| Form <b>990-T</b>                                      | Fyem          | pt Organization Business In  | come       | Tax Refurn (and prove           | tax under section | 6033(e)\              | OMB N        | No. 1545-0687                    |
|--|---------------|--|------------|---------------------------------|-------------------|-----------------------|--------------|----------------------------------|
| Form <b>330-1</b>                                      | LXCIII        | =  |            |                                 | 701 , 2012, and   | 0033( <del>e</del> )) | 2            | (0) <b>12</b>                    |
| Department of the Treasury<br>Internal Revenue Service |               | For calendar year 2012 or other tax year beginning07/01, 2012, and ending 06/30, 2013.    See separate instructions. |            |                                 |                   |                       |              | ublic Inspection for             |
| Check box if   | +             |  |            | ne changed and see instructions |                   | D Emplo               | , ,,,,,,,    | Organizations Only cation number |
| address change   | d             | Name of organization ( officer by  | ox ii iiai | ne changed and see mandellone   | 3.)               |                       |              | e instructions.)                 |
| B Exempt under section                                 | -             | KENYON COLLEGE   |            |                                 |                   |                       |              |                                  |
| X 501(C)(3)  | Print         | Number, street, and room or suite no. I  | lf a D O   | hov con instructions            |                   | 21 /                  | 379507       |                                  |
|  | or            | Number, street, and room of suite no. I  | ii a i .O. | box, see instructions.          |                   |                       |              | ss activity codes                |
| 408(e) 220   | 1 y pe        | EATON CENTER   |            |                                 |                   |                       | structions.) | 33 delivity codes                |
| 408A530  | a)            |  |            |                                 |                   |                       |              |                                  |
| 529(a)   |               | City or town, state, and ZIP code  |            |                                 |                   | 7011                  | 1.0          | F2F000                           |
| C Book value of all asset<br>at end of year            |               | GAMBIER, OH 43022  |            |                                 |                   | 7211                  | 10           | 525990                           |
| CEO 000 47E  |               | oup exemption number (see instructi  |            |                                 |                   | 1                     |              |                                  |
|  | _             | eck organization type   X   501  | . ,        |                                 |                   | 401(a)                | trust        | Other trust                      |
|  |               | orimary unrelated business activity.   |            | ATTACHMI                        |                   |                       |              |                                  |
|  |               | corporation a subsidiary in an affili  | _          |                                 | ontrolled group?  |                       | ▶∟           | Yes X No                         |
|  |               | identifying number of the parent co  | rporation  |                                 |                   |                       |              |                                  |
|  |               | SHIRLEY O'BRIEN  |            |                                 | e number ► 74     | 10-427                | 7-5181       |                                  |
|  |               | or Business Income   |            | (A) Income                      | (B) Expen         | ses                   |              | (C) Net                          |
| 1a Gross receipts of                                   | r sales       | 603,395.   |            |                                 |                   |                       |              |                                  |
| <b>b</b> Less returns and allo                         |               | <b>c</b> Balance ▶   | 1c         | 603,395.                        |                   |                       |              |                                  |
| 2 Cost of goods s                                      | old (Sched    | dule A, line 7)  | 2          | 392,692.                        |                   |                       |              |                                  |
| 3 Gross profit. S                                      | ıbtract line  | 2 from line 1c   | 3          | 210,703.                        |                   |                       |              | 210,703.                         |
| 4a Capital gain ne                                     | income (a     | attach Schedule D)   | 4a         |                                 |                   |                       |              |                                  |
| <b>b</b> Net gain (loss) (                             | Form 4797,    | Part II, line 17) (attach Form 4797)   | 4b         |                                 |                   |                       |              |                                  |
| c Capital loss de                                      | duction for   | trusts   | 4c         |                                 |                   |                       |              |                                  |
| 5 Income (loss) fro                                    | m partnersh   | ips and S corporations (attach statement)  | 5          | -738,021.                       | ATCH 2            |                       |              | -738,021.                        |
| 6 Rent income (S                                       | chedule C)    |  | 6          |                                 |                   |                       |              |                                  |
| 7 Unrelated debt                                       | financed ir   | ncome (Schedule E)   | 7          |                                 |                   |                       |              |                                  |
| 8 Interest, annui                                      | ties, royal   | ties, and rents from controlled  |            |                                 |                   |                       |              |                                  |
| organizations (S                                       | Schedule F    | )  | 8          |                                 |                   |                       |              |                                  |
| 9 Investment inc                                       | ome of a      | section 501(c)(7), (9), or (17)  |            |                                 |                   |                       |              |                                  |
| organization (S  | chedule G)    |  | 9          |                                 |                   |                       |              |                                  |
| 10 Exploited exem                                      | ot activity i | ncome (Schedule I)   | 10         |                                 |                   |                       |              |                                  |
| 11 Advertising inc                                     | ome (Sche     | dule J)  | 11         |                                 |                   |                       |              |                                  |
| 12 Other income (                                      | see instru    | ctions; attach statement)  | 12         |                                 |                   |                       |              |                                  |
| 13 Total. Combine                                      | lines 3 thi   | rough 12   | 13         | -527,318.                       |                   |                       |              | -527,318.                        |
| Part II Deducti  | ons Not       | Taken Elsewhere (see instr   | uctio      | ns for limitations on d         | eductions) (e:    | xcept fo              | r contrib    | utions,                          |
| deduction  | ns mus        | t be directly connected with t   | he ur      | related business inco           | me)               | -                     |              |                                  |
| 14 Compensation  | of officers,  | directors, and trustees (Schedule K)   |            |                                 |                   | . 14                  |              |                                  |
| 15 Salaries and wa                                     | ges           |  |            |                                 |                   | . 15                  |              | 43,152.                          |
| 16 Repairs and ma                                      | intenance     |  |            |                                 |                   | . 16                  |              | 10,446.                          |
|  |               |  |            |                                 |                   |                       |              |                                  |
|  |               | )  |            |                                 |                   |                       |              |                                  |
|  |               |  |            |                                 |                   |                       |              |                                  |
|  |               | see instructions for limitation rules)   |            |                                 |                   |                       |              |                                  |
|  |               | n 4562)  |            |                                 | 49,304            |                       |              |                                  |
|  |               | d on Schedule A and elsewhere on re  |            |                                 | 32,436            | 5 · 22b               |              | 16,868.                          |
|  |               |  |            |                                 |                   | _                     |              |                                  |
|  |               | compensation plans   |            |                                 |                   |                       |              |                                  |
|  |               | S  |            |                                 |                   |                       |              | 19,338.                          |
|  |               | Schedule I)  |            |                                 |                   |                       |              |                                  |
|  |               | Schedule J)  |            |                                 |                   |                       |              |                                  |
|  |               | statement)   |            |                                 |                   |                       |              | 6,491.                           |
|  |               | es 14 through 28   |            |                                 |                   |                       |              | 96,295.                          |
|  |               | le income before net operating loss  |            |                                 |                   |                       |              | -623,613.                        |
|  |               | ion (limited to the amount on line 30  |            |                                 |                   |                       |              |                                  |
|  |               | le income before specific deduction  |            |                                 |                   |                       |              | -623,613.                        |
|  |               | ally \$1,000, but see line 33 instruc  |            |                                 |                   |                       |              | 1,000.                           |
|  |               | ole income. Subtract line 33 from lin  |            |                                 |                   | . 33                  |              |                                  |
| enter the small  |               |  | 02.        | oo io groater triair line       | · ·-,             | 24                    |              | -623 613                         |

