Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

of thio -11-6 ١. - 4 -

		■ Ine organization may		•	-		prung requireme			specti	on
AF	or th	e 2012 calendar year, or tax year beginning	0	7/01, 2012	2, and end	ing	N F: 1 ···		/30, 20		
Br	heck if ap	C Name of organization					D Employer ide	entífica	ation num	ber	
_	_	KENYON COLLEGE									
	Addre chang	Je Doing Business As			31-4379						
	Name	her and street (or P.O. box if mail is not de	elivered to street addr	ress)	Room/suite		E Telephone n	umber			
	Initial	return EATON CENTER					(740) 42	7 - 5	181		
	Term	inated City or town, state or country, and ZIP + 4									
	Amer returr	GAMBIER, OH 43022					G Gross receip	ts \$	199,	135	,804.
	Applie pendi	F Name and address of principal officer:	SEAN M. DEC.	ATUR, PR	ESIDENT		H(a) Is this a grou affiliates?	up returr	n for	Yes	X No
		EATON CENTER GAMBIER, OH	43022				H(b) Are all affilia	tes inclu	uded?	Yes	No
I	Tax-ex	empt status: X 501(c)(3) 501(c) ()	(insert no.)	4947(a)(1)	or 5	27	If "No," attac	ch a list.	(see instruc	tions)	
J	Websi	te: NWW.KENYON.EDU					H(c) Group exem	ption nu	mber 🕨		
к	Form	of organization: X Corporation Trust Asso	ciation Other	•	L Year	of formati	ion: 1824 M	State of	of legal do	micile:	OH
-	rt I	Summary					I		0		
	1	Briefly describe the organization's mission or mo	at cignificant activit	ioc:							
	'	KENYON COLLEGE IS A PRIVATE LI									
S		APPROXIMATELY 1,600 STUDENTS A									
mai		DEPARTMENTS AND 13 INTERDISCIE									
Governance	2	Check this box \blacktriangleright if the organization disco			ed of more t		of its not assot				
ğ	3							1 1			40.
ş	4	Number of voting members of the governing body					• • • • • • •	3			<u> </u>
Activities		Number of independent voting members of the g	overning body (Pa		• • • • •		• • • • • • • •			1	,836.
cti	5	Total number of individuals employed in calendar						5			
Ā	6	Total number of volunteers (estimate if necessary)						6		E 0 7	748.
		Total gross unrelated business revenue from Part						7a			,318.
	b	Net unrelated business taxable income from Form	990-1, line 34 .			• • • • •		7b			,613.
							Prior Year			ent Ye	
an	8	Contributions and grants (Part VIII, line 1h)		- COP	Y FOR	—–∖ך	15,916,14				,801.
Revenue	9	Program service revenue (Part VIII, line 2g)			SPECTION		89,117,79				,887.
Re	10	Investment income (Part VIII, column (A), lines 3,					13,627,36				,627.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8	3c, 9c, 10c, and 11	e)			2,232,86				,326.
	12	Total revenue - add lines 8 through 11 (must equa					20,894,18		145,	651	,641.
	13	Grants and similar amounts paid (Part IX, column	(A), lines 1-3)				25,357,05	57.	27,	117	,023.
	14	Benefits paid to or for members (Part IX, column (A), line 4)					0			C
ŝ	15		other compensation, employee benefits (Part IX, column (A), lines 5-10) nal fundraising fees (Part IX, column (A), line 11e)							348	,242.
Expenses	16 a	Professional fundraising fees (Part IX, column (A),									0
- dx	b	Total fundraising expenses (Part IX, column (D), lin									
ш	17	Other expenses (Part IX, column (A), lines 11a-11	_	48,157,29	96.	47,	705	,723.			
	18	Total expenses. Add lines 13-17 (must equal Part		. 1	22,422,25	52.	125,	170	,988.		
	19	Revenue less expenses. Subtract line 18 from line					-1,528,06	59.	20,	480	,653.
ces							ning of Current \	/ear	End	l of Yea	ar
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				6	41,361,19	92.	650,	800	,475.
Ass	21	Total liabilities (Part X, line 26)				2	22,741,85	57.	218,	068	,511.
Net	22	Net assets or fund balances. Subtract line 21 from	n line 20			4	18,619,33	35.	432,	731	,964.
	rt II	Signature Block									
Un	der per	nalties of perjury, I declare that I have examined this return	, including accompa	nying schedules	and stateme	nts, and to	the best of my k	nowled	dge and be	lief, it i	s true,
cor	rect, ar	nd complete. Declaration of preparer (other than officer) is	based on all informa	ation of which p	reparer nas a	ny knowie	age.				
S	ign										
	ere	Signature of officer					Date				
		Type or print name and title									
			parer's signature		Date		Check if		PTIN		
Paid	ł	CHRISTOPHER B. ANDERSON					self- employed] P002))65	59
Pre	parer		V LLC				,	3/ ()67700		<u> </u>
Use	Only	Firm's name MALONEY + NOVOTN									
Max	(tha !	Firm's address 1111 SUPERIOR AVENUE, SU							-363-0		—
		RS discuss this return with the preparer shown abo							X Ye		<u>No</u>
⊢or	rape	rwork Reduction Act Notice, see the separate ins	structions.						⊢orr	u aan	(2012)

orm 990 (2012)			31-4379	
. ,				Pag
	ment of Program Service	Accomplishments response to any question in this Part III		T
	e the organization's mission			
ATTACHM				
ATTACHM				
		ificant program services during the yea		
prior Form 990 If "Yes " descri) or 990-EZ? be these new services on S	Schedule O		Yes XI
Did the orga	nization cease conducting	g, or make significant changes in h		Yes X
lf "Yes," descri	be these changes on Sche	dule O. ervice accomplishments for each of it		
expenses. Sec	ction 501(c)(3) and 501(c)	(4) organizations are required to repo or each program service reported.		
a (Code:) (Expenses \$ 108,	403,934 including grants of \$ 27,	117,023.) (Revenue \$ 95,586	, ₅₁₀ .)
		LEADING TO A BACHELOR'S D		
STUDENT-TC	-FACULTY RATIO OF	10 TO 1. IN ADDITION, THE	COLLEGE	
OFFERS 10	CONCENTRATIONS; PR	E-PROFESSIONAL ADVISING FO	R GRADUATE	
		SINESS, EDUCATION, ENGINEE		
		F COOPERATIVE PROGRAMS INV		
		IS ACTIVE AND MULTIFACETED		
INTERCOLLE	GIATE AND INTRAMUR	AL ATHLETICS, PERFORMING A	RTS GROUPS,	
SORORITIES	AND FRATERNITIES,	AND EDUCATIONAL OPPORTUNI	FIES IN	
		THE COLLEGE'S ENROLLMENT I	5	
APPROXIMAT	ELY 1,600 STUDENTS			
		· · · · · · · · · · · · · · · · · · ·		
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Form 990 (2012)

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
v	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		
Ŭ	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	114		<u> </u>
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
~	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110	21	<u> </u>
L.	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
h	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	21	<u> </u>
		11f	х	
12.0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i>		21	<u> </u>
1 Z d		12a		x
h	complete Schedule D, Parts XI and XII	120		
b		12b	Х	
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	14a		X
		140		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business investment and program service activities outside the United States or aggregate			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b	Х	
4 5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	140		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15		x
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	13		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16	Х	
47	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	10	Λ	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17		x
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
<u> </u>	If "Yes," complete Schedule G, Part III	19		X
		20a 20b		
α	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		37	
	employees? If "Yes," complete Schedule J	23	X	<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240	Х	
h	through 24d and complete Schedule K. If "No," go to line 25	24a 24b		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
20 4	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	20-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b	Х	
с	Schedule L, Part IV	200		
U	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		3.7	
	or IV, and Part V, line 1.	34	X X	
35 a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
D D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2012)

