0	0.	21,351.	33,771.	. 269, 296.	0.
DIR-KI&SEN ADV TO PRES.	(ii)	• 0	0	0.	0	0.	• 0	.0
(10) DAVID H. LYNN	(i)	190,378.	0	13,013.	18,048.	1,553.	.222,992.	.0
EDITOR-KENYON REVIEW	(iii)	0	0.	0.	0	0.	0.	0.
(11) RIC S. SHEFFIELD	Ξ	125,028.	0.	18,899.	12,923.	24,349.	181,199.	0.
PROFESSOR	(ii)		0.	0 .				.0
(12) WENDY MACLEOD	(i)	128,085.	0.	10,000.	13,468.	32,185.	183,738.	.0
PROFESSOR	(ii)	0.	0.	0.	0.	. 0	0.	0.
(13) MARY K. DOLAN	(i)	169,736.	0.	0.	16,311.	95,565.	281,612.	0.
PROFESSOR	(ii)	0.	0.		0.	.0	0.	0.
(14) JENNIFER BRITZ	(E)	10,506.	0	179,008.	696	1,994.	192,477.	0.
VP ENROLL/DEAN ADM&FINAID	(ii)	0.	0.	0.	0.	0.	0.	0.
	Ξ							
	▣							
	Ξ	,						

49

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

PART I, LINE 1A:

BENEFITS PROVIDED TO OFFICERS - THE COLLEGE PROVIDED THE FOLLOWING BENEFITS

SEAN DECATUR: PAYMENT OF MEMBERSHIP DUES FOR THE MOUNT TO ITS PRESIDENT, VERNON ROTARY CLUB, UNION CLUB, AND THE UNIVERSITY CLUB; RESIDENCE ON

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

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

PURPOSES; AND A DISCRETIONARY SPENDING ACCOUNT TO FURTHER THE COLLEGE'S

MISSION. THE COLLEGE DID NOT TREAT THE VALUE OF THE REMAINING BENEFITS AS

TAXABLE INCOME FOR THE PRESIDENT AS EXPENSES WERE INCURRED FOR

THE PRESIDENT'S HOME IS SUBSTANTIALLY USED COLLEGE-RELATED PURPOSES. ALSO,

FOR COLLEGE PURPOSES SINCE THE PRESIDENT HOSTS MANY FUNCTIONS AT THE

RESIDENCE

PART I, LINES 4A-B:

JENNIFER BRITZ RECEIVED A PAYMENT OF \$128,883.

P D SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN - EMPLOYER CONTRIBUTION

SECTION 457(F) PLAN FOR SEAN DECATUR: \$67,000.

Schedule J (Form 990) 2017

 \leftarrow ENTITY

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, Supplemental Information on Tax-Exempt Bonds

> SCHEDULE K (Form 990)

explanations, and any additional information in Part VI.

Attach to Form 990.

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

Inspection

OMB No. 1545-0047

2017 Open to Public

745. (g) Defeased (h) On behalf (i) Pooled 54,874. financing Yes No × × × 5,136,619 × **Employer identification number** × ŝ ŝ 081 31-4379507 Ŷ × × × × ۵ Ω of issuer 5, Yes Yes Yes × × ŝ × × × 40,683,466. 40,518,366. Yes 165,100 × 윋 윈 2015 ပ ပ (f) Description of purpose Yes Yes × × IΛ IΛ 7 Z SEE PART 44637452. SEE PART 5,136,619.SEE PART PART 44,153,017. 44,637,452. 484,435. 읟 윈 2013 SEE Ω Ω Yes 40683466. 100189867. Yes M × (e) Issue price 273,505. 43,680,000 100,467,203 10,237,220 956,478 ŝ ŝ 2010 02/11/10 11/29/16 07/24/13 05/28/15 ⋖ (d) Date issued 68 Yes Yes × × × 34-6849674|67756DJG2| 34-6849674|67756AR38| 34-6849674|67756DBF2| 34-6849674|67756DFW1| (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? KENYON 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 C FACILITY COMMISSION FACILITY COMMISSION B FACILITY COMMISSION D 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 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 Parti 10 ဖ 5 N œ ø 9 9 13 12

782121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990

bond-financed property?