enter the smaller of zero or line 32 . . . . . JSA For Paperwork Reduction Act Notice, see instructions. 2E1610 1.000

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| Par      | III Tax Co   | nputation                              |                                     |            |                      |   |            |              |                        |            |        |
|----------|--|--|-------------------------------------|------------|----------------------|---|------------|--------------|------------------------|------------|--------|
| 35       | Organizations  | axable as corporation                  | n <b>s</b> (se <u>e in</u> structio | ns for     | tax computat         | ion). Controlled gr                         | oup        |              |                        |            |        |
|          | -  | 1561 and 1563) check he                | ·                                   |            |                      | ,   |            |              |                        |            |        |
| а        | Enter your share   | of the \$50,000, \$25,000,<br>(2) \$   | and \$9,925,000                     |            | income bracke        | ets (in that order):                        |            |              |                        |            |        |
| b        | Enter organization                                       | s share of: (1) Additional 5%          | tax (not more than                  | \$11,75    | 0)                   | \$  | _          |              |                        |            |        |
|          | (2) Additional 3%  | ax (not more than \$100,000            | "                                   |            |                      | Ψ   |            | _            |                        |            |        |
| с<br>36  | Trusts taxable   | amount on line 34 at trust rates (se   | e instructions                      | for ta     | ax computatio        | n). Income tax                              | on         | )C           |                        |            |        |
|          | the amount on lin  | 34 from: Tax rate sch                  | nedule or S                         | Schedul    | e D (Form 1041)      |   | . ▶ 3      | 6            |                        |            |        |
| 37       |  | ructions)                              |                                     |            |                      |   |            | 7            |                        |            |        |
| 38       | Alternative minim  | m tax                                  |                                     |            |                      |   | 3          | 8            |                        |            |        |
| 39       |  | and 38 to line 35c or 36, w            | hichever applies                    |            | <del></del>          |   | 3          | 9            |                        |            |        |
|          | Tax an   |  |                                     |            |                      |   |            |              |                        |            |        |
| 40 a     | J  | corporations attach Form 1             | •                                   |            | ′ · · · · —          |   |            |              |                        |            |        |
|          |  | nstructions)                           |                                     |            |                      | _   |            |              |                        |            |        |
|          |  | credit. Attach Form 3800 (se           |                                     |            |                      |   |            |              |                        |            |        |
|          |  | r minimum tax (attach Form             |                                     |            |                      |   |            |              |                        |            |        |
|          |  | ines 40a through 40d                   |                                     |            |                      |   |            | 0e           |                        |            |        |
| 41       |  | rom line 39<br>from: Form 4255 Form 5  | 0044                                | 0007       |                      | Oth (-11111111111111                        | 4          | 1            |                        |            |        |
| 42       | Other taxes. Check                                       |  |                                     | _          |                      |   |            | 2            |                        |            |        |
| 43       |  | s 41 and 42                            |                                     |            | 1                    | 1   | 4          | 3            |                        |            |        |
|          |  | overpayment credited to 20             |                                     |            | I                    |   |            |              |                        |            |        |
|          |  | c payments                             |                                     |            |                      |   |            |              |                        |            |        |
| C        | •  | Form 8868                              |                                     |            |                      |   |            |              |                        |            |        |
| d        | 0 0  | g (see instructions)                   | ,                                   | ,          |                      |   |            |              |                        |            |        |
| e<br>f   | •  | ployer health insurance pre            |                                     |            |                      |   |            |              |                        |            |        |
|          | Other credits and  |  | Form 2439                           |            |                      |   |            |              |                        |            |        |
| 9        |  | ayments.                               | Other                               |            | Total > 44           | a   |            |              |                        |            |        |
| 45       |  | dd lines 44a through 44g               |                                     |            |                      |   | 4          | 5            |                        |            |        |
| 46       |  | alty (see instructions). Check         |                                     |            |                      |   |            | 6            |                        |            |        |
| 47       |  | is less than the total of line         |                                     |            |                      |   |            | 7            |                        |            |        |
| 48       |  | ne 45 is larger than the tota          |                                     |            |                      |   |            | 8            |                        |            |        |
| 49       |  | ine 48 you want: Credited to 20        |                                     |            | •                    | Refunde                                     |            | 9            |                        |            |        |
| Part     | V Staten   | ents Regarding Cer                     | tain Activities                     | and (      | Other Inforn         | nation (see instru                          | ictions)   |              |                        |            |        |
| 1        | At any time durin  | the 2012 calendar year, di             | d the organization h                | ave an     | interest in or a     | signature or other au                       | thority o  | ver a fina   | ancial _               | Yes        | No     |
|          | •  | urities, or other) in a foreign        | •                                   | •          | •                    |   | 22.1, Re   | port of F    | oreign                 |            |        |
|          |  | Accounts. If "Yes," enter the          | _                                   |            |                      |   |            |              |                        | Х          |        |
| 2        |  | , did the organization receive         |                                     |            | as it the grantor    | of, or transferor to, a                     | a foreign  | trust?       |                        |            | X      |
|          | ,  | tions for other forms the org          | ,                                   |            |                      |   |            |              |                        |            |        |
| 3        |  | of tax-exempt interest received        |                                     |            |                      |   |            |              |                        |            |        |
|          |  | of Goods Sold. Ente                    | er method of inver                  | _ <b>_</b> |                      |   |            |              |                        |            |        |
| 1        | Inventory at begin                                       | · · · ·                                |                                     |            |                      | of year                                     |            | 6            |                        |            |        |
| 2        |  | 2                                      |                                     |            |                      | s sold. Subtract                            |            |              |                        |            |        |
| 3        | Cost of labor  |  |                                     | _          |                      | 5. Enter here and                           |            |              | 2 (                    | 02 6       | 592.   |
| 4 a      | Additional section                                       |  |                                     |            |                      | of postion 202/                             |            | 7            |                        |            |        |
| <b>h</b> | (attach statement  |  | 392,692.                            |            |                      | of section 263 <i>A</i><br>uced or acquired | ,          |              |                        | Yes        | No     |
|          | Other costs (attaction of the costs)  Total. Add lines 1 | · —                                    | 392,692.                            | _          |                      | on?   |            | ,            |                        |            | Х      |
| <u> </u> |  | perjury, I declare that I have exam    |                                     | g accom    | panying schedules a  | nd statements, and to the                   | best of m  | y knowled    | ge and bel             | lief, it i |        |
| Sign     | correct and comple                                       | e. Declaration of preparer (other than | taxpayer) is based on all in        | formation  | of which preparer ha | s any knowledge.                            |            |              |                        |            |        |
| Here     |  |  |                                     |            |                      |   |            |              | discuss to<br>arer sho |            |        |
|          | Signature of offi  | er .                                   | Date                                |            | Title                |   | _          | structions)? |                        |            | No     |
|          |  | preparer's name                        | Preparer's s                        | ignature   |                      | Date  | Check      | if           | PTIN                   |            |        |
| Paid     | CHKIS  | OPHER B. ANDERSON                      | 1                                   |            |                      |   | self-empl  |              | P0022                  | 6559       | 9      |
| Prep     |  | e ► MALONEY + NOV                      | OTNY LLC                            |            |                      |   | Firm's Ell | v▶ 34        | -0677                  | 006        |        |
| use<br>— | Only Firm's add  | ess ▶ 1111 SUPERIOR                    | AVENUE, SUI                         | TE 7       | 00                   |   | Phone no   |              | 6-363                  |            | 00     |
|          | * * ATCH   | 4 CLEVELAND, OF                        | H 44114                             |            |                      |   |            |              | Form <b>99</b>         | 0-T (      | (2012) |