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Form	990 (2012)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2,127			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 1,836			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
39	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	0.0		
Ψa	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a	х	
h	account)? If "Yes," enter the name of the foreign country: ► <u>ATTACHMENT 2</u>	Tu		
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
50		5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c		- 21
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		х
L	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		А
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6h		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the experimetion receives a neutrino $\frac{1}{2}$ mode particular production and particular productions of $\frac{1}{2}$.			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	v	
	and services provided to the payor?	7a 7h	X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		37
_	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part \	0 (2012) KENYON COLLEGE	31-4379	507		Page (
					"No
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sc				
	Check if Schedule O contains a response to any question in this Part VI			• •	Х
Section	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a 40			
I	f there are material differences in voting rights among members of the governing body, or if the governing				
ł	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent \ldots \ldots .	1b 39			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela	ationship with			
ä	any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or un	der the direct			
\$	supervision of officers, directors, or trustees, or key employees to a management company or othe	r person?	3		X
4 I	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to ele	ect or appoint			
(one or more members of the governing body?		7a		Х
b /	Are any governance decisions of the organization reserved to (or subject to approval b	oy) members,			
5	stockholders, or persons other than the governing body?		7b		Х
B	Did the organization contemporaneously document the meetings held or written actions unde	ertaken during			
t	he year by the following:				
a	The governing body?		8a	X	
bl	Each committee with authority to act on behalf of the governing body?		8b	Х	
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	he organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
ectio	n B. Policies (This Section B requests information about policies not required by the Inte	rnal Revenue	Code		
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		Х
bl	f "Yes," did the organization have written policies and procedures governing the activities of s	such chapters,			
ä	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	irposes?	10b		
1a	las the organization provided a complete copy of this Form 990 to all members of its governing body before fil	ing the form?	11a		X
b I	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		120	X	
• •			12a		
b \	Nere officers, directors, or trustees, and key employees required to disclose annually interests the				
I	ise to conflicts?	hat could give	12a	x	
I		hat could give		x	
c l	ise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the po describe in Schedule O how this was done	hat could give blicy? <i>If "Yes,"</i>	12b 12c	x x	
c l	ise to conflicts? . Did the organization regularly and consistently monitor and enforce compliance with the po	hat could give blicy? <i>If "Yes,"</i>	12b	x	
c 3	ise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the po describe in Schedule O how this was done	hat could give	12b 12c	x x	X
c 3 4	ise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the po describe in Schedule O how this was done Did the organization have a written whistleblower policy?	hat could give blicy? If "Yes,"	12b 12c 13	x x	X
c 3 4 5 i	ise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the po- describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation	hat could give plicy? <i>If "Yes,"</i> d approval by and decision?	12b 12c 13	X X X	X
c 3 4 5 a ⁻	ise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the po- describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation The organization's CEO, Executive Director, or top management official	hat could give plicy? <i>If "Yes,"</i> d approval by and decision?	12b 12c 13 14 15a	x x x x	X
c 3 4 5 a ⁻ b (ise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the po- describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation The organization's CEO, Executive Director, or top management official Dther officers or key employees of the organization	hat could give plicy? <i>If "Yes,"</i> d approval by and decision?	12b 12c 13 14	X X X	X
c 3 4 5 a ⁻ b (ise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the po- describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation The organization's CEO, Executive Director, or top management official	hat could give plicy? <i>If "Yes,"</i> d approval by and decision?	12b 12c 13 14 15a	x x x x	X
c 3 4 5 a ⁻ b (ise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the po- describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation The organization's CEO, Executive Director, or top management official Dther officers or key employees of the organization	hat could give plicy? <i>If "Yes,"</i> d approval by and decision?	12b 12c 13 14 15a	x x x x	x
c 3 4 5 5 6a	ise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the po- describe in Schedule O how this was done	hat could give plicy? <i>If "Yes,"</i> d approval by and decision? r arrangement	12b 12c 13 14 15a	x x x x	x
c 3 4 5 5 6a	ise to conflicts?	hat could give plicy? <i>If "Yes,"</i> d approval by and decision? r arrangement	12b 12c 13 14 15a 15b	x x x x	
c 3 4 5 b (6a 6a 6a	ise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the po- describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation The organization's CEO, Executive Director, or top management official	hat could give plicy? <i>If "Yes,"</i> d approval by and decision? r arrangement o evaluate its safeguard the	12b 12c 13 14 15a 15b 16a	x x x x	
c 3 4 5 b 6a 6a 1	ise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the po- describe in Schedule O how this was done	hat could give plicy? <i>If "Yes,"</i> d approval by and decision? r arrangement o evaluate its safeguard the	12b 12c 13 14 15a 15b 16a	x x x x	
c 3 4 5 6a 6a 6a	ise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the po- describe in Schedule O how this was done	hat could give plicy? <i>If "Yes,"</i> d approval by and decision? r arrangement o evaluate its safeguard the	12b 12c 13 14 15a 15b 16a	x x x x	
c 3 4 5 5 6a 16a 16a 16a 16a 16a 16a	ise to conflicts?	hat could give plicy? <i>If "Yes,"</i> d approval by and decision? r arrangement o evaluate its safeguard the	12b 12c 13 14 15a 15b 16a 16b	X X X X X	
c 3 4 5 5 6a 6a 6a 6 7 8 \$	ise to conflicts?	hat could give plicy? <i>If "Yes,"</i> d approval by and decision? r arrangement o evaluate its safeguard the	12b 12c 13 14 15a 15b 16a 16b	X X X X X	X
c 3 4 5 b 6a 6a 7 8 \$	ise to conflicts?	hat could give plicy? <i>If "Yes,"</i> d approval by and decision? r arrangement o evaluate its safeguard the 990-T (Section 5	12b 12c 13 14 15a 15b 16a 16b	X X X X X	X
c 3 4 5 b 6a 6a 1 6a 7 8 \$	ise to conflicts?	hat could give plicy? <i>If "Yes,"</i> d approval by and decision? r arrangement o evaluate its safeguard the 990-T (Section 5	12b 12c 13 14 15a 15b 16a 16b	X X X X X	X
c 3 4 5 5 5 6a 10 	ise to conflicts?	hat could give plicy? <i>If "Yes,"</i> d approval by and decision? r arrangement o evaluate its safeguard the 990-T (Section 5 <i>edule O</i>)	12b 12c 13 14 15a 15b 16a 16b	X X X X X 3)s o	X nly)
c 13 14 15 15 16a 16a 5ectic 17 18 3 [19	ise to conflicts?	hat could give plicy? <i>If "Yes,"</i> d approval by and decision? r arrangement o evaluate its safeguard the 990-T (Section 5 <i>edule O</i>)	12b 12c 13 14 15a 15b 16a 16b	X X X X X 3)s o	X nly)
c 3 4 5 5 6a 6a 6a 6a 6a 6a 17 8 17 18 18 19 20	ise to conflicts?	hat could give plicy? <i>If "Yes,"</i> d approval by and decision? r arrangement o evaluate its safeguard the 090-T (Section 5 <i>edule O)</i> ents, conflict or	12b 12c 13 14 15a 15b 16a 16b	X X X X X 3)s o	X nly)

Form 990 (2012	2) KENYON COLLEGE	31-437950	7 Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation Independent Contractors	ated Employe	ees, and
	Check if Schedule O contains a response to any question in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization	e this table for all persons required to be listed. Report compensation for the calendar year s tax year.	ending with	or within the
	all of the organization's current officers, directors, trustees (whether individuals or organization on. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ıs), regardless	of amount of

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	box, office	unles	Pos heck ss pe d a d	erson	e than c is both cor/trust	an iee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	related organizations below dotted line)	Individual trustee or director	Highest compensated employee Key employee Officer Officer Institutional trustee Individual trustee or director		nstitutional trustee ndividual trustee ır director		Former Highest compensated employee Key employee		Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) RICHARD S. ALPER	1.00											
TRUSTEE		Х						0	0	0		
(2) THE RT. REV. THOMAS E. BREIDEN TRUSTEE	1.00	x						0	0	0		
(3) DAVID H. CANNON	1.00											
TRUSTEE		Х						0	0	0		
(4) JAMES D. COX, M.D. TRUSTEE	1.00	x						0	0	0		
(5) BRACKETT B. DENNISTON TRUSTEE	1.00	x						0	0	0		
(6) ROSE BRINTLINGER FEALY	1.00								0			
TRUSTEE	1 00	X						0	0	0		
(7) SAMUEL N. FISCHER TRUSTEE	1.00	x						0	0	0		
(8) DONALD A. FISCHMAN, M.D. TRUSTEE	1.00	x						0	0	0		
(9) PAMELA FLAHERTY	1.00											
TRUSTEE		Х						0	0	0		
(10)NINA P. FREEDMAN TRUSTEE	1.00	x						0	0	0		
(11)JUDITH GILBERT TRUSTEE	1.00	x						0	0	0		
(12) PAUL J. GOLDBERGER	1.00											
TRUSTEE		X						0	0	0		
(13) ROBERT W. GOLDMAN TRUSTEE	1.00	x						0	0	0		
(14) DAVID M. GUERNSEY TRUSTEE	1.00	x						0	0	0		
JSA	•									Form 990 (2012)		

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(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box, office	unles	Pos heck ss pe	ition more erson	e than c is both or/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) AILEEN C. HEFFERREN TRUSTEE	1.00	x						0	0	(
16) PAMELA FEITLER HOEHN-SARIC	1.00	21							0	
TRUSTEE		x						0	0	(
17) THE RT. REV. MARK HOLLINGSWORT TRUSTEE	1.00	x						C	0	(
18) LARRY H. JAMES	1.00									
TRUSTEE		Х						0	0	(
19) ASHLEY ROWATT KARPINOS, M.D. TRUSTEE	1.00	x						0	0	(
20) MARY KAY KARZAS	1.00									
TRUSTEE		Х						0	0	(
21) JOSEPH E. LIPSCOMB TRUSTEE	1.00	x						0	0	(
22) VICTORIA SMITH MCKENZIE	1.00									
TRUSTEE		Х						0	0	(
23) DAVID R. MEUSE TRUSTEE	1.00	x						0	0	(
24) ROGER NOVAK	1.00									
TRUSTEE		X						0	0	(
25) DEBORAH JOHNSON REEDER, M.D. TRUSTEE	1.00	x						0	0	(
1b Sub-total			1				•	0	0	C
c Total from continuation sheets to Part VII, S	ection A		• •	• • •	• •			2,429,953.	101,922.	668,966.
d Total (add lines 1b and 1c)	-				• •			2,429,953.	101,922.	668,966.

	employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual
	for services rendered to the organization? If "Yes," complete Schedule J for such person

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
A.	TTACHMENT 3		
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization > 19		

