

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018

**2017**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type  <b>Name of organization</b> ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>KENYON COLLEGE</b>  <b>Number, street, and room or suite no.</b> If a P.O. box, see instructions. <b>EATON CENTER</b>  <b>City or town, state or province, country, and ZIP or foreign postal code</b> <b>GAMBIER, OH 43022</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>31-4379507</b>
		<b>E</b> Unrelated business activity codes (See instructions.) <b>721110 525990</b>

<b>C</b> Book value of all assets at end of year <b>892,859,197.</b>	<b>F</b> Group exemption number (See instructions.) <b>▶</b> <b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
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**H** Describe the organization's primary unrelated business activity. **▶ SEE STATEMENT 1**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. **▶**

**J** The books are in care of **▶ SHIRLEY O' BRIEN** Telephone number **▶ 740-427-5181**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <b>617,571.</b>			
b	Less returns and allowances			
c	Balance <b>▶</b>	1c <b>617,571.</b>		
2	Cost of goods sold (Schedule A, line 7)	2 <b>387,846.</b>		
3	Gross profit. Subtract line 2 from line 1c	3 <b>229,725.</b>		<b>229,725.</b>
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5 <b>247,402.</b>		<b>247,402.</b>
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) <b>STATEMENT 2</b>	12 <b>8,439.</b>		<b>8,439.</b>
13	<b>Total.</b> Combine lines 3 through 12	13 <b>485,566.</b>		<b>485,566.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	<b>37,875.</b>
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21 <b>107,282.</b>	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a <b>95,497.</b>	22b <b>11,785.</b>
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	<b>8,608.</b>
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) <b>SEE STATEMENT 3</b>	28	<b>10,313.</b>
29	<b>Total deductions.</b> Add lines 14 through 28	29	<b>68,581.</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	<b>416,985.</b>
31	Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 4</b>	31	<b>416,985.</b>
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	<b>0.</b>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	<b>1,000.</b>
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	<b>0.</b>

Part III Tax Computation

Table with 2 columns: Description and Amount. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), Tax on Non-Compliant Facility Income (39), and Total (40).

Part IV Tax and Payments

Table with 2 columns: Description and Amount. Rows include Foreign tax credit (41a-41e), Total credits (41e), Subtract line 41e from line 40 (42), Other taxes (43), Total tax (44), Payments (45a-45g), Estimated tax penalty (47), Tax due (48), Overpayment (49), and Enter the amount of line 49 (50).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Rows include questions about foreign accounts (51), foreign trusts (52), and tax-exempt interest (53).

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: Sean M... Date: 5/13/19 Title: PRESIDENT

Paid Preparer Use Only: Print/Type preparer's name: CHRISTOPHER B. ANDERSON; Preparer's signature: [Signature]; Date: 5/10/19; Firm's name: MALONEY + NOVOTNY LLC; Firm's address: 1111 SUPERIOR AVE, SUITE 700 CLEVELAND, OH 44114-2540; Firm's EIN: 34-0677006; Phone no.: (216) 363-0100

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	387,846.
3	Cost of labor	3			8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
4a	Additional section 263A costs (attach schedule)	4a					X
b	Other costs (attach schedule)	4b	387,846.				
5	Total. Add lines 1 through 4b	5	387,846.				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
0.		0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8		0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b> .....			<b>0.</b>	<b>0.</b>

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				

		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> .....		<b>0.</b>		<b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).		Enter here and on page 1, Part II, line 26.
<b>Totals</b> .....		<b>0.</b>	<b>0.</b>		<b>0.</b>

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

<b>Totals (carry to Part II, line (5))</b> .....		<b>0.</b>	<b>0.</b>			<b>0.</b>
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**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

Depreciation and Amortization (Including Information on Listed Property)

2017

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return KENYON COLLEGE

Business or activity to which this form relates UNREL.BUSINESS INCOME ACTIVITIES

Identifying number 31-4379507

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I, including lines 1-13 for calculating the section 179 expense deduction.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

Table with 3 rows for Part II, including lines 14-16 for special depreciation allowance and other depreciation.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A, including lines 17-18 for MACRS deductions and election to group assets.

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 9 rows (19a-i) for Section B, detailing assets placed in service during 2017.

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

Table with 6 columns and 3 rows (20a-c) for Section C, detailing assets placed in service during 2017 using the alternative system.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV, including lines 21-23 for the summary of depreciation and amortization.

For Paperwork Reduction Act Notice, see separate instructions.

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed? **Yes**  **No**  **24b** If "Yes," is the evidence written? **Yes**  **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1, . . . . .								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .		0		0		0		0		0		0
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use? . . . . .												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

	<b>Yes</b>	<b>No</b>
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2017 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2017 tax year . . . . .					<b>43</b>
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

HOTEL, SUMMER SPORTS CAMPS, CONFERENCES, AND INVESTMENTS IN PARTNERSHIPS THAT GENERATED UNRELATED BUSINESS INCOME

TO FORM 990-T, PAGE 1

FORM 990-T OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
SEC.512(A)(7) QUAL.TRANSPORTATION FRINGES	8,439.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	8,439.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
UTILITIES	4,363.
MAINTENANCE SUPPLIES	1,061.
OUTSIDE SERVICES	879.
INSURANCE	163.
MISCELLANEOUS	3,847.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	10,313.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/09	1,247,748.	1,247,748.	0.	0.
06/30/10	1,582,318.	1,314,688.	267,630.	267,630.
06/30/11	819,405.	0.	819,405.	819,405.
06/30/12	1,137,963.	0.	1,137,963.	1,137,963.
06/30/13	623,613.	0.	623,613.	623,613.
06/30/14	675,211.	0.	675,211.	675,211.
NOL CARRYOVER AVAILABLE THIS YEAR			3,523,822.	3,523,822.