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Form 990-T (2012)

School villo C. Boot Income (From Bool Property and Boroccal Property Legacy With Bool Property)

| Schedule C - Rent Income (see instructions)  | (From Real P                       | roperty a                                    | nd Personal Prope  | erty   | Leased W                          | ith Real Prope  | erty)       |   |  |  |
|--|------------------------------------|--|--|--|-----------------------------------|---|-------------|---|--|--|
| 1. Description of property   |                                    |  |  |  |                                   |   |             |   |  |  |
| (1)  |                                    |  |  |  |                                   |   |             |   |  |  |
| (2)  |                                    |  |  |  |                                   |   |             |   |  |  |
| (3)  |                                    |  |  |  |                                   |   |             |   |  |  |
| (4)  |                                    |  |  |  |                                   |   |             |   |  |  |
|  | 2. Rent receiv                     | ed or accru                                  | ed   |  |                                   |   |             |   |  |  |
| (a) From personal property (if the<br>for personal property is more th<br>more than 50%)   |                                    | percent                                      | From real and personal pro<br>tage of rent for personal pro<br>r if the rent is based on pro | perty  | exceeds                           |   |             | nected with the income (attach statement)                                     |  |  |
| (1)  |                                    |  |  |  |                                   |   |             |   |  |  |
| (2)  |                                    |  |  |  |                                   |   |             |   |  |  |
| (3)  |                                    |  |  |  |                                   |   |             |   |  |  |
| (4)  |                                    |  |  |  |                                   |   |             |   |  |  |
| Total  |                                    | Total  |  |  |                                   | <i></i>   |             |   |  |  |
| (c) Total income. Add totals of co<br>here and on page 1, Part I, line 6<br>Schedule E - Unrelated De  | , column (A)                       | . ▶  | oo instructions)   |  |                                   | (b) Total deducti<br>Enter here and o<br>Part I, line 6, colu             | n page 1,   |   |  |  |
| Scriedule E - Officialed De  | ebt-i ilialicea il                 | icome (s                                     | <u> </u>   |  | <b>3.</b> De                      | ductions directly co  | onnected w  | ith or allocable to   |  |  |
| 1. Description of deb  | t-financed property                |  | 2. Gross income from allocable to debt-finance property                                      | 1  |                                   | debt-finan line depreciation statement)                                   | (b)         | ced property  (b) Other deductions (attach statement)                         |  |  |
| (1)  |                                    |  |  |  | (=                                |   | ,           |   |  |  |
| (2)  |                                    |  |  |  |                                   |   |             |   |  |  |
| (3)  |                                    |  |  |  |                                   |   |             |   |  |  |
| (4)  |                                    |  |  |  |                                   |   |             |   |  |  |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)  5. Average adjusted basis of or allocable to debt-financed property (attach statement) |                                    | <b>6.</b> Column<br>4 divided<br>by column 5 |  | 7. Gross income reportable (column 2 x column 6) |                                   | 8. Allocable deductions<br>(column 6 x total of columns<br>3(a) and 3(b)) |             |   |  |  |
| (1)  |                                    |  |  | %  |                                   |   |             |   |  |  |
| (2)  |                                    |  |  | %  |                                   |   |             |   |  |  |
| (3)  |                                    |  |  | %  |                                   |   |             |   |  |  |
| (4)  |                                    |  |  | %  |                                   |   |             |   |  |  |
| Totals   | ions included in co                | lumn 8                                       |  | <b>&gt;</b>                                      | Part I, line                      | and on page 1, 7, column (A).   | Part I,     | ere and on page 1,<br>line 7, column (B).                                     |  |  |
| Schedule F - Interest, Anr   | iuities, Royaiti                   |  |  |  |                                   | ions (see instru  | ictions)    |   |  |  |
|  |                                    | ᄩ  | xempt Controlled Or  | ganız  | zations                           | T   |             |   |  |  |
| Name of controlled organization  | 2. Employer identification numbers | I .  | 3. Net unrelated income (loss) (see instructions)  |  | otal of specified<br>syments made | 5. Part of column included in the organization's gro                      | controlling | 6. Deductions directly connected with income in column 5                      |  |  |
| (1)  |                                    |  |  |  |                                   |   |             |   |  |  |
| (2)  |                                    |  |  |  |                                   |   |             |   |  |  |
| (3)  |                                    |  |  |  |                                   |   |             |   |  |  |
| (4)  |                                    |  |  |  |                                   |   |             |   |  |  |
| Nonexempt Controlled Organ   | nizations                          |  |  |  |                                   |   |             |   |  |  |
| 7. Taxable Income  | 8. Net unrelated (loss) (see insti |  | 9. Total of specific payments made   |  | includ                            | rt of column 9 that is<br>ed in the controlling<br>zation's gross income  | coi         | Deductions directly nnected with income in column 10                          |  |  |
| (1)  |                                    |  |  |  |                                   |   |             |   |  |  |