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	Form 990 (2012)												P	Page 8
	Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	nplo	yee	es,	and H	lig	hest Compensat	ed Employ	yees (co	ontinue	d)	
	(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unles r and	s pe d a d	ition more rson irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reporta compensati relate organiza (W-2/1099	on from d tions	am com	(F) timated nount of other pensatic om the	f
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	anizatior d related anization	b
(26) ELAINA H. RICHARDSON TRUSTEE	1.00	x						0		0			0
(27) ALAN E. ROTHENBERG TRUSTEE	1.00	х						0		0			0
(28) R. TODD RUPPERT TRUSTEE	1.00	x						0		0			0
(29) DEBORAH RATNER SALZBERG TRUSTEE	1.00	x						0		0			0
(30) BARRY F. SCHWARTZ TRUSTEE	1.00	x						0		0			0
(31) PEIRCE E. SCRANTON, JR., M.D. TRUSTEE	1.00	x						0		0			0
(32) WILLIAM T. SPITZ TRUSTEE	1.00	x						0		0			0
(33) L'QUENTUS THOMAS TRUSTEE	1.00	x						0		0			0
(34) DAVID L. TRAUTMAN TRUSTEE	1.00	x						0		0			0
(35) CHARLES P. WAITE, JR. TRUSTEE	1.00	x						0		0			0
(36) MARGARET TCHENG WARE TRUSTEE	1.00	x						0		0			0
	1b Sub-total c Total from continuation sheets to Part VII, Se	_	 	•••	· · ·	•••	•••	•						
	 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not line operation) 	limited to t	hose	liste				► re	eceived more than	\$100,000	of			
	reportable compensation from the organization		42	2									Yes	No
	3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		X
	4 For any individual listed on line 1a, is the sorganization and related organizations greated individual.	sum of rep eater than	ortab \$15	le c 0,00	om: 00?	pen <i>If</i>	isatior <i>"Ye</i> s	ם ai ג,"	nd other compens	sation from le J for	the such	4	X	
	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	ron	n any	un	related organization	on or indivi	idual	5		х
	Section B. Independent Contractors					-								
	 Complete this table for your five highest component compensation from the organization. Report converse. 													
	(A) Name and business add	Iress							(B) Description of se	rvices	C	(C) ompens	ation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **>** JSA 2E1055 3.000

	(A)	(B)			(C				(D)	ed Employees (co		(F)
	Name and title	Average hours per week (list any hours for	box,	not ch unles r and	Posit eck r s pers a dii	ion nore son i	e than o is both or/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estir amo ot	(7) imated ount of ther ensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orgar and	m the nization related nizations
37	7) BRUCE D. WHITE TRUSTEE	1.00	x						0	0		
		1 00							0	0		
20	3) MATTHEW A. WINKLER TRUSTEE	1.00	x						0	0		
39)) SIMON YOO	1.00										
	TRUSTEE		x						0	0		
40)) S. GEORGIA NUGENT	40.00				_						
	PRESIDENT & TRUSTEE		x		x				367,571.	0	17	75,00
11	L) TERI L. BLANCHARD	40.00	- 25			_			507,571.	0	<u> </u>	5,00
	ASSOC. VP FINANCE				v				166 176	0	-) / C
1 0		40.00			Х				155,175.	0		34,64
ŧ ∠	2) SARAH H. KAHRL	40.00	-						046 262		<i>.</i>	
	VP COLLEGE RELATIONS				X				246,363.	0	9	99,98
13	3) MARK J. KOHLMAN	40.00	-									
	CHIEF BUS. OFFICER				Х				146,003.	0	4	10,61
14	1) KATHRYN A. LAKE	40.00										
	ASST SEC TO BOARD				Х				60,587.	0	1	15,30
45	5) JOSEPH G. NELSON VP FINANCE	40.00			x				214,364.	0	ç	93,6'
16	5) SHIRLEY F. O'BRIEN	40.00										
	CONTROLLER				x				96,809.	0	1	11,1'
17	7) NAYEF H. SAMHAT	40.00										
	PROVOST				x				188,828.	0	2	21,58
					21			<u> </u>	100,020.	0	2	<u>.</u> , , , , , , , , , , , , , , , , , , ,
	b Sub-total				• •	• •						
	c Total from continuation sheets to Part V	-	• • •	• • •	• •	• •	• • •					
_	d Total (add lines 1b and 1c)				••	• •	• • •					
2	· 5				d ab	ove	e) who	re	ceived more than	\$100,000 of		
	reportable compensation from the organization		42	2								
												Yes
3	B Did the organization list any former of employee on line 1a? If "Yes," complete Sc.						•		• •		3	
4	organization and related organizations	greater than	\$15	0,00)0?	lf	"Yes	,"	complete Schedu	le J for such		
	individual				• •	• •					4	Х
5												
	for services rendered to the organization?										5	
0	Section B. Independent Contractors											

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization \blacktriangleright		

	-	
	– P	a

art VII Section A. Officers, Directors, Tru	stees, Ke	y Em	iploy	yee	es, a	and H	ligl	hest Compensat	ed Employees	(continu	ied)	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unless r and	s per a di	tion more rson i irecto	than or s both a	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	m a	(F) Estimate mount o other npensat	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	or a	irom the ganizati nd relate ganizatio	ion ed
) JENNIFER DELAHUNTY BRITZ DEAN OF ADMISSIONS	40.00				x			254,731.		0	39,	88
) RONALD K. GRIGGS VP FOR LBIS	40.00					х		146,973.		0	39,	31
)) PETER M. RUTKOFF PROF. OF AM. STUDIES	40.00					x		180,829.		0	15,	
PROF. OF SOCIOLOGY	40.00					x		158,061.		0	37,	
) GREGORY P. SPAID	40.00									0		
PROF. OF ART b) DAVID H. LYNN KENYON REVIEW EDITOR	40.00					x x		154,274. 59,385.	101 000	-	24,	
KENION REVIEW EDITOR						<u> </u>		59,385.	101,922	•	20,	50
 b Sub-total c Total from continuation sheets to Part VII, See d Total (add lines 1b and 1c) Total number of individuals (including but not l reportable compensation from the organization 	imited to t	nose l	istec				re	ceived more than	\$100,000 of			
· · · · ·		42									Yes	
Did the organization list any former office employee on line 1a? <i>If "Yes," complete Schedu</i>										3		L
For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,00	0?	lf	"Yes	," (complete Schedu	le J for such	4	X	
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	n fi	rom	any	uni	related organization	on or individual	5		
Complete this table for your five highest com compensation from the organization. Report c year.											(
(A) Name and business add	ress							(B) Description of se	ervices	(C Comper		
												_

more than \$100,000 in compensation from the organization **>**

	990 (2 t VIII	Statement of Reve					31-43795	
		Check if Schedule O c	ontains a respo	nse to any quest	ion in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 51
and Other Similar Amounts	1a b c d f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribu All other contributions, gifts, gran and similar amounts not included Noncash contributions included Total. Add lines 1a-1f	1b 1c 1d 1d 1d 1d 1s, 1d above 1f		14,198,801.			
e			<u></u>	Business Code	14,190,001.			
Program Service Revenue	2a b	TUITION AND FEES TRUST FUNDS		900099 900099 900099	72,317,337. 73,704. 19,635,642.	72,317,337. 73,704. 19,635,642.		
Ser	c d	AUXILIARY ENTERPRISES BOOKSTORE		451211	949,204.	949,204.		
E	u A			101011	, 1, 201.	, 10, 201.		
Progra	f	All other program service rev Total. Add lines 2a-2f			92,975,887.			
	3	Investment income (includin						
	4 5	other similar amounts) Income from investment of t	tax-exempt bond p	proceeds	15,225,327. 0 0		-738,021.	15,963,34
	6a b	Gross rents	(i) Real 48,366. 100,231.	(ii) Personal				
	C	Rental income or (loss)		<u> </u>				
	d 7a	Net rental income or (loss) . Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-51,865.		-51,865.	
	b c	Less: cost or other basis and sales expenses Gain or (loss)		99,327. -99,327.				
	d	Net gain or (loss)			20,430,300.			20,430,30
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	line 1c).					
he	b	Less: direct expenses						
ð	с 9а	Net income or (loss) from ful Gross income from gaming a	activities.		0			
		See Part IV, line 19 Less: direct expenses	b					
	с 10а	Net income or (loss) from ga Gross sales of invent returns and allowances	ory, less		0			
	b c	Less: cost of goods sold Net income or (loss) from sa	b les of inventory	>	0			
╞		Miscellaneous Rever	lue	Business Code				
	11a	CONFERENCES & SEMINARS		721110	1,050,571.	709,496.	341,075.	
	b			812300	62,721.	62,721.		
	С			900099	33,165.	33,165.		
	d	All other revenue		900099	1,726,734.	1,805,241.	-78,507.	
	е 12	Total. Add lines 11a-11d			2,873,191.			
	12	Total revenue. See instruction	JIIS	<u> Þ </u>	145,651,641.	95,586,510.	-527,318.	36,393,6

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Part IX Statement of Functional Expenses

KENYON COLLEGE

	ction 501(c)(3) and 501(c)(4) organizations mu Check if Schedule O contains a resp	onse to any question in			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 .	0			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	25,691,872.	25,691,872.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	1,425,151.	1,425,151.		
4	United States. See Part IV, lines 15 and 16 Benefits paid to or for members		1,125,151.		
- 5	Compensation of current officers, directors,				
5	trustees, and key employees	1,758,179.	263,727.	1,177,980.	316,472
6	Compensation not included above, to disqualified	, ,		, , ,	•
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	36,204,837.	31,753,081.	3,580,671.	871,085
8	Pension plan accruals and contributions (include section				
-	401(k) and 403(b) employer contributions)	3,576,099.	3,070,747.	354,390.	150,962
9	Other employee benefits	6,141,344.	5,277,473.	685,770.	178,101
0	Payroll taxes	2,667,783.	2,107,232.	560,551.	
1	Fees for services (non-employees):				
а	Management	0			
b		207,792.		207,792.	
С	Accounting	117,250.		117,250.	
d	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	2,747,123.		2,747,123.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	152 620	10.001	110 001	1 000
	(A) amount, list line 11g expenses on Schedule O.)	153,632.	42,084.	110,261.	1,287
2	Advertising and promotion	42,705.	3,870.	10,535.	28,300
3	Office expenses	1,466,237. 1,212,392.	1,376,587.	81,608. 909,294.	8,042
4	Information technology	1,212,392.	303,098.	909,294.	
5	Royalties	3,650,000.	3,648,861.	1,139.	
6		2,192,329.	1,709,418.	315,417.	167,494
7	Travel	2,192,329.	1,709,410.	515,417.	107,494
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
9	Conferences, conventions, and meetings	0			
20		7,564,762.	7,564,762.		
21	Interest Payments to affiliates	0	.,		
22	Depreciation, depletion, and amortization	9,462,215.	9,014,590.	374,924.	72,701
3	Insurance	434,786.	217,317.	217,469.	,
24	Other expenses. Itemize expenses not covered	_ ,	,	,	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	FOOD SERVICE	3,950,393.	3,950,393.		
b	INSTITUTIONAL SUPPORT	3,114,777.		3,114,777.	
с	INSTRUCTIONAL SUPPORT	1,727,643.	1,727,643.		
d	OUTSIDE_CONTRACTING&REPAIRS	1,258,624.	1,133,470.	125,154.	
е	All other expenses	8,403,063.	8,122,558.	264,200.	16,305
25	Total functional expenses. Add lines 1 through 24e	125,170,988.	108,403,934.	14,956,305.	1,810,749
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here b if				
	following SOP 98-2 (ASC 958-720)	0			
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Form 990 (2012)