Schedule K (Form 990) 2017

×

M

×

×

2 ENTITY

Supplemental Information on Tax-Exempt Bonds

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE K (Form 990)

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

2017 Open to Public Inspection

OMB No. 1545-0047

(g) Defeased (h) On behalf (i) Pooled Yes No financing × × Employer identification number 31-4379507 ŝ ŝ × × ۵ of issuer Yes Yes ŝ × × Yes No Š ပ (f) Description of purpose Yes Yes SEE PART VI I SEE PART 1,545,415. 75,912,294. 669,523. 73,697,356. × × × ŝ 읟 m Ω 75669523. 51393477. Yes Yes × (e) Issue price . 697. 50,869,317 524,160 S Š 52,237 11/29/16 ⋖ (d) Date issued 12/14/17 Yes Yes × M × 34-6849674|67756DJG2| 34-6849674|67756DPD2| (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? KENYON COLLEGE Has the final allocation of proceeds been made? Working capital expenditures from proceeds OHIO HIGHER EDUCATIONAL OHIO HIGHER EDUCATIONAL FACILITY COMMISSION 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 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 Bond Issues Part II Proceeds Part Ŋ 9 6 12 19 Q 9 œ ω 5 # ပ ۵

732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2017

_	
_	
5	
£	
-	
Е	
5	
5	
1	

Schedule K (Form 990) 2017 KENYON COLLEGE			31-4	-4379507	3	T T T T NTS	.	Page 2
Part III Private Business Use (Continued)								
		A		8		ن. ن		
3a Are there any management or service contracts that may result in private	Yes	S ×	Yes	No	Yes	§.	Yes	No
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside		44	! >		\$ ≻		*	
c Are there any research agreements that may result in private business use of bond-financed property?		×	4	×	1	×	1	×
If "Yes" to line 3c, does the organization routinely engage bond cour								
counsel to review any research agreements relating to the financed property?								
entities other than a section 501(c)(3) organization or a state or local		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of				2				2
unrelated trade or business activity carried on by your organization, a								
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-		þ		\$				ŧ
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								
		A		В		5	٥	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	_N	Yes	Š	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?		×		×		×		×
b Name of provider								
c Term of hedge								Waller of the last
d Was the hedge superintegrated?								
e Was the hedge terminated?								
732122 10-18-17						Sch	Schedule K (Form 990) 2017	n 990) 2017

\sim	ĕ
•	1
`	i
ř	3
÷	ı
-	i
	1
È	1
_	
_	
ᆮ	
	•
ᆮ	
7	
-	4
i.	٠
Œ	ı
_	1

DO TION NOWING TOO SEE TO THE TOTAL THE TOTAL TO THE TOTA			21_/	31_1379507	EN	ENTITY 2	7	
Schedule K (Form 990) 2017 NEIN LON COLLEGE Part III Private Business Use (Continued)			TC	100610				Page 2
	A		В	3	0		D	
3a Are there any management or service contracts that may result in private	Yes	No	Yes	٥N	Yes	No	Yes	Š
business use of bond-financed property?	×			X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	;							
counsel to review any management or service contracts relating to the financed property?	×							
c Are there any research agreements that may result in private business use of bond-financed property?		×		×				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
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 ▶		.10 %		%		%		%
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▶	2	.30 %		%		%		%
6 Total of lines 4 and 5	2	.40 %		%		%	•	%
7 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?	×		×					
PartIV Arbitrage								
	4			8	O	4	Δ	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	S _N	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?		×		×				
b Name of provider								
c Term of hedge								1
d Was the hedge superintegrated?								
e Was the hedge terminated?								
732122 10-18-17						Sch	Schedule K (Form 990) 2017	n 990) 2017