| (2)  |                                    |  |  |  |                                   |   |             |   |  |  |
| (3)  |                                    |  |  |  |                                   |   |             |   |  |  |
| (4)  |                                    |  |  |  |                                   |   |             |   |  |  |
| Totals   |                                    |  |  |  | Enter                             | columns 5 and 10.<br>here and on page 1,<br>, line 8, column (A).         | En          | dd columns 6 and 11.<br>ter here and on page 1,<br>ırt I, line 8, column (B). |  |  |
| Totals   |                                    |  |  |  | <b>&gt;</b>                       |   |             |   |  |  |

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| Schedule G - Investment In           | come of a Sec   | tion 501(c)(  |  | nization (see ins  | structions)                          |   |
|--------------------------------------|---|---|--|--|--------------------------------------|---|
| 1. Description of income             | 2. Amount of  | income  | <ol> <li>Deductions directly connected (attach statement)</li> </ol>                       |  | et-asides<br>statement)              | 5. Total deductions<br>and set-asides (col. 3<br>plus col. 4)                                   |
| (1)                                  |   |   |  |  |                                      |   |
| (2)                                  |   |   |  |  |                                      |   |
| (3)                                  |   |   |  |  |                                      |   |
| (4)                                  |   |   |  |  |                                      |   |
|                                      | Enter here and<br>Part I, line 9, co                                  |   |  |  |                                      | Enter here and on page 1 Part I, line 9, column (B).  |
|                                      |   |   |  |  |                                      |   |
| Totals                               |   |   | . The A december 1.  |  |                                      |   |
| Schedule I - Exploited Exe           | empt Activity in  | come, Otner   |  | icome (see instri  | uctions)                             |   |
| 1. Description of exploited activity | 2. Gross<br>unrelated<br>business income<br>from trade or<br>business | 3. Expenses<br>directly<br>connected wit<br>production o<br>unrelated<br>business incon | unrelated trade or<br>business (column<br>of 2 minus column<br>3). If a gain,              | 5. Gross income<br>from activity that<br>is not unrelated<br>business income | 6. Expenses attributable to column 5 | 7. Excess exempt<br>expenses<br>(column 6 minus<br>column 5, but not<br>more than<br>column 4). |
| (1)                                  |   |   |  |  |                                      |   |
| (2)                                  |   |   |  |  |                                      |   |
| (3)                                  |   |   |  |  |                                      |   |
| (4)                                  |   |   |  |  |                                      |   |
|                                      | Enter here and on page 1, Part I, line 10, col. (A).                  | Enter here and<br>page 1, Part I<br>line 10, col. (E                                    | I,   |  |                                      | Enter here and on page 1, Part II, line 26.   |
| Totals                               |   | (' \  |  |  |                                      |   |
| Schedule J - Advertising In          |   |   | a all data d Daala   |  |                                      |   |
| Part I Income From Per               | lodicals Report   | ed on a Con   | ISOIIdated Basis   |  |                                      |   |
| 1. Name of periodical                | 2. Gross<br>advertising<br>income                                     | 3. Direct advertising cos   | 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<br>costs (column 6<br>minus column 5, but<br>not more than<br>column 4).   |
| (1)                                  |   |   |  |  |                                      |   |
| (2)                                  |   |   |  |  |                                      |   |
| (3)                                  |   |   |  |  |                                      |   |
| (4)                                  |   |   |  |  |                                      |   |
|                                      |   |   |  |  |                                      |   |
| Totals (carry to Part II, line (5))  |   |   |  |  |                                      |   |
|                                      | iodicals Report   |   | parate Basis (For ea   | ch periodical lis  | ted in Part II, 1                    | fill in columns 2   |
|                                      |   |   |  |  |                                      |   |
| 1. Name of periodical                | 2. Gross<br>advertising<br>income                                     | 3. Direct advertising cos   | 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)                                  |   |   |  |  |                                      |   |
| Totals from Part I                   |   |   |  |  | 1                                    |   |
| Totals, Part II (lines 1-5)          | Enter here and on page 1, Part I, line 11, col. (A).                  | Enter here and<br>page 1, Part<br>line 11, col. (E                                      | I  |  |                                      | Enter here and on page 1, Part II, line 27.   |
| Schedule K - Compensatio             | n of Officers D   | irectors and  | d Trustaes (see instri   | uctions)   |                                      |   |
| 1. Name                              | ii oi oillocia, b   |   | 2. Title   | 3. Percent of time devoted   | to   4. Comp                         | ensation attributable to related business   |
| (1)                                  |   |   |  | business   |                                      |   |
|                                      |   |   |  |  | %                                    |   |
| <u>(2)</u><br>(3)                    |   |   |  |  | %                                    |   |
| (4)                                  |   |   |  |  | %                                    |   |
| Total. Enter here and on page 1, P   | art II. line 14   | 1   |  |  | <u>%</u><br>▶                        |   |
| noro and on page 1, 1                |   |   |  |  |                                      |   |