Form 990 (2012)

Page **11**

-	n 990 () rt X	· · ·					Page 11
Pa		Check if Schedule O contains a response	to any	question in this Par	t X		
			to any		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			0	1	C
	2	Savings and temporary cash investments			9,246,892.	2	5,512,014.
	3	Pledges and grants receivable, net		[26,053,852.	3	22,593,836.
	4	Accounts receivable, net			1,713,023.	4	2,352,509.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest c	ompen	sated employees.			
		Complete Part II of Schedule L			0	5	(
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu), and c untary e	ontributing employers	0	6	(
ts	7	organizations (see instructions). Complete Part II of Scho	edule L		0	0 7	(
Assets	7	Notes and loans receivable, net			568,401.	7 8	525,692.
Ä	8	Inventories for sale or use Prepaid expenses and deferred charges	• • • •	•••••••••••••••••		-	525,092.
	9				0	9	
	IVa	Land, buildings, and equipment: cost or	10a	343,283,463.			
	h	other basis. Complete Part VI of Schedule D Less: accumulated depreciation			215,610,356.	10c	233,301,310.
					151,738,626.	11	162,192,530.
	11	Investments - publicly traded securities	• • • •	••••••	203,817,770.	12	199,457,490.
	12 13	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11			5,470,502.	12	5,470,346.
	13 14				0	-	5,170,540.
	14	Intangible assets	• • •	• • • • • • • • • • • • • •	27,141,770.	15	19,394,748.
	16	Other assets. See Part IV, line 11			641,361,192.	16	650,800,475.
	17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			15,703,349.	17	12,474,169.
	18						12,174,109.
	19	Grants payable Deferred revenue			0		(
	20	Tax-exempt bond liabilities			187,518,457.	20	186,788,944.
s	21	Escrow or custodial account liability. Complete P		21	100,700,911.		
tie	22	Loans and other payables to current and f			0	21	
Liabilities	22	trustees, key employees, highest comper					
Lia		disqualified persons. Complete Part II of Schedule			0	22	(
	23	Secured mortgages and notes payable to unrelat			0		(
	24	Unsecured notes and loans payable to unrelated			0	24	(
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D			19,520,051.	25	18,805,398.
	26	Total liabilities. Add lines 17 through 25			222,741,857.	26	218,068,511.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check				
anc	27	Unrestricted net assets			245,783,928.	27	249,396,520.
Fund Balances	28	Temporarily restricted net assets			31,166,454.	28	38,219,114.
l pu	29	Permanently restricted net assets		<u></u> [141,668,953.	29	145,116,330.
		Organizations that do not follow SFAS 117 (ASC 958 complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or equ	uipmen	t fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated inc	ome, c	or other funds		32	
et	33	Total net assets or fund balances			418,619,335.	33	432,731,964.
Z							

Form 990 (2012)

Form 9	90 (2012)				Pa	ge 12	
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				Х		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14	45,6	51,6	541.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	<u>25,1</u>	70,9	988.	
3	Revenue less expenses. Subtract line 2 from line 1	3	2	20,4	80,6	553.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41	.8,6	19,3	335.	
5	Net unrealized gains (losses) on investments	5	-	-6,979,379.			
6	Donated services and use of facilities	6				0	
7	Investment expenses	7				0	
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		6	11,3	355.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	43	32,7	31,9	964.	
Part							
	Check if Schedule O contains a response to any question in this Part XII	• •		••			
			ſ		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in				
-	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• . •		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	lor				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		•••	2b	Х	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	na				
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	•			37		
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	xplai	n in				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in	2-	x		
_	the Single Audit Act and OMB Circular A-133?		••••	3a			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	26	x		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits		3b	17	L	

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of t	he organization							Emplo	yer iden	tification number
KENYON	COLLEGE								31	-4379507
Part I	Reason for Pub	lic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instru	uctions	j.
The orga	nization is not a priv	ate foundation bec	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)		
1			association of churches of		ed in s	ection	170(b)(1)(A)(i)	-	
2 X			(1)(A)(ii). (Attach Schedul	'						
3	-		ervice organization descri			-				
4			erated in conjunction wi	th a h	iospita	l descr	ibed in	sectio	n 170(k	o)(1)(A)(iii). Enter the
	hospital's name, cit									
5	An organization op	erated for the bei	nefit of a college or univ	ersity	owned	l or ope	erated b	oy a go	vernme	ental unit described in
	section 170(b)(1)(A									
6		-	or governmental unit des							
7	-	-	es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	nit or fro	om the general public
	described in sectio									
8	-		on 170(b)(1)(A)(vi). (Com							
9	-	-	es: (1) more than 331/3%							
			exempt functions - subj			-				
			ome and unrelated busi						n 511	tax) from businesses
40			e 30, 1975. See section	• •		•		'	、	
10			ted exclusively to test for		-				-	or to correct out the
11	-		rated exclusively for the pported organizations de			-				
			es the type of supporting					-		
	a Type I		c Type III-Function	-						unctionally integrated
e			the organization is not	-	-					, ,
•			gers and other than one			-		-	-	-
	509(a)(1) or section		golo and other than one	01 1110		nory ou	pponot	a organ	Zationio	
f			n determination from the	e IRS	that it	is a Ty	vpe I. T	vpe II.	or Typ	e III supporting
•	organization, check			••			, , , , , , , , , , , , , , , , , , ,	, yee,	с ур	
g			nization accepted any gift	or co	ntributi	on from	anv of	the		••••••
5	following persons?		, , , , , , , , , , , , , , , , , , , ,							
		directly or indire	ectly controls, either alor	ne or t	ogethe	er with	person	s desc	ribed in	n (ii) Yes No
			by of the supported organ				•			11g(i)
	(ii) A family memb	per of a person des	scribed in (i) above?							11g(ii)
	(iii) A 35% control	led entity of a pers	on described in (i) or (ii) a	bove?						11g(iii)
h	Provide the following	ng information abo	ut the supported organization	ation(s)						
	ame of supported	(ii) EIN	(iii) Type of organization	(iv)	ls the		ou notify		s the	(vii) Amount of monetary
	organization		(described on lines 1-9 above or IRC section	col. (i)	zation in listed in	the orga in col	anization . (i) of		zation in rganized	support
			(see instructions))	your go docu	overning ment?	your su			Ŭ.S.?	_
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(D)										
(E)										

<u>Total</u>

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

Schedule A (Form 990 or 990-EZ) 2012

OMB No. 1545-0047

2012 Open to Public Inspection

Part II

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
~	shown on line 11, column (f)						
<u>6</u> Soc	Public support. Subtract line 5 from line 4. tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
-	payments received on securities loans,						
	rents, royalties and income from similar sources						
-							
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on						
4.0	Other income. Do not include asia an						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (,				12	
13	First five years. If the Form 990 is f						
800	organization, check this box and stop here tion C. Computation of Public Sup			<u></u>			• • • • •
<u>3ec</u> 14	Public support percentage for 2012 (li	•	-	11 column (f))		14	%
14	Public support percentage from 2012 (II					15	<u> </u>
-	331/3% support test - 2012. If the c					·	
iou	this box and stop here. The organizati	•					
b	331/3% support test - 2011. If the o						
	check this box and stop here. The org	-					
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organization						
	Part IV how the organization meets t					-	-
	organization						▶∟
b	10%-facts-and-circumstances test - 2	2011. If the org	ganization did r	ot check a boy	k on line 13, 16	a, 16b, or 17a	
	15 is 10% or more, and if the orga						•
	Explain in Part IV how the organizati						
	supported organization						
18	Private foundation. If the organization						
	instructions						▶ 📖

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

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

Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support	(-) 0000	(1-) 0000		(-1) 0011	(4) 00 10	(0 T · ·
aler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disgualified persons						
b	Amounts included on lines 2 and 3						+
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 12 for the year						
-	or 1% of the amount on line 13 for the year Add lines 7a and 7b						+
с 8	Add lines /a and /b. Public support (Subtract line 7c from						1
0							
	tion B. Total Support						
		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	ndar year (or fiscal year beginning in) ►	(a) 2000	(6) 2003	(6) 2010	(0) 2011	(6) 2012	
9	Amounts from line 6 Gross income from interest, dividends,						
lua	payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less						
Ň	section 511 taxes) from businesses						
	acquired after June 30, 1975						
~							
	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
~	carried on						
2	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
3	Total support. (Add lines 9, 10c, 11,						+
5							
4	and 12.) First five years. If the Form 990 is for	the organizatio	l n'a firat accord	third fourth a	i fifth toy yoor a	L	1(0)(2)
4	-	-			-		· · · ·
0.0	organization, check this box and stop here						••••
	tion C. Computation of Public Sup			nn (f))		15	
5 6	Public support percentage for 2012 (line 8						
6	Public support percentage from 2011 Sche					16	
	tion D. Computation of Investmer			0		47	
7	Investment income percentage for 2012 (li					17	
8	Investment income percentage from 2011					18	
9 a	331/3% support tests - 2012. If the or						
	17 is not more than 331/3%, check th		-				-
b	331/3% support tests - 2011. If the orga						. г
	line 18 is not more than 331/3%, check	this box and \boldsymbol{s}	top here. The or	ganization qualifi	es as a publicly	supported orga	nization 🕨
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this bo	ox and see ins	tructions 🕨
SA						Schedule A (Form	