Schedule K (Form 990) 2017 KENYON COLLEGE			31-	31-4379507	•	1	1	Page 3
Part IV Arbitrage (Continued)								
		A		В		3	Q	
	Yes	No	Yes	No	Yes	oN N	Yes	Š
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×		X		×
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	**	X		×		X		×
7 Has the organization established written procedures to monitor the requirements of								
section 148?	×		×		×		×	
Part V Procedures To Undertake Corrective Action								
		A		В)	C	0	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	×		×		×		X	
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	ons on Schedul	. K. See instr	uctions					
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	LY COMMI	SSION						
DATE THE REBATE COMPUTATION WAS PERFORMED: 04/23/2015	04/23/20	15						

DESCRIPTION OF PURPOSE - PART I, ROW A, COLUMN F:
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
COLLEGE 2002 PROJECT), ISSUED DECEMBER 10, 2002, AND 2) CURRENT REFUND
THE FOLLOWING BOND ISSUES: A) OHIO HIGHER EDUCATIONAL FACILITY
COMMISSION, STATE OF OHIO HIGHER EDUCATIONAL FACILITY ADJUSTABLE DEMAND
REVENUE BONDS (KENYON COLLEGE 1992 PROJECT), ISSUED DECEMBER 10, 1992;
B) OHIO HIGHER EDUCATIONAL FACILITY COMMISSION, STATE OF OHIO HIGHER
EDUCATIONAL FACILITY [ADJUSTABLE DEMAND] REVENUE BONDS (KENYON COLLEGE
1998 PROJECT), ISSUED AUGUST 26, 1998; AND C) OHIO HIGHER EDUCATIONAL
FACILITY COMMISSION, STATE OF OHIO HIGHER EDUCATIONAL FACILITY
ADJUSTABLE DEMAND REVENUE BONDS (KENYON COLLEGE 1999 PROJECT), ISSUED
NOVEMBER 18, 1999.

POSE - PART I, ROW B, COLUMN F:	JED TO ADVANCE REFUND THE FOLLOWING BOND ISSUE: OHIO	, FACILITY COMMISSION, STATE OF OHIO HIGHER	TY ADJUSTABLE MEDIUM TERM REVENUE BONDS (KENYON	CT), ISSUED ON DECEMBER 10, 2002.
	THE ISSUE WAS ISSUED TO ADV		EDUCATIONAL FACILITY ADJUST	COLLEGE 2002 PROJECT), ISSU

Schedule K (Form 990) 2017

ENTITY 2

Page 3

31-4379507 KENYON COLLEGE Part IV Arbitrage (Continued) Schedule K (Form 990) 2017

	A		E	В	U	c	D	
	Yes	No	Yes	٥N	Yes	٥N	Yes	No No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of								
section 148?	×		X					
Part V Procedures To Undertake Corrective Action								
	A			В)	င	a	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	×		X					
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	on Schedule	K. See instru	ctions					
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	COMMIS	SION						
DATE THE REBATE COMPUTATION WAS PERFORMED: 04/23/2015	/23/201	5						

COMMISSION, STATE OF OHIO HIGHER EDUCATIONAL FACILITY ADJUSTABLE DEMAND 2002, AND 2) CURRENT REFUND 1992; EDUCATIONAL FACILITY [ADJUSTABLE DEMAND] REVENUE BONDS (KENYON COLLEGE 998 PROJECT), ISSUED AUGUST 26, 1998; AND C) OHIO HIGHER EDUCATIONAL ISSUED B) OHIO HIGHER EDUCATIONAL FACILITY COMMISSION, STATE OF OHIO HIGHER 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 REVENUE BONDS (KENYON COLLEGE 1992 PROJECT), ISSUED DECEMBER 10, ADJUSTABLE DEMAND REVENUE BONDS (KENYON COLLEGE 1999 PROJECT), THE FOLLOWING BOND ISSUES: A) OHIO HIGHER EDUCATIONAL FACILITY FACILITY COMMISSION, STATE OF OHIO HIGHER EDUCATIONAL FACILITY COLUMN F: COLLEGE 2002 PROJECT), ISSUED DECEMBER 10, - PART I, ROW A, DESCRIPTION OF PURPOSE NOVEMBER 18, 1999,