Form **990-T** (2012)

# 4562

### **Depreciation and Amortization** (Including Information on Listed Property)

▶ See separate instructions.

OMB No. 1545-0172

Attachmen

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attach to your tax return. Business or activity to which this form relates

Identifying number

UNRELATED BUSINESS ACTIVITIES KENYON COLLEGE 31-4379507 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 49,304.00 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2012 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (f) Method placed in (business/investment use (e) Convention (g) Depreciation deduction period only - see instructions) 3-year property 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L 27.5 yrs. MM S/I h Residential rental MM S/L property 27.5 yrs. MM S/I 39 yrs. i Nonresidential real MM property Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 40-year MM S/L 40 yrs. Part IV Summary (See instructions.) Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 49,304.00 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

| Section A - Depreciation of the rehicles, certain computers, and property used for entertainment, recreation, or answernent, Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a 24b, columns (g) 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  |   | n 4562 (2012)   | 4 /1   | 1 . 2  |                         |                |                     |           | 1      |   |  | 1                           | 1                   |         |                 | Page 2        |
|--|---|---|--|--|-------------------------|----------------|---------------------|-----------|--------|---|--|-----------------------------|---------------------|---------|-----------------|---------------|
| 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 A, all of Section A, all of Section B, and Section C at 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?  (a)   | Pa  |   |  |  |                         | certain o      | tner                | venic     | cies,  | certain                                     | comp   | outers,                     | and                 | prope   | rty use         | ea ro         |
| Section A - Depreciation and Other Information (Caution: See the instructions for Wints for passenger automobiles).  24a Do you have evidence to support the business/investment use claimed?  (a) Type of property (list vehicles first)  Date placed  Date placed  Property used for or qualified listed property placed in service during the tax year and used more than 50% in a qualified business use:  Property used more than 50% in a qualified business use:  Property used more than 50% in a qualified business use:  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 you employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  Section B - Information on Use of Vehicles  Total business/investment miles driven during the year, Add lines 30 through 32.  Total other personal (noncommuting) miles driven during the year, Add lines 30 through 32.  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 a more than 5% owner or related persons (see instructions).  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 this section B for vehicles used by perpoyees who are not more than 5% owners or related persons (see instructions).   |   | Note: For an  | y vehicle for whic   | h you are  | e using                 | g the stan     | dard                | mileag    | ge ra  | ite or ded                                  | ducting  | lease e                     | expense             | e, comp | lete <b>o</b> n | <b>ly</b> 24a |
| 24a Do you have evidence to support the business/investment use claimed?   Yes   No   24b   ff "Yes," is the evidence written?   Yes   No   No   Property (list veshicles first)   Description of the property (list veshicles for    |   |   | <del>''''</del>  |  |                         |                |                     |           |        | <u> </u>                                    |  |                             |                     |         |                 |               |
| (a) Type of properly (list vehicles first)  Type of properly (list vehicles first)  Date placed in service  Date placed vehicles first)  Date placed vehicles first)  Date placed vehicles first)  Date placed in service  Date placed in service  Cost or other basis  Date placed in vehicles first)  Date placed vehicles first)  Date placed in vehicles first)  Date placed investment use for other basis  Date placed investment vehicles vehicles for personal use first or that 5% owner, or related person. If you provided vehicles to you employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  Page 1  | 24-   |   |  |  |                         |                |                     |           |        |   |  | -                           | _                   |         |                 |               |
| Business/ Investment upo Portol (list upones)   Date placed in service whiches first)   Date placed in service whiches whiches whiches were well as the property placed in service during the tax   Date placed which was a service whiches whiches whiches were well as the property used more than 50% in a qualified business use:    Property used 50% or less in a qualified business use:   S/L -   S/L  | 24a   |   |  |  | ent use                 | ciaimed?       | Yes                 |           | NO     | Т   |  |                             |                     |         |                 | _             |
| year and used more than 50% in a qualified business use:    Property used more than 50% in a qualified business use:   |   | Type of property (list  | Date placed in service   | Business/<br>nvestment us  | e Cost                  |                |                     | for depre | stment | Recovery                                    | Met  | hod/                        | Depre               | ciation | Elected         | section       |
| 26 Property used more than 50% in a qualified business use:  | 25  | •   | •  |  |                         |                |                     |           | •      |   | •  |                             |                     |         |                 |               |
| S/L    | 26  | •   | •  |  |                         | instructions)  |                     |           |        |   |  | - 25                        |                     |         |                 |               |
| 27 Property used 50% or less in a qualified business use:  |   | 1 Toperty used more th  | ari 50 /6 iii a quaiinea i   |  |                         |                |                     |           |        |   |  |                             |                     |         |                 |               |
| 27 Property used 50% or less in a qualified business use:  |   |   |  |  |                         |                |                     |           |        |   |  |                             |                     |         |                 |               |
| %6   S/L -     %6   S/L -  |   |   |  |  |                         |                |                     |           |        |   |  |                             |                     |         |                 |               |
| S/L    | 27  | Property used 50% or  | less in a qualified busi   | ness use:  |                         |                |                     |           |        |   |  |                             |                     |         |                 |               |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1   |   |   |  | (  | %                       |                |                     |           |        |   | S/L -  |                             |                     |         |                 |               |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1   |   |   |  | (  | %                       |                |                     |           |        |   | S/L -  |                             |                     |         |                 |               |
| 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 you employees, first answer the questions in Section C to see if you meet an exception to completing this section for tweit of those vehicles.  (a) (b) (c) (d) (e) (f) (vehicle 3) (vehicle 4) (vehicle 5) (vehicle 6) (vehi |   |   |  | (  | %                       |                |                     |           |        |   | S/L -  |                             |                     |         |                 |               |
| 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 you employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  (a) (b) (c) (d) (e) (vehicle 5 (vehicle 6 (vehicle 2 (vehicle 3 (vehicle 4 (vehicle 5 (vehicle 6 (veh | 28  |   |  |  |                         |                |                     |           |        |   |  | 28                          |                     |         |                 |               |
| 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 you employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.    (a)  | 29  | Add amounts in colum  | n (i), line 26. Enter h  | ere and on   | line 7, p               | age 1          |                     |           |        |   |  |                             |                     | . 29    |                 |               |
| employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  (a) (b) (c) Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6  7 Vehicle 6 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6  7 Vehicle 6 Vehicle |   |   |  |  |                         |                |                     |           |        |   |  |                             |                     |         |                 |               |
| (a) (b) (c) (d) (e) (f) Vehicle 2  Total business/investment miles driven during the year (do not include commuting miles)  Total commuting miles driven during the year  Total other personal (noncommuting) miles driven during the year  Total other personal (noncommuting) miles driven during the year   |   |   |  |  |                         |                |                     |           |        |   |  |                             |                     | rovided | vehicles        | to you        |