## FORM 990-T

## INCOME (LOSS) FROM PARTNERSHIPS

## STATEMENT 5

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
ALPINE INVESTORS VI, LP	-33,443.	0.	-33,443.
AMBERBROOK VI, LLC	2,340.	0.	2,340.
AMBERBROOK VII, LP	-1,684.	0.	-1,684.
ARCLIGHT ENERGY PARTNERS FUND V, LP	-20,137.	0.	-20,137.
AUDAX SENIOR LOAN FUND I, LP	582,140.	0.	582,140.
AXIOM ASIA PRIVATE CAP FUND III, LP	52.	0.	52.
BROADVAIL CAP PARTNERS FUND I, LP	-34,629.	0.	-34,629.
CARLYLE EUROPE REAL ESTATE PARTNERS III, LP	33,967.	0.	33,967.
CHESAPEAKE INV III, LP	-62,876.	0.	-62,876.
COLLER INTL PARTNERS V-A, LP	25,134.	0.	25,134.
COMMONFUND CAP NR PARTNERS VI, LP	12,894.	0.	12,894.
ENDOWMENT VENTURE PARTNERS V, LP	22.	0.	22.
HEADLANDS CAPITAL SECONDARY FUND, LP	4,816.	0.	4,816.
HEADLANDS CAPITAL SECONDARY FUND II, LP	-1,870.	0.	-1,870.
JEN IV LP	238,428.	0.	238,428.
LUBERT-ADLER REAL EST FUND V, LP	-60,428.	0.	-60,428.
LUBERT-ADLER REAL EST FUND VI, LP	12,334.	0.	12,334.
LUBERT-ADLER REAL EST FUND VI-A, LP	-242.	0.	-242.
MADISON DEARBORN CAP PARTNERS IV, LP	-3,287.	0.	-3,287.
MADISON DEARBORN CAP PARTNERS V-B, LP	7,278.	0.	7,278.
MADISON DEARBORN CAP PARTNERS VI-B, LP	-454.	0.	-454.
MERCED PARTNERS V, LP	-44,175.	0.	-44,175.
METROPOLITAN REAL ESTATE PARTNERS V, LP	-13,803.	0.	-13,803.
MIDCOAST ENERGY PARTNERS, LP	2,291.	0.	2,291.
PARTNERS FOR GROWTH V LP	38,424.	0.	38,424.
PAUL CAPITAL PARTNERS IX, LP	-324.	0.	-324.
PRIVATE ADVISORS SMALL CO. BUYOUT FUND IV	-4,000.	0.	-4,000.
ROCKBRIDGE REAL ESTATE FUND III, LLC	189,249.	0.	189,249.
ROCKBRIDGE HOSPITALITY FUND IV, LP	12,051.	0.	12,051.
SIGULER GUFF DIST. OPP. FUND II(E), LP	-865.	0.	-865.
SIGULER GUFF SMALL BUYOUT OPP. FUND II(T), LP	2,154.	0.	2,154.
SPECTRA ENERGY PARTNERS, LP	-32,850.	0.	-32,850.
SUNOCO LOGISTICS PARTNERS LP	-22,165.	0.	-22,165.
TAILWATER ENERGY FUND III, LP	-551,085.	0.	-551,085.
VERDIS REAL ASSETS FUND, LP	59,103.	0.	59,103.
VORTUS INVESTMENTS II, LP	-12,799.	0.	-12,799.
WESTON PRESIDIO V, LP	4,343.	0.	4,343.
WHITMAN/PETERSON PARTNERS III, LP	-11,569.	0.	-11,569.
YORKTOWN ENERGY PARTNERS IX, LP	-2,109.	0.	-2,109.
YORKTOWN ENERGY PARTNERS X, LP	-49,069.	0.	-49,069.
YORKTOWN ENERGY PARTNERS VII, LP	20,731.	0.	20,731.

<u>KENYON COLLEGE</u>			<u>31-4379507</u>
YORKTOWN ENERGY PARTNERS VIII, LP	-36,486.	0.	-36,486.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	<u>247,402.</u>	<u>0.</u>	<u>247,402.</u>

<u>FORM 990-T</u>	<u>COST OF GOODS SOLD - OTHER COSTS</u>	<u>STATEMENT 6</u>
<u>DESCRIPTION</u>		<u>AMOUNT</u>
FOOD SERVICES		183,586.
KENYON INN - DEPRECIATION		95,497.
KENYON INN EXPENSES		54,242.
TRAVEL		1,231.
REAL ESTATE TAXES		24,690.
SUPPLIES		13,908.
MAINTENANCE		14,692.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B		<u>387,846.</u>

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>KENYON COLLEGE</b>	Employer identification number (EIN) or <b>31-4379507</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>EATON CENTER</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GAMBIER, OH 43022</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SHIRLEY O'BRIEN**

- The books are in the care of ▶ **EATON CENTER - GAMBIER, OH 43022**  
Telephone No. ▶ **740-427-5181** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045