EDUCATIONAL FACILITY ADJUSTABLE MEDIUM TERM REVENUE BONDS (KENYON HIGHER EDUCATIONAL FACILITY COMMISSION, STATE OF OHIO HIGHER COLLEGE 2002 PROJECT), ISSUED ON DECEMBER 10, 2002. 732123 10-18-17

SEE PART VI SUPPLEMENTAL INFORMATION SHEET

THE ISSUE WAS ISSUED TO ADVANCE REFUND THE FOLLOWING BOND ISSUE: OHIO

DESCRIPTION OF PURPOSE - PART I, ROW B,

COLUMN F:

Schedule K (Form 990) 2017 KENYON: COLLEGE	Page 4
ormation. Provide additional information for responses to questions on Schedule K. See inst	
DESCRIPTION OF PURPOSE - PART I, ROW C, COLUMN F: THE ISSUE WAS ISSUED TO ADVANCE REFUND THE NEW MONEY PORTION OF THE FOLLOWING BOND ISSUE: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION, STATE OF OHIO HIGHER EDUCATIONAL FACILITY REVENUE RONDS (KENYON COLLEGE	
PROJECT), ISSUED ON AUGUST 9, 20	
COLUMN F:	
THE ISSUE WAS ISSUED TO CURKENT KEFUND THE FOLLOWING BOND ISSUE: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION, STATE OF OHIO HIGHER	
EDUCATIONAL FACILITY REVENUE BONDS (KENYON COLLEGE 2006 PROJECT), ISSUED ON AUGUST 9, 2006.	
DESCRIPTION OF PURPOSE - PART I, ROW A, COLUMN F FOR THE 2ND 2016 BOND:	
THE ISSUE WAS ISSUED TO PARTIALLY ADVANCE REFUND OHIO HIGHER PHICANTONAL BACTITUM COMMISSION SHAME OF OHIO HIGHER BEHICANTONAL	
(KENYON COLLEGE 2010 PROJECT), I	
11, 2010.	
, ROW B, COLUMN F FOR	
THE ISSUE WAS ISSUED TO PROVIDE FUNDS TO PAY PROJECT COSTS FOR EDUCATIONAL FACILITIES (KENYON COLLEGE 2017 PROJECT), ISSUED ON	
FOR THE 2016 AND 2017 BONDS, THE AMOUNT OF TOTAL PROCEEDS SHOWN ON PART	
II, LINE 3 INCLUDES INVESTMENT EARNINGS.	
	And the state of t
732124 10-18-17 Schedule K (Form 990) 2017	n 990) 2017

SCHEDULE L

Department of the Treasury

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.

Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open To Public Inspection

Name of the organization K	ENYON	COL	LEGE								identi 795		on nu	mber
Part I Excess Bene	fit Transa	ctio	ns (section 50			on 501(c)(4), and 50			s only)					
			ered Yes on r elationship betv			rt IV, line 25a or 25b	, or	FOIII 990-EZ, F	art V, I	ine 40	υ.	(4)	Corro	cted?
(a) Name of disqualified p	erson	יח (ם)	person and or			illed (d	;) De	escription of tran	sactio	n			es	No
			•			-						+"	55	NO
												\top	-	
												+		
				-					-			\top	\dashv	
												1		
2 Enter the amount of tax in	ncurred by th	ne org	ganization mana	agers	or disq	ualified persons duri	ing t	he year under						
	-	_	-	_		•				> \$				
3 Enter the amount of tax, i										> \$				
Part II Loans to and	or From	Inte	rested Pers	ons.										
Complete if the o	rganization a	answe	ered "Yes" on F	orm 9	90-EZ,	Part V, line 38a or F	orm	990, Part IV, lin	e 26; d	or if the	e orgai	nizatio	n	
reported an amou	unt on Form	990,	Part X, line 5, 6											
(a) Name of	(b) Relations		(c) Purpose		an to or	(e) Original	(f) Balance due		ln	(h) App by boa	oroved ard or	(i) W	ritten
interested person	with organiza	ition	of loan		zation?	principal amount			defa	ult?	cómm	ittee?	agree	ment?
				То	From				Yes	No	Yes	No	Yes	No
														├
														<u> </u>
		_												├─
		_		ļ		******								├─
		_		ļ	ļ						\vdash			-
														-
		-		<u> </u>		-								_
		-		ļ			_				Н			\vdash
			***	<u> </u>		<u> </u>				<u> </u>				
Total Part III Grants or Ass	sistance	3ene	efitina Intere	estec	Per	▶ \$ sons.						REPORT SLAVE		
Complete if the o			-											
(a) Name of interested p			o) Relationship			(c) Amount of		(d) Type	of		la ¹) Purp	nse ni	
(a) Name of interested p	erson		interested pers			assistance		assistan				assista		
			the organiza	tion										

Schedule L (Form 990 or 990-EZ) 2017

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

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.			•		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	ation's		
	porcon and the organization				F****		
MARLA KOHLMAN	SPOUSE OF OFFICER	89,450.	SALARY	transaction organizations revenues? Yes No ALARY X ALARY A AL			
	SPOUSE OF KEY EMPL.	29,901.					
	SPOUSE OF KEY EMPL.	71,448.					
WALKER GRIGGS	CHILD OF KEY EMPL.	18,690.					
	SUBSTANTIAL CONTRIB						
JOS GOLLLIGHT HILLER OF D		, , ,					
	-						
Part V Supplemental Information							
Provide additional information for respo	nses to questions on Schedule L (see i	nstructions).					
SCH L, PART IV, BUSINESS TH	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:				
(A) NAME OF PERSON: 35% COI	SS TRANSACTIONS INVOLVING INTERESTED PERSONS: CONTROLLED ENTITY OF SUBST.CONTRIBUTOR IN INTERESTED PERSON AND ORGANIZATION:						
(B) RELATIONSHIP BETWEEN II							
SUBSTANTIAL CONTRIBUTOR							
(G) 3MOIDIT OF TRANSCOME ON (4 2 402 020						
(C) AMOUNT OF TRANSACTION :	3,492,039.						
(D) DECORTOMICA OF MEANCACE	TON. DVMM FOR CERVE	VT GRG					
(D) DESCRIPTION OF TRANSACT	TION: PIMI.FOR SERVI	CES					
(E) SHARING OF ORGANIZATION	N REVENUES? = NO						
(H) DIMINING OF GROUNTEDITION					-		
upon,					Processing of the Processing o		
PART IV - ADDITIONAL INFORM	MATION ABOUT BUSINES	S TRANSACTI	ONS:				
A PARTNERSHIP OWNED MORE TH	HAN 35% BY A SUBSTAN	TIAL CONTRI	BUTOR PROVI	DED			
	·						
SERVICES TO THE COLLEGE. TH	HE COLLEGE PERFORMED	DUE DILIGE	NCE PROCEDU	RES			
TO ENSURE THAT THE PAYMENT	FOR THE SERVICES RE	NDERED WAS	AT THE FAIR				
MADWEE HALLE HOD GIGH GEDI.	TORO DAGED ON INDUGE	DV NODMO					
MARKET VALUE FOR SUCH SERV	ICES BASED ON INDUST	KI NOKIIS.					
	and the second s						
	-						
	···						