| Total business/investment miles driven during the year (do not include commuting miles)  | CITIF   | noyees, mst answer the  | questions in Section   | C to see ii y  | ou illee                | et all excepti |                     |           |        |   |  |                             | c                   |         |                 |               |
| the year (do not include commuting miles)  |   |   |  |  | ,                       | 2)             |                     |           | ting t |   |  |                             |                     | ۵)      | /4              | `             |
| Total commuting miles driven during the year.  Total other personal (noncommuting) miles driven.  Total miles driven during the year. Add lines 30 through 32.  Was the vehicle available for personal use during off-duty hours?  Was the vehicle used primarily by a more than 5% owner or related person?  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 are not more than 5% owners or related persons (see instructions).  | 30  |   |  |  | •                       |                | (b)                 | )         |        | (c)   | (  | d)                          | (0                  | •       |                 |               |
| Total other personal (noncommuting) miles driven   |   |   |  |  | •                       |                | (b)                 | )         |        | (c)   | (  | d)                          | (0                  | •       |                 |               |
| driven   | 21  | • ,   | e commuting miles)   |  | •                       |                | (b)                 | )         |        | (c)   | (  | d)                          | (0                  | •       |                 |               |
| 33 Total miles driven during the year. Add lines 30 through 32   |   | Total commuting miles   | e commuting miles)<br>s driven during the y  | year   | •                       |                | (b)                 | )         |        | (c)   | (  | d)                          | (0                  | •       |                 |               |
| 30 through 32  |   | Total commuting miles Total other person  | e commuting miles) s driven during the y nal (noncommuting)  | year   | •                       |                | (b)                 | )         |        | (c)   | (  | d)                          | (0                  | •       |                 |               |
| 34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 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 are not more than 5% owners or related persons (see instructions).  Yes No | 32  | Total commuting miles Total other persor driven   | e commuting miles) s driven during the y nal (noncommuting)  | year<br>) miles  | •                       |                | (b)                 | )         |        | (c)   | (  | d)                          | (0                  | •       |                 |               |
| 35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  | 32  | Total commuting miles Total other persor driven Total miles driven of   | e commuting miles) s driven during the your commuting, during the year. Ac   | year<br>) miles  | •                       | icle 1         | (b)                 | le 2      |        | (c)<br>Yehicle 3                            | (  | d)<br>cle 4                 | (0                  | icle 5  |                 | cle 6         |
| 35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  | 32<br>33  | Total commuting miles Total other persor driven Total miles driven of 30 through 32   | e commuting miles) s driven during the y al (noncommuting) during the year. Ac   | year<br>) miles<br>dd lines  | Veh                     | icle 1         | <b>(b)</b><br>Vehic | le 2      | V      | (c)<br>'ehicle 3                            | (veh   | d)<br>cle 4                 | <b>(</b> é<br>Vehi  | icle 5  | Vehi            | cle 6         |
| 36 Is another vehicle available for personal use?  | 32<br>33  | Total commuting miles Total other persor driven Total miles driven of 30 through 32 Was the vehicle as  | e commuting miles) s driven during the y nal (noncommuting) during the year. Ac  | year) miles dd lines   | Veh                     | icle 1         | <b>(b)</b><br>Vehic | le 2      | V      | (c)<br>'ehicle 3                            | (veh   | d)<br>cle 4                 | <b>(</b> é<br>Vehi  | icle 5  | Vehi            | cle 6         |
| 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 are not more than 5% owners or related persons (see instructions).  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No   | 32<br>33<br>34  | Total commuting miles Total other persor driven Total miles driven of 30 through 32 Was the vehicle a during off-duty hours?  | e commuting miles) s driven during the y nal (noncommuting) during the year. Ac  | year) milesdd lines  | Veh                     | icle 1         | <b>(b)</b><br>Vehic | le 2      | V      | (c)<br>'ehicle 3                            | (veh   | d)<br>cle 4                 | <b>(</b> é<br>Vehi  | icle 5  | Vehi            | cle 6         |
| 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 are not more than 5% owners or related persons (see instructions).  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No   | 32<br>33<br>34  | Total commuting miles Total other persor driven Total miles driven c 30 through 32 Was the vehicle a during off-duty hours? Was the vehicle u   | e commuting miles) s driven during the y al (noncommuting) during the year. Ac available for perso sed primarily by  | year ) miles dd lines unal use a more                                      | Veh                     | icle 1         | <b>(b)</b><br>Vehic | le 2      | V      | (c)<br>'ehicle 3                            | (veh   | d)<br>cle 4                 | <b>(</b> é<br>Vehi  | icle 5  | Vehi            | cle 6         |
| Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No  | <ul><li>32</li><li>33</li><li>34</li><li>35</li></ul> | Total commuting miles Total other persor driven Total miles driven of 30 through 32 Was the vehicle a during off-duty hours? Was the vehicle u than 5% owner or relati  | e commuting miles) s driven during the y hal (noncommuting) during the year. Ac available for perso sed primarily by ed person?  | year ) miles dd lines  | Veh                     | icle 1         | <b>(b)</b><br>Vehic | le 2      | V      | (c)<br>'ehicle 3                            | (veh   | d)<br>cle 4                 | <b>(</b> é<br>Vehi  | icle 5  | Vehi            | cle 6         |
| more than 5% owners or related persons (see instructions).  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No  | <ul><li>32</li><li>33</li><li>34</li><li>35</li></ul> | Total commuting miles Total other persor driven Total miles driven of 30 through 32 Was the vehicle a during off-duty hours? Was the vehicle u than 5% owner or relat Is another vehicle use?   | e commuting miles) s driven during the y hal (noncommuting) during the year. Ac available for perso sed primarily by ed person? e available for  | year ) miles dd lines onal use a more personal                             | Yes                     | O No Y         | (b)<br>Vehic        | 0<br>No   | Yes    | (c) 'ehicle 3  0  8 No                      | Yes  | 0<br>No                     | Yes                 | 0 No    | Vehi            | cle 6         |
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No  | 32<br>33<br>34<br>35<br>36                            | Total commuting miles Total other person driven  Total miles driven of 30 through 32  Was the vehicle of during off-duty hours? Was the vehicle of than 5% owner or relat Is another vehicle use?  Sec                                      | e commuting miles) s driven during the y al (noncommuting) during the year. Ac available for perso sed primarily by ed person? e available for tion C - Question   | year) miles dd linesa morepersonal   | Yes                     | O No Y         | (b)<br>Vehic        | le 2      | Yes    | (c) 'ehicle 3  0 s No                       | Yes  | O<br>No                     | Yes                 | O No    | Yes             | O No          |
| 37 Do you maintain a written policy statement that prombits an personal use of venicles, including commuting, by   | 32 33 34 35 36 —Ans                                   | Total commuting miles Total other persor driven Total miles driven of 30 through 32 Was the vehicle of during off-duty hours? Was the vehicle of than 5% owner or relat is another vehicle use?  Sec swer these questions                   | e commuting miles) s driven during the y al (noncommuting) during the year. Ac available for perso sed primarily by ed person? e available for tion C - Question to determine if yo                      | year ) miles dd lines a more personal personal but meet a                  | Yes  Ploye n exce       | O No Y         | (b)<br>Vehic        | le 2      | Yes    | (c) 'ehicle 3  0 s No                       | Yes  | O<br>No                     | Yes                 | O No    | Yes             | O No          |
|  | 32 33 34 35 36 Ans                                    | Total commuting miles Total other persor driven Total miles driven of 30 through 32 Was the vehicle a during off-duty hours? Was the vehicle u than 5% owner or relat Is another vehicle use? Sec swer these questions re than 5% owners or | e commuting miles) s driven during the y hal (noncommuting) during the year. Ac available for perso sed primarily by ed person? available for tion C - Question to determine if you related persons (see | year ) miles  dd lines  anal use personal  personal  bu meet a ee instruct | Yes  Ploye n exceions). | 0 No Y         | (b) Vehic           | 0 No      | Yes    | (c) rehicle 3  0  s No s for Use on B for v | Yes  Property of the second of | O<br>No<br>eir Em<br>used b | Yes  Ployee y emple | 0 No    | Yes Yes         | 0 No          |