Page 3

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B

(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number

31-4379507

Name of th	e organization
KENYON	COLLEGE

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Page **2**

Employer identification number 31-4379507

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 1		\$2,806,386.	Person X Payroll . Noncash . (Complete Part II if there a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 2		\$ <u>800,000.</u>	Person X Payroll Noncash (Complete Part II if there a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 3		\$ <u>693,132.</u>	Person X Payroll Noncash (Complete Part II if there a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 4		\$500,041.	Person X Payroll Noncash (Complete Part II if there a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 5		\$420,172.	Person X Payroll Noncash (Complete Part II if there a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 6		\$ <u>408,976.</u>	Person X Payroll Noncash (Complete Part II if there

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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Page **2**

Employer identification number 31-4379507

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 7		\$\$1,133,333.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 8		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>9</u>		\$ <u>350,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

JSA

(a) No. (c) (b) from FMV (or estimate) Description of noncash property given Part I (see instructions) - -\$_ (a) No. (c) (b) from FMV (or estimate) Description of noncash property given Part I (see instructions) _____

		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II

(d)

Date received

(d)

Date received

Page 3

Employer identification number

	m 990, 990-EZ, or 990-PF) (2012)				Pa			
ne of orga	nization KENYON COLLEGE				Employer identification number			
rt III – Ev	clusively religious, charitable, etc.,	individual contribu	itions to so	ction 501	31-4379507			
tha	at total more than \$1,000 for the y	ear. Complete colu	mns (a) thro	ugh (e) a	nd the following line entry.			
	r organizations completing Part III, e	•	• •	• • •				
co	ntributions of \$1,000 or less for the	year. (Enter this inf	ormation or	ice. See i	nstructions.) ►\$			
	e duplicate copies of Part III if addition	onal space is neede	d.					
a) No. from	(b) Purpose of gift	(c) Use	of aift		(d) Description of how gift is held			
Part I	(,)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- J					
				-				
·				-				
				-				
		(e) Transt	er of gift					
	T			Deletional	in after a family to the state			
_	Transferee's name, address, ar	10 ZIF + 4		Relations	ip of transferor to transferee			
) No		[
) No. rom Part I	(b) Purpose of gift	(c) Use	of gift		(d) Description of how gift is held			
!				_				
-		(e) Transf	er of aift					
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4		Relationsh	onship of transferor to transferee			
) No.								
rom Part I	(b) Purpose of gift	(c) Use	of gift		(d) Description of how gift is held			
·								
				-				
		(e) Transf	er of gift					
				Deletienek	in of the note way to the other			
	Transferee's name, address, ar	IU ZIF + 4		Relationsi	ip of transferor to transferee			
) No.								
rom Part I	(b) Purpose of gift	(c) Use	of gift		(d) Description of how gift is held			
.								
				_				
\vdash	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	1	Relationsh	ip of transferor to transferee			
.								
· ·								
I			1	s	chedule B (Form 990, 990-EZ, or 990-PF)			
					,			

SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements

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

OMB No. 1545-0047
2012
Open to Public

	rtment of the Tr al Revenue Ser			Form 990. ► See sep			U 120		Inspection
	of the organiz				-ui ut		Emp	oloyer identificat	
	YON COLL							, 31-43795(
Par			ions Maintaining Donor Adv		r Sin	nilar Funds or	Acco	unts. Com	olete if the
	org	ganizatio	on answered "Yes" to Form S						
				(a) Donor adv	vised f	unds	(b) Funds and	other accounts
1	Total numb	ber at en	d of year						
2	Aggregate	contribu	tions to (during year)						
3	Aggregate	grants f	rom (during year)						
4	Aggregate	value at	end of year						
5	Did the org	ganizatio	n inform all donors and donor	advisors in writing that	at the	assets held in	donor	advised	
	funds are tl	he organ	nization's property, subject to th	e organization's exclus	sive le	egal control?			📖 Yes 📖 No
6	-	-	n inform all grantees, donors, a		-				
	•		purposes and not for the benef						
	conferring	impermi	ssible private benefit? ion Easements. Complete it	<u> </u>					
Par							orm 9	90, Part IV,	line 7.
1			ervation easements held by the		II that				
			of land for public use (e.g., recr	eation or education)					portant land area
			natural habitat			Preservation of	of a ce	rtified histori	c structure
•			of open space						
2			through 2d if the organization h Ist day of the tax year.	eid a qualified conserv	vation	n contribution in	i the to	orm of a cons	servation
	easement		ist day of the tax year.					Held at the	End of the Tax Year
а	Total numb	hor of co	nservation easements				2a		
b			icted by conservation easement						
c		-	ation easements on a certified				2c		
d			ation easements included in (c			. ,			
			sted in the National Register	-			2d		
3			ation easements modified, trar				ated b	y the organiza	ation during the
					-				-
4	Number of	f states v	where property subject to conse	ervation easement is lo	cated	▶			
5	Does the o	organizat	ion have a written policy regard	ling the periodic monit	toring	, inspection, ha	andling	of	
			prcement of the conservation ea						
6	Staff and v	olunteer/	hours devoted to monitoring, in	nspecting, and enforci	ing co	onservation eas	sement	s during the y	vear
7	Amount of	expense	es incurred in monitoring, inspe	cting, and enforcing co	onser	vation easeme	nts dui	ring the year	
•								70/L)/(1)/D)	
8			vation easement reported on lin						
•	(I) and sec	tion 170(h)(4)(B)(ii)? how the organization reports						
9		•	include, if applicable, the text						
			punting for conservation easeme		Jiyai		iai stat		
Par			ions Maintaining Collections		reas	ures, or Othe	r Simi	ilar Assets.	
	Co	mplete	if the organization answered	"Yes" to Form 990,	Part	IV, line 8.			
1a	If the orga	anization	elected, as permitted under S prical treasures, or other simil	FAS 116 (ASC 958).	not t	o report in its	revenu	le statement	and balance sheet
	works of a	art, histo	rical treasures, or other simil ide, in Part XIII, the text of the f	ar assets held for pu	ublic state	exhibition, edu	cation	, or researc	h in furtherance of
b	•		elected, as permitted under						
D			prical treasures, or other simil						
	public serv	/ice, prov	ide the following amounts relat	ing to these items:					
			ded in Form 990, Part VIII, line						
			I in Form 990, Part X						
2			received or held works of a					for financia	I gain, provide the
	-		required to be reported under S			-			
а			in Form 990, Part VIII, line 1						
b			Form 990, Part X Act Notice, see the Instructions fo						edule D (Form 990) 2012
JSA	арегиотк Ке	eduction	ACT NOTICE, SEE THE INSTRUCTIONS TO	1 FUIII 990.				Sche	aule D (Form 990) 2012

Schee Par	dule D (Form 990) 2012 t III Organizations Maintain	ing Collections	of Art, His	storical	Treasur	es, or	Other Si	imilar Ass	ets (cont	Page 2	
3	Using the organization's acquisition collection items (check all that app		l other reco	_	-		-	at are a sigr	nificant us	e of its	
а	Public exhibition		d	Loan	or exchai	nge pro	ograms				
b	Scholarly research		е	Other							
С											
4	Provide a description of the organ XIII.	nization's collectio	ns and expl	ain how	they furt	her the	e organizati	ion's exemp	t purpose	in Part	
5	During the year, did the organization	on solicit or receive	e donations o	of art, hist	orical tre	asures	, or other si	milar			
	assets to be sold to raise funds rath	her than to be mai	ntained as pa	art of the	organiza	tion's c	ollection? .	[Yes	No	
Par	t IV Escrow and Custodial A line 9, or reported an am				ganizatio	on ans	swered "Ye	es" to Forn	n 990, P	Part IV,	
1a	Is the organization an agent, truster included on Form 990, Part X?							not	Yes	No	
b	If "Yes," explain the arrangement in	n Part XIII and com	plete the foll	lowing tab	ole:						
								Amount			
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance				••••	1f					
2a	Did the organization include an am								Yes	No	
	If "Yes," explain the arrangement in								<u></u>		
Par	t V Endowment Funds. Con	, · · · · · · · · · · · · · · · · · · ·			1			· · ·	(-) -		
10	Beginning of year balance	(a) Current year	(b) Prio			years ba		ee years back	(e) Four ye		
1a b	Contributions	5,066,662		6,658.	160,3	01,30		055,850. 608,719.		17,651. 32,900.	
	Net investment earnings, gains,	5,000,002	. 7,40	0,050.	5,9	01,30	J4. /,	000,719.	0,03	52,900.	
U	and losses	13,720,879	5 91	5,017.	18 6	59,41	11 8	402,185.	_31 94	12,747.	
Ь	Grants or scholarships	3,134,339		8,209.		40,75		348,977.)4,469.	
	Other expenditures for facilities	5,151,555	. 2,55	0,207.	2,0	10,75	52. 57	510,577.	5,10	, 105	
•	and programs	4,964,099	5.02	1,226.	5.0	47,17	74. 3.	319,914.	10.44	17,485.	
f	Administrative expenses	1,501,055	,	_,,							
g	End of year balance	193,161,995	. 182,47	2,892.	177,0	70,65	52. 160,3	397,863.	151,05	55,850.	
2	Provide the estimated percentage							,			
а	Board designated or quasi-endowr					(// -					
b	Permanent endowment b 64.9										
с	Temporarily restricted endowment		6								
	The percentages in lines 2a, 2b, an	nd 2c should equal	100%.								
3a	Are there endowment funds not in	the possession of	the organiza	ation that	are held	and a	dministered	for the			
	organization by:								Y	es No	
	(i) unrelated organizations								3a(i)	X	
	(ii) related organizations								3a(ii)	X	
b	If "Yes" to 3a(ii), are the related org	-	-						3b		
4	Describe in Part XIII the intended u										
Par	t VI Land, Buildings, and Equ	uipment. See Fo	orm 990, Pa	rt X, line	10.						
	Description of property		or other basis estment)		or other bas other)	is (C	c) Accumulated depreciation	d (0	d) Book value	9	
1a	Land				706,47				1,706	5,470.	
b	Buildings			290,3	320,05	2. 79	9,519,06	3.	210,800),989.	
С	Leasehold improvements										
d	Equipment				921,06		9,517,71		10,403		
e	Other				335,87		0,945,37		10,390		
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal Fo	orm 990, Part	X, colum	n (B), line	e 10(c).)		233,301	990) 2012	