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open To Public Inspection

Employer identification number

Name of the organization

31-4379507 KENYON COLLEGE Types of Property (b) Number of (a) Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests X 86,353.NOM.VALUE&APPRAISAL Books and publications Clothing and household goods 5,000. SELLING PRICE Cars and other vehicles Х ĥ Boats and planes 7 Intellectual property 46,279,780.STOCK QUOTE Securities - Publicly traded Х 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other ... Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 30,000. SELLING PRICE (ENTERTAINMENT) Х 1 25 3 7,662. OTHER-NOMINAL VALUE (EVENT HOSTING) Х Other > 26 (MUSIC EQUIP.) X 1 3,000.APPRAISAL Other > 27 (LAB EQUIP. Х 1. OTHER-NOMINAL VALUE 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 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 isn't required to be used for X exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Х contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2017

Schedule M (Form 990) 2017

732142 09-07-17

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

Name of the organization

KENYON COLLEGE

Employer identification number 31-4379507

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 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, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017) 732211 09-07-17

KENYON COLLEGE

Employer identification number 31-4379507

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. 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 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,

94425S 1

732212 09-07-17

Employer identification number 31-4379507

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.

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

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.

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

2017.05060 KENYON COLLEGE

Employer identification number 31-4379507

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

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

OF SENIOR STAFF. RECOMMENDATIONS ARE PRESENTED TO AND APPROVED BY THE

EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THE TRUSTEES ARE INDEPENDENT

OF THE INDIVIDUALS FOR WHOM COMPENSATION DECISIONS ARE BEING MADE. THE

DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMMITTEE ARE NOTED IN THE

732212 09-07-17

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

COMMITTEE'S MINUTES.

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization KENYON COLLEGE	Employer identification number 31-4379507
KENTON COLLEGE	31 43/330/
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABILITY OF DOCUMENTS - THE COLLEGE MAKES ITS FINANCIA	L STATEMENTS
AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE COLLEGE MAKES	ITS GOVERNING
DOCUMENTS AND CONFLICT POLICY AVAILABLE TO THE PUBLIC UPON	REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN INTEREST RATE SWAP OBLIGATION	518,736.
<u> </u>	
	·
	·
<u> </u>	

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

Name of the organization

KENYON COLLEGE

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 2017

Open to Public Inspection

Employer identification number

31-4379507

Direct controlling entity 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. Ξ End-of-year assets <u>e</u> Total income ਉ 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 Name, address, and EIN (if applicable) of disregarded entity Part Part I

(g) Section 512(b)(13) Ŷ M × controlled entity? Yes M M Direct controlling KENYON COLLEGE KENYON COLLEGE entity N/A N/A status (if section 501(c)(3)) LINE 12B, II Н LINE 12B, II Public charity INE 12B, LINE 7 Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) **©** Legal domicile (state or foreign country) IICHIGAN OIHC OHIO OHIO Primary activity LAND PRESERVATION EDUC, CONSORTIUM EDUC, CONSORTIUM PUBLICATIONS -31-171121338-1678376, 209 CHASE AVE EATON CENTER, GREAT LAKES COLLEGES ASSOCIATION, INC. THE FIVE COLLEGES OF OHIO - 31-1440434 Name, address, and EIN of related organization THE KENYON REVIEW - 31-1443804 PHILANDER CHASE CONSERVANCY 209 CHASE AVE EATON CENTER 209 CHASE AVE EATON CENTER 209 CHASE AVE EATON CENTER GAMBIER, OH 43022 GAMBIER, OH 43022 GAMBIER, OH 43022 GAMBIER, OH 43022

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

Schedule R (Form 990) 2017

31-4379507

KENYON COLLEGE

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(၁)	(p)	(e)	(£)	(g) Section 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?
				501(c)(3))		Yes No
GRAHAM GUND GALLERY - 46-3140140						***************************************
209 CHASE AVE EATON CENTER						
GAMBIER, OH 43022	ART GALLERY	оню	501(c)(3)	LINE 12B, II	KENYON COLLEGE	×
KOKOSING NATURE PRESERVE - 47-2482300						
209 CHASE AVE EATON CENTER						
GAMBIER, OH 43022	CEMETERY	онто	501(C)(13)	N/A	KENYON COLLEGE	×
	1					
					,	
	1					
						•
						11
	•					
732222						
04-01-17		0.7				