| 37 | Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by  | Yes | No |
|----|--|-----|----|
|    | your employees?  |     |    |
| 38 | 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  |     |    |
| 39 | Do you treat all use of vehicles by employees as personal use?   |     |    |
| 40 | 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?  |     |    |
| 41 | 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," do not complete Section B for the covered vehicles.  |     |    |
| Б  | and All III. A second for all the second sec |     |    |

| Part VI | Amortization |
|---------|--------------|
| Fail VI | AIHOHIZAHOI  |

|    | (a) Description of costs                  | (b)  Date amortization begins | <b>(c)</b><br>Amortizable amount | (d)<br>Code section | (e)<br>Amortiza<br>period<br>percenta | or | (f)<br>Amortization for this year |
|----|---|-------------------------------|----------------------------------|---------------------|---------------------------------------|----|-----------------------------------|
| 42 | Amortization of costs that begins during  | g your 2012 tax ye            | ear (see instructions):          |                     |                                       |    |                                   |
|    |   |                               |                                  |                     |                                       |    |                                   |
|    |   |                               |                                  |                     |                                       |    |                                   |
| 43 | Amortization of costs that began before y | our 2012 tax year             |                                  |                     | L                                     | 43 |                                   |
| 44 | Total. Add amounts in column (f). See the | e instructions for whe        | re to report                     | <u> </u>            |                                       | 44 |                                   |