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012			Page 3
Part VII Investments - Other Securities. See F	orm 990, Part X, line	e 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) HEDGE & ALTERN. EQUITY FUNDS	77,479,514.	FMV	
(B) PRIVATE EQUITY FUNDS	68,574,570.	FMV	
(C) REAL ESTATE FUNDS	32,809,179.	FMV	
(D) COMMODITIES FUNDS	10,912,751.	FMV	
(E) FIXED INCOME ALTERNATIVE FDS	9,681,476.	FMV	
(F)			
(G)			
(<u>H)</u>			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	199,457,490.	10	
Part VIII Investments - Program Related. See F			
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, li			
	Description		(b) Book value
(1)			
$\frac{(2)}{(3)}$			
(3) (4)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X Other Liabilities. See Form 990, Part X			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) FAIR VALUE OF INT.RATE SWAPS	5,203,7	70.	
(3) DEPOSITS AND ADVANCES	2,705,9		
(4) LIAB.FOR POST-RETIREMENT BEN.	5,394,2	.91.	
(5) ANNUITIES AND OTHER FUNDS PAY.	3,562,8		
(6) GOVERNMENT LOAN FUNDS	1,938,5		
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 18,805,3	98.	
2 FIN 48 (ASC 740) Footpote In Part XIII, provide the text			enorts the organization's

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 2E1270 1.000

Schedu	le D (Form 990) 2012		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n	
1	Total revenue, gains, and other support per audited financial statements	1	115,823,050.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a -6,979,379.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 5,552,430.		
е	Add lines 2a through 2d	2e	-1,426,949.
3	Subtract line 2e from line 1	3	117,249,999.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,747,123.		
b	Other (Describe in Part XIII.) 4b 25,654,519.		
С	Add lines 4a and 4b	4c	28,401,642.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	145,651,641.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	irn	
1	Total expenses and losses per audited financial statements	1	100,921,948.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 4,152,602.		
е	Add lines 2a through 2d	2e	4,152,602.
3	Subtract line 2e from line 1	3	96,769,346.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,747,123.		
b	Other (Describe in Part XIII.) 4b 25,654,519.		
с	Add lines 4a and 4b	4c	28,401,642.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	125,170,988.
Part			
Comp	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		
SE	E PAGE 5		

Schedule D (Form 990) 2012

INTENDED USE OF ENDOWMENT FUNDS,

PART V, LINE 4:

FOR THE COLLEGE'S ENDOWMENT FUNDS, THE INVESTMENT OBJECTIVE IS TO ACHIEVE SUPERIOR LONG-TERM TOTAL RETURNS SUCH THAT THE REQUIREMENTS OF THE ANNUAL BUDGET ARE MET WHILE ALLOWING FOR SIGNIFICANT GROWTH, ALL WITHIN THE CONFINES OF REASONABLE RISK. EXPENDITURES FROM THE ENDOWMENT FUND ARE USED EXCLUSIVELY TO FURTHER THE EXEMPT EDUCATIONAL PURPOSES OF THE COLLEGE.

OTHER CHANGES IN REVENUE,

PART XI, LINE 2D:

BOOKSTORE COST OF GOODS SOLD, WHICH WAS NETTED WITH REVENUE ON LINE 2D OF PART VIII OF FORM 990 BUT SHOWN AS AN EXPENSE ON FINANCIAL STATEMENTS: \$1,432,282; CHANGE IN INTEREST RATE SWAP OBLIGATION: \$611,355; ADJUSTMENT FOR REVENUE OF RELATED ORGANIZATIONS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS: \$3,508,793; TOTAL ADJUSTMENT: \$5,552,430

OTHER CHANGES IN REVENUE,

PART XI, LINE 4B:

FINANCIAL AID EXPENSE, WHICH WAS NETTED WITH TUITION INCOME ON FINANCIAL STATEMENTS BUT SHOWN AS AN EXPENSE IN PART IX OF FORM 990: \$25,654,519 OTHER CHANGES IN EXPENSES,

PART XII, LINE 2D:

BOOKSTORE COST OF GOODS SOLD, WHICH WAS NETTED WITH REVENUE ON LINE 2D OF PART VIII OF FORM 990 BUT SHOWN AS AN EXPENSE ON FINANCIAL STATEMENTS: \$1,432,282; ADJUSTMENT FOR EXPENSES OF RELATED ORGANIZATIONS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS: \$2,720,320; TOTAL ADJUSTMENT: \$4,152,602

OTHER CHANGES IN EXPENSES,

PART XII, LINE 4B:

FINANCIAL AID EXPENSE, WHICH WAS NETTED WITH TUITION INCOME ON FINANCIAL STATEMENTS BUT SHOWN AS AN EXPENSE IN PART IX OF FORM 990: \$25,654,519

FIN 48 (ASC 740) FOOTNOTE,

PART X, LINE 2:

FEDERAL INCOME TAXES - THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS A PUBLIC CHARITY DESCRIBED IN SECTION 501(C)(3); ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THERE WERE NO UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2013.

THE COLLEGE'S INCOME TAX RETURNS REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, AS WELL AS VARIOUS STATE AND LOCAL TAXING AUTHORITIES, GENERALLY FOR THREE YEARS.

Schedule D (Form 990) 2012

SCHED	DULE	E	
(Form	990	or	990-EZ

Department of the Treasury Internal Revenue Service

Name of the organization

KENYON COLLEGE

Schools

OMB No. 1545-0047

Complete if the organization	on answered	"Yes" f	to Form	990
Part IV, line 13, or Fo	rm 990-EZ, P	art VI, I	line 48.	

► Attach to Form 990 or Form 990-EZ.



31-4379507

			YES	\$
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			Ĩ
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
		2	x	
	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	-		i
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please	-		
	describe. If "No," please explain. If you need more space, use Part II	3	X	
	SEE SUPPLEMENTAL PAGE			
	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
-		4b	x	
С	nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
C		4c	x	
-1	with student admissions, programs, and scholarships?		X	
d		4d		
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		
b	Admissions policies?	5b		
C	Employment of faculty or administrative staff?	5c		
k	Scholarships or other financial assistance?	5d		
	Scholarships or other financial assistance?	50		
		_		
)	Educational policies?	<u>5e</u>		-
	Use of facilities?	5f		-
J	Athletic programs?	5g		
า	Other extracurricular activities?	5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			ĺ
а	Does the organization receive any financial aid or assistance from a governmental agency?	<u>6a</u>	X	-
b		6b		_
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	х	
_			990-EZ	Ę

Page 2

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY,

PART I, LINE 3:

ALL APPLICATIONS, COURSE CATALOGS, AND THE STUDENT HANDBOOK PUBLICIZE OUR

NONDISCRIMINATORY POLICY. THE PUBLICATIONS ARE PROVIDED TO ALL

PROSPECTIVE AND ENROLLED STUDENTS.

GOVERNMENT FINANCIAL AID,

PART I, LINE 6A:

KENYON COLLEGE RECEIVES STUDENT FINANCIAL ASSISTANCE FROM THE U.S.

DEPARTMENT OF EDUCATION. THE ASSISTANCE CONSISTS OF THE FOLLOWING FEDERAL

PROGRAMS: NATIONAL DIRECT STUDENT LOANS, PELL GRANTS, SUPPLEMENTAL

EDUCATIONAL OPPORTUNITY GRANTS, AND COLLEGE WORK STUDY PROGRAMS. THE

COLLEGE ALSO RECEIVES SOME RESEARCH GRANTS AND EQUIPMENT GRANTS FROM

VARIOUS GOVERNMENTAL AGENCIES.