31-4379507

Page 2

PartIII

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) 2017 KENYON COLLEGE

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(j) (k) General or Percentage managing ownership partner? Yes No
		٠								
•										
									····	

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)	(၁)	(p)	(e)	(J)	(6)	(h)	(i) ~	
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	7.13)
		country)		OI tidasi		dosers		Yes	No
KENYON INN MANAGEMENT CO 31-1646746									
209 CHASE AVE EATON CENTER							·		
GAMBIER, OH 43022	HOTEL MGMT.SVC.	НО	KENYON COLLEGE	c CORP	5,371.	98,023.	100%	×	
CHARITABLE REMAINDER TRUSTS (8)									
EATON CENTER									
GAMBIER, OH 43022	CHARITABLE TRUST	OH	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	ОН	KENYON COLLEGE	TRUST					×

Schedule R (Form 990) 2017

Page 3

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

					$\left[:$	Ŀ
Note: Complete line 1 if any entity is listed in Parts II, III, of IV of this schedule. 1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rel	ated organizations listed	ir Parts II-IV3		Yes	2
a Receipt of (i) interest. (ii) annuities. (iii) rovalties. or (iv) rent from a controlled entity		9		-		×
(aif grout or copies contribution to related organizations)			***************************************	#		l ×
			•••••••••••••••••••••••••••••••••••••••	2		ا
Gift, grant, or capital contribution from related organization(s)				၃		×
d Loans or loan guarantees to or for related organization(s)				19	×	
e Loans or loan guarantees by related organization(s)				4		×
	***************************************			ש		4
Dividends from solated association(s)						Þ
Dividends Iforn related organization(s)						4
Sale of assets to related organization(s)				19		×
Purchase of assets from related organization(s)				4		×
				F		×
Lease of facilities, equipment, or other assets to related organization(s)				F	×	
Lease of facilities, equipment, or other assets from related organization(s)				*		×
Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę		×
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	s)uc			1	×	
Sharing of paid employees with related organization(s)				9	×	
Reimbursement paid to related organization(s) for expenses				1p		×
Reimbursement paid by related organization(s) for expenses				19	X	
Other transfer of cash or property to related organization(s)				+	×	
Other transfer of cash or property from related organization(s)				15	×	
If the answer to any of the above is "Yes," see the instructions for information on when	ho must complete thi	information on who must complete this line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) PHILANDER CHASE CONSERVANCY	Я	173,122.	FMV			
(2) THE KENYON REVIEW	Я	233,454.	FMV			
(3) GRAHAM GUND GALLERY	쑈	1,036,394.	FMV			
732163 09-11-17	7.0		Schedule R (Form 990) 2017	R (Form	(066 t	2017

Page 4

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

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

	(1) (K) Code V-UBI Ceneral or Percentage amount in box 20 managing ownership or Schedille K-1 partner?	(Form 1065) Yes No																	
	(h) Disproportionate am	Yes No						 						 					
,	(g) Share of end-of-year	assets																	
	•	income																	
	(e) Are all Partners sec. 501(c)(3) Are all 501(c)(3)	Yes No			 													 	
stment partnersnips.	(d) Predominant income particle (related, unrelated, excluded from tax under	sections 512-514)															-		
sion tor certain inve	ë ë	country)																	
tructions regarding exclus	(b) Primary activity																		
that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity												Helitable for an extra communication of the communi						

Schedule R	(Form 990) 2017	KENYON	COLLEGE			31-4379507	Page 5
Part VII	(Form 990) 2017 Supplemental Infor	mation.					
	Gappionional into	······································		Oakadula D. Oaa imaku			
	Provide additional inform	ation for respons	ses to questions on	Schedule R. See Instru	actions.		
-							

-				****		A	

		-					

ww.						- 110	
				,			
<u> </u>							

							<u> </u>
	-tim-				E-WQW-		