#### ATTACHMENT 1

## ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

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

#### ATTACHMENT 2

### FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

| ABS CAPITAL PARTNERS V, LP                | -32,707.  |
|---|-----------|
| ABS CAPITAL PARTNERS VI, LP               | -12,276.  |
| ADAMAS PARTNERS, LP                       | 41,251.   |
|   | -12.      |
| AMBERBROOK VI, LLC                        |           |
| CHESAPEAKE INV III, LP                    | 11,918.   |
| ARCLIGHT ENERGY PARTNERS FUND V, LP       | -55,205.  |
| COLLER INTL PARTNERS V-A, LP              | -8,971.   |
| DCP MIDSTREAM PARTNERS, LP                | -7,368.   |
| BUCKEYE PARTNERS, LP                      | -16,506.  |
| BOARDWALK PIPELINE PARTNERS, LP           | -19,460.  |
| LUBERT-ADLER REAL EST FUND V, LP          | -70,731.  |
| LUBERT-ADLER REAL EST FUND VI, LP         | -15,481.  |
| LUBERT-ADLER REAL EST FUND VI-A, LP       | 897.      |
| MADISON DEARBORN CAP PARTNERS IV, LP      | 206,377.  |
| MADISON DEARBORN CAP PARTNERS V-B, LP     | 2,456.    |
| CRESTWOOD MIDSTREAM PARTNERS, LP          | -801.     |
| METROPOLITAN REAL EST PARTNERS V, LP      | -26,892.  |
| OVP VENTURE PARTNERS VI, LP               | -109,973. |
| PAUL CAPITAL PARTNERS IX, LP              | 29,763.   |
| PINNACLE NATURAL RESOURCES, LP            | 12,786.   |
| ROCKBRIDGE REAL EST FUND III, LLC         | -15,965.  |
| ROCKBRIDGE HOSPITALITY FUND IV, LP        | -254,266. |
| SIGULER GULF DIST. OPP. FUND II(E), LP    | 5,825.    |
| VERDIS REAL ASSETS FUND, LP               | -20,113.  |
| WALDEN VC II, LP                          | -29.      |
| WESTON PRESIDIO V, LP                     | 159,372.  |
| YORKTOWN ENERGY PARTNERS VII, LP          | 5,060.    |
| YORKTOWN ENERGY PARTNERS VIII, LP         | -81,560.  |
| YORKTOWN ENERGY PARTNERS IX, LP           | -102,985. |
| EL PASO PIPELINE PARTNERS, LP             | -6,023.   |
| ENERGY TRANSFER EQUITY, LP                | -75,003.  |
| ENTERPRISE PRODUCTS PARTNERS, LP          | -72,971.  |
| INERGY, LP                                | -3,707.   |
| MAGELLAN MIDSTREAM PARTNERS, LP           | -11,484.  |
| NISKA GAS STORAGE PARTNERS LLC            | 2,063.    |
| NUSTAR ENERGY, LP                         | -17,766.  |
| PLAINS ALL AMERICAN PIPELINE, LP          | -9,965.   |
| POST LIMITED TERM HIGH YIELD FUND, LP     | 1,317.    |
| POST LIMITED TERM HIGH YIELD FUND, LP     | 488.      |
| PRIVATE ADVISORS SMALL CO. BUYOUT FUND IV | -1,029.   |
| REGENCY ENERGY PARTNERS, LP               | -75,656.  |
| ,   | -10,583.  |
| SPECTRA ENERGY PARTNERS, LP               |           |
| TC PIPELINES, LP                          | -24,669.  |
| TEEKAY LNG PARTNERS, LP                   | -3,531.   |
| WESTERN GAS PARTNERS, LP                  | -6,533.   |
| WILLIAMS PARTNERS, LP                     | -19,364.  |

## ATTACHMENT 2 (CONT'D)

| INERGY MIDSTREAM ,LP MADISON DEARBORN CAP PARTNERS VI-B, LP MARKWEST ENERGY PARTNERS, LP PAA NATURAL GAS STORAGE, LP SUMMIT MIDSTREAM PARTNERS, LP SUNOCO LOGISTICS PARTNERS, LP | 1,295.<br>-3,301.<br>-21,100.<br>-8,843.<br>-3,562.<br>7,502. |
|--|---|
| INCOME (LOSS) FROM PARTNERSHIPS  | -738,021.   |

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

UTILITIES 5,463. MISCELLANEOUS 1,028.

PART II - LINE 28 - OTHER DEDUCTIONS

6,491.

#### ATTACHMENT 4

# FORM 990T - SCHEDULE A - LINE 4B - OTHER COSTS

| FOOD SERVICES             | 243,385.        |
|---------------------------|-----------------|
| INSURANCE                 | 102.            |
| KENYON INN - DEPRECIATION | 32,436.         |
| KENYON INN EXPENSES       | 43,968.         |
| TRAVEL                    | 1,598.          |
| REAL ESTATE TAXES         | 23,828.         |
| PRINTING AND SUPPLIES     | 7,240.          |
| MAINTENANCE               | 40,135.         |
|                           |                 |
| TOTAL OTHER COSTS         | <u>392,692.</u> |