SCHEDULE F (Form 990)	Statem	nent of A	ctivities	Outside the Uni	ted Sta	ates o	MB No. 1545-0047
(F0IIII 990)		Complete if		n answered "Yes" to Form 9 14b, 15, or 16.	90,		2012
Department of the Treasury Internal Revenue Service		Attach t	-	See separate instructions.			pen to Public spection
Name of the organization						Employer identifica	
KENYON COLLEGE	Information o	n Activitico	Outoido tho l	Jnited States. Complete	if the erec	31-4379507	
	, Part IV, line 14		Outside the t	Jaited States. Complete	e if the orga	anization answe	red Yes to
-	rantees' eligibilit	y for the grant	ts or assistance	substantiate the amount o e, and the selection criter	-	award the	X Yes No
2 For grantmakers assistance outsid			ganization's pi	rocedures for monitoring	the use	of its grants a	and other
3 Activities per Reg	gion. (The follow	ing Part I, line	3 table can be	e duplicated if additional sp	bace is nee	ded.)	
(a) Region	1	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	a prog describe	vity listed in (d) is gram service, e specific type of ce(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/	CARIBBEAN			PROGRAM SERVICES	EDUCATIO	NAL SERVICES	66,190.
(2) CENTRAL AMERICA/	CARIBBEAN			PROGRAM SERVICES	EDUCATIO	NAL RESEARCH	5,631.
(3) CENTRAL AMERICA/	CARIBBEAN			INVESTMENTS			59,393,662.
(4) CENTRAL AMERICA/	CARIBBEAN			GRANTMAKING			53,903.
(5) EAST ASIA AND TH	E PACIFIC			PROGRAM SERVICES	EDUCATIO	NAL SERVICES	397,185.
(6) EAST ASIA AND TH	E PACIFIC			PROGRAM SERVICES	STUDENT 1	RECRUITMENT	2,173.
(7) EAST ASIA AND TH	E PACIFIC			PROGRAM SERVICES	EDUCATIO	NAL RESEARCH	8,636.
(8) EAST ASIA AND TH	E PACIFIC			PROGRAM SERVICES	OTHER		1,500.
(9) EAST ASIA AND TH	E PACIFIC			GRANTMAKING			233,022.
(10) EUROPE			3.	PROGRAM SERVICES	EDUCATIO	NAL SERVICES	1,875,889.
(11) EUROPE				PROGRAM SERVICES	EDUCATIO	NAL RESEARCH	73,259.
(12) EUROPE				PROGRAM SERVICES	STUDENT 1	RECRUITMENT	2,428.
(13) EUROPE				INVESTMENTS			533,679.
(14) EUROPE				GRANTMAKING			832,537.
(15) MIDDLE EAST AND	NORTH AFRICA			PROGRAM SERVICES	EDUCATIO	NAL SERVICES	63,003.
(16) MIDDLE EAST AND	NORTH AFRICA			PROGRAM SERVICES	STUDENT	RECRUITMENT	843.
(17) MIDDLE EAST AND				GRANTMAKING			45,258.
3a Sub-total b Total from	continuation		3.				63,588,798.
sheets to Part I	Г						695,470.
c Totals (add line For Paperwork Reduction		the Instruction	3. s for Form 990.			Schedule	64,284,268. e F (Form 990) 2012

SCH	EDULE F	Stater	nent of A	ctivities	Outside the Uni	ted Sta	ates o	MB No. 1545-0047
(Fori	m 990)			the organizatio	n answered "Yes" to Form 9			2012
Departr	nent of the Treasury		Attach	-	14b, 15, or 16. ► See separate instructions.			pen to Public
Internal	Revenue Service						Employer identifica	ISpection
	ON COLLEGE						31-4379507	
Part	General Inf Form 990, Pa			Outside the l	Jnited States. Complete	if the org	anization answe	ered "Yes" to
á	For grantmakers. Do	bes the orga ees' eligibili	nization mainta ty for the grant	ts or assistance	substantiate the amount o e, and the selection criter	-	award the	X Yes No
	For grantmakers. E assistance outside th			ganization's p	rocedures for monitoring	the use	of its grants a	and other
3 /	Activities per Region	. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is nee	eded.)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	a pro describ	ivity listed in (d) is ogram service, e specific type of ce(s) in region	(f) Total expenditures for and investments in region
(1)	NORTH AMERICA				PROGRAM SERVICES	STUDENT	RECRUITMENT	1,534.
(2)	NORTH AMERICA				PROGRAM SERVICES	EDUCATIO	NAL SERVICES	987.
(3)	NORTH AMERICA				PROGRAM SERVICES	EDUCATIO	NAL RESEARCH	4,648.
(4)	RUSSIA/INDEPENDENT :	STATES			GRANTMAKING			38,482.
(5)	RUSSIA/INDEPENDENT	STATES			PROGRAM SERVICES	EDUCATIO	NAL SERVICES	53,312.
(6)	SOUTH AMERICA				PROGRAM SERVICES	EDUCATIO	NAL SERVICES	216,494.
(7)	SOUTH AMERICA				PROGRAM SERVICES	EDUCATIO	NAL RESEARCH	9,373.
(8)	SOUTH AMERICA				PROGRAM SERVICES	STUDENT	RECRUITMENT	2,249.
(9)	SOUTH AMERICA				GRANTMAKING			135,709.
<u>(10)</u>	SOUTH ASIA				PROGRAM SERVICES	EDUCATIO	NAL RESEARCH	3,110.
<u>(11)</u>	SOUTH ASIA				PROGRAM SERVICES	EDUCATIO	NAL SERVICES	56,972.
<u>(12)</u>	SOUTH ASIA				GRANTMAKING			49,047.
<u>(13)</u>	SUB-SAHARAN AFRICA				PROGRAM SERVICES	EDUCATIO	NAL SERVICES	77,165.
<u>(14)</u>	SUB-SAHARAN AFRICA				PROGRAM SERVICES	STUDENT	RECRUITMENT	1,222.
<u>(15)</u>	SUB-SAHARAN AFRICA				PROGRAM SERVICES	EDUCATIO	NAL RESEARCH	7,973.
<u>(</u> 16)	SUB-SAHARAN AFRICA				GRANTMAKING			37,193.
(17)								
3a b	sheets to Part I	ontinuation						
	Totals (add lines 3		L the Instruction	s for Earm 990			Schodul	e F (Form 990) 2012

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Page 2

Schedule F (Form 990) 2012

Part II	Part IV, line 15, for any re							d "Yes" to F	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter _____ ►

3 Enter total number of other organizations or entities.....

Schedule F (Form 990) 2012

Page 3

Schedule F (Form 990) 2012

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method o valuation (book, FMV, appraisal, other)
1) EDUCATION ASSISTANCE	CENT. AMERICA/CARIBBEAN	4.	53,903.				
2) EDUCATION ASSISTANCE	EAST ASIA/PACIFIC	18.	233,022.				
3) EDUCATION ASSISTANCE	EUROPE/ICELAND/GREENLAND	54.	832,537.				
4) EDUCATION ASSISTANCE	MIDDLE EAST/NORTH AFRICA	5.	45,258.				
5) EDUCATION ASSISTANCE	RUSSIA/NEWLY IND. STATES	3.	38,482.				
6) EDUCATION ASSISTANCE	SOUTH AMERICA	12.	135,709.				
7) EDUCATION ASSISTANCE	SOUTH ASIA	5.	49,047.				
8) EDUCATION ASSISTANCE	SUB-SAHARAN AFRICA	3.	37,193.				
9)							
0)							
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							

Schedule F (Form 990) 2012

JSA

KENYON COLLEGE

Schedule F (Form 990) 2012

Part	V Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	s 🗌	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	s X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X Yes		No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i>	X Yes	s 🗌	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	X Yes	s	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5713, <i>International Boycott Report (see Instructions for Form</i> 5713)	Yes	s X	No

Schedule F (Form 990) 2012

Page 5

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

MONITORING USE OF GRANT FUNDS,

PART I, LINE 2:

FINANCIAL AID IS PROVIDED TO STUDENTS FOR EDUCATIONAL STUDIES ABROAD.

THESE OFF-CAMPUS PROGRAMS ARE APPROVED BY THE COLLEGE. THE COLLEGE

ENSURES THAT THE GRANTS ARE USED FOR EDUCATIONAL PURPOSES THROUGH ITS

FINANCIAL AID COMPLIANCE PROCEDURES.

SCHEE	DULE I
(Form	990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047 2012 Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization KENYON COLLEGE

31-4379507

Employer identification number

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) _								
_(2)								
_(3)								
_(4) _								
_(5) _								
_(6)								
_(7) _								
_(8)								
_(9) _								
(10)								
(11)								
(12)								
2 E	nter total number of section 501(c)(3) and go	overnment or	ganizations list	ed in the line 1 tabl	e	I	•	
	nter total number of other organizations liste							
	aperwork Reduction Act Notice, see the Ins							le I (Form 990) (2012)

Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	936.	24,229,368.			
		21,229,900.			
2 LEGAL FELLOWSHIPS	7.	33,510.			
3 EXTERNSHIPS	3.	9,625.			
4 EDUCATIONAL ENRICHMENT PROGRAM	45.	85,882.			
5 OEFFA FELLOWSHIPS	1.	3,085.			
PRIZES TO STUDENTS	82.	24,251.			
7 TUITION REMISSION	27.	1,123,116.			

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31-4379507

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DALTON FELLOWSHIP	1	12,000.			
• DALION FELLOWSHIP	<u>⊥</u> .	12,000.			
2 RESEARCH FELLOWSHIPS	40.	171,035.			
3					
4					
5					
6					
7					
Part IV Supplemental Information. Comp	plete this part to prov	vide the informa	tion required in	Part I, line 2, Part III, c	olumn (b), and any other addition

information. MONITORING USE OF GRANT FUNDS,

PART I, LINE 2:

SCHOLARSHIPS, FELLOWSHIPS, AND OTHER EDUCATIONAL PROGRAM GRANTS ARE

MONITORED THROUGH THE COLLEGE'S FINANCIAL AID COMPLIANCE PROCEDURES.

PRIZES TO STUDENTS ARE AWARDED FOR ACADEMIC MERIT.

SCHI	EDULE J	Compensation Inform	ation	OMB No.	1545-0	047
	m 990)	For certain Officers, Directors, Trustees, Key Em Compensated Employees		 ଇନ୍	19	
-	-	Complete if the organization answered "Ye	es" to Form 990,	<u> </u>		
	nent of the Treasury	Part IV, line 23. ► Attach to Form 990. ► See separate in	notructions	Open t		
	Revenue Service of the organization	Attach to Form 990. F See separate in	Employer identific		ectio	n
	YON COLLEG		31-4379			
Part		ns Regarding Compensation				
					Yes	No
1a	•	propriate box(es) if the organization provided any of the follo	•	n		
	990, Part VII,	Section A, line 1a. Complete Part III to provide any relevant	information regarding these items.			
			nce or residence for personal use			
			usiness use of personal residence			
			club dues or initiation fees			
	X Discretion	nary spending account X Personal servic	es (e.g., maid, chauffeur, chef)			
b	or reimburse	boxes on line 1a are checked, did the organization follow ment or provision of all of the expenses described al	bove? If "No," complete Part III	to		
•	explain			. 1b	X	
2	-	ization require substantiation prior to reimbursing or allow			x	
	directors, trus	tees, and the CEO/Executive Director, regarding the items ch		. 2		
3	Indicate which	, if any, of the following the filing organization used to estab	lish the compensation of the			
		CEO/Executive Director. Check all that apply. Do not check	-			
	related organ	zation to establish compensation of the CEO/Executive Dire	ector, but explain in Part III.			
	Comper	sation committee X Written employ	ment contract			
	Indepen	dent compensation consultant X Compensation	survey or study			
	Form 99	0 of other organizations X Approval by the	board or compensation committee			
4		ar, did any person listed in Form 990, Part VII, Section A, lin r a related organization:	e 1a, with respect to the filing			
а		rerance payment or change-of-control payment?		4a		X
b	Participate in	or receive payment from, a supplemental nonqualified retire	ment plan?	4b	X	
с		or receive payment from, an equity-based compensation arra				Х
		of lines 4a-c, list the persons and provide the applicable				
	•	501(c)(3) and 501(c)(4) organizations must complete lines				
5	-	sted in Form 990, Part VII, Section A, line 1a, did the organiz	zation pay or accrue any			
		contingent on the revenues of:		-		37
a k	I ne organizat	on?		- 5a		X X
b	If "Yes" to line	ganization? 5a or 5b, describe in Part III.		- 5b		
6		sted in Form 990, Part VII, Section A, line 1a, did the organiz	zation pay or accrue any			
·	-	contingent on the net earnings of:				
а		on?		6a		X
b	Any related o	ganization?		6b		Х
	If "Yes" to line	6a or 6b, describe in Part III.		-		
7		isted in Form 990, Part VII, Section A, line 1a, did the				
		described in lines 5 and 6? If "Yes," describe in Part III				Х
8	Were any am	ounts reported in Form 990, Part VII, paid or accrued pur	suant to a contract that was subj	ect		
		contract exception described in Regulations section				
						X
9		ne 8, did the organization also follow the rebuttable p				
		ection 53.4958-6(c)?		- 9	<u> </u>	<u> </u>

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

Schedule J (Form 990) 2012

Page 2

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
S. GEORGIA NUGENT	(i)	356,466.	0	11,105.	133,438.	41,627.	542,636.	(
1 PRESIDENT & TRUSTEE	(ii)	0	0	0	0	0	()(
TERI L. BLANCHARD	(i)	153,999.	0	1,176.	15,183.	19,462.	189,820.	(
2 ASSOC. VP FINANCE	(ii)	0	C	0	0	0	() (
SARAH H. KAHRL	(i)	244,923.	0	1,440.	73,750.	26,235.	346,348.	(
3 VP COLLEGE RELATIONS	(ii)	0	0	0	0	0	()(
MARK J. KOHLMAN	(i)	145,403.	C	600.	14,533.	26,086.	186,622.	(
4 CHIEF BUS. OFFICER	(ii)	0	0	00	0	0	()(
JOSEPH G. NELSON	(i)	213,182.	C	1,182.	71,043.	22,632.	308,039.	(
5 VP FINANCE	(ii)	0	0	00	0	0	()(
NAYEF H. SAMHAT	(i)	187,988.	0	840.	17,976.	3,609.	210,413.	(
6 PROVOST	(ii)	0	0	00	0	0	()(
JENNIFER DELAHUNTY BRIT	(i)	184,445.	C	70,286.	17,988.	21,898.	294,617.	66,667.
7 DEAN OF ADMISSIONS	(ii)	0	0	00	0	0	()(
RONALD K. GRIGGS	(i)	146,973.	C	0	14,547.	24,766.	186,286.	(
8 VP FOR LBIS	(ii)	0	0	00	0	0	()(
PETER M. RUTKOFF	(i)	151,120.	C	29,709.	14,573.	541.	195,943.	(
9 PROF. OF AM. STUDIES	(ii)	0	0	00	0	0	()(
HOWARD L. SACKS	(i)	152,217.	C	5,844.	15,516.	21,755.	195,332.	(
10 PROF. OF SOCIOLOGY	(ii)	0	0	00	0	0	()(
GREGORY P. SPAID	(i)	151,043.	C	3,231.	14,917.	9,908.	179,099.	(
11 PROF. OF ART	(ii)	0	0	00	0	0	()(
DAVID H. LYNN	(i)	59,385.	0	0	5,731.	1,851.	66,967.	(
12 KENYON REVIEW EDITOR	(ii)	101,202.	0	720.	9,766.	3,153.	114,841.	(
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2012

JSA 2E1291 1.000 Schedule J (Form 990) 2012

Part III Supplemental Information

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

BENEFITS PROVIDED TO OFFICERS,

PART I, LINE 1:

THE COLLEGE PROVIDED THE FOLLOWING BENEFITS TO ITS PRESIDENT, S. GEORGIA NUGENT: SPOUSAL TRAVEL; PAYMENT OF MEMBERSHIP DUES FOR THE MOUNT VERNON ROTARY CLUB AND THE UNIVERSITY CLUB; RESIDENCE ON CAMPUS FOR PERSONAL USE AS WELL AS JOB-RELATED ACTIVITIES; MAID SERVICE FOR THE PRESIDENT'S ON-CAMPUS HOME; AND A DISCRETIONARY SPENDING ACCOUNT TO FURTHER THE COLLEGE'S MISSION. WITH THE EXCEPTION OF SPOUSAL TRAVEL, THE COLLEGE DID NOT TREAT THE VALUE OF THE REMAINING BENEFITS AS TAXABLE INCOME FOR THE PRESIDENT AS THE EXPENSES WERE INCURRED FOR COLLEGE-RELATED PURPOSES. ALSO, THE PRESIDENT'S HOME IS SUBSTANTIALLY USED FOR COLLEGE PURPOSES SINCE THE PRESIDENT HOSTS MANY FUNCTIONS AT HER RESIDENCE.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN,

PART I, LINE 4B:

SECTION 457(F) CONTRIBUTION FOR S. GEORGIA NUGENT: \$100,000; EMPLOYER

CONTRIBUTION TO SECTION 457(B) PLAN FOR S. GEORGIA NUGENT: \$9,688.

SECTION 457(F) CONTRIBUTION FOR JOSEPH G. NELSON: \$50,000. SECTION 457(F)

CONTRIBUTION FOR SARAH KAHRL: \$50,000.

Page 3

SCHED	DULE	Κ
(Form	990)	

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Department of the Treasury

Department of the Treasury Internal Revenue Service		Attack	h to Form 9	90.	See s	separate ins	tructions.					In	spect	ion	
Name of the organization										Er	nployer	identific	ation	numbe	r
KENYON COLLEGE										3	1-43	879507	7		
Part Bond Iss	Jes			1								(1) 0			
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	ied (e	e) Issue price	(f) D	escription of pu	rpose	(g) De	feased	(h) On behalf o issuer	of	(i) Poole financin	
										Yes	No	Yes		Yes I	No
A OHIO HIGHER EDUCAT	IONAL FACILITY COMMISSION	34-6849674	67756BKB5	10/15/20	003	6,330,072.	EDUCATIONAL	FACILITIES			x	2	ς		x
	IONAL FACILITY COMMISSION	34-6849674	67756внк9	08/09/20		40,000,000	. EDUCATIONAL				x	2	,		x
- OHIO HIGHER EDUCAT	IONAL FACILITY COMMISSION	34-6849674	67756BHK9	08/09/20	106	42,822,030.	EDUCATIONAL	FACILITIES			Å	2	<u> </u>		<u>^</u>
C OHIO HIGHER EDUCAT	IONAL FACILITIES COMMISSION	34-6849674	67756AR38	02/11/20	010	100,189,867.	EDUCATIONAL	FACILITIES			x	2	< L		х
D															
Part II Proceeds						•		-	•				_		
1 Amount of bond	s ratirad					A 3,055,000)	В	С				D		
2 Amount of bond	s retireds legally defeased			<u></u>		3,033,000	/ .								—
	of issue				F	5,330,072	43 (25,031.	100,4	67 20	13				—
4 Gross proceeds	in reserve funds					5,550,072	. 15,0	23,031.	100,1	07,20	,,,,,				—
5 Capitalized inter	rest from proceeds			<u></u>			3,9	23,296.	10,2	37,22	20.				
6 Proceeds in refu	unding escrows														
7 Issuance costs f	rom proceeds					125,332	2. 3	372,995.	9	56,47	78.				_
8 Credit enhancer	nent from proceeds														_
9 Working capital	expenditures from proceeds														_
10 Capital expendit	ures from proceeds						33,7	78,081.							_
	ceeds				e	5,204,740). 4,9	950,659.	89,2	73,50)5.				_
	roceeds														
13 Year of substan	tial completion				2	2003	200	6	2010	0					
					Yes	s No	Yes	No	Yes	No)	Yes		No	
	issued as part of a current refund				Х			Х	Х						
	issued as part of an advance refu					X	X		Х						
	ocation of proceeds been made?				Х		X		Х						
	on maintain adequate books and records to	support the final alloca	tion of proceeds	s?	Х		Х		Х						
Part III Private B	usiness Use							_							
						Α		В	C				D		
1 Was the organiz	ation a partner in a partnership, o	r a member of an	LLC,		Yes		Yes	No	Yes	No		Yes		No	
which owned pro	operty financed by tax-exempt bo	nas?	• • • • • • • •			X		X		X					
2 Are there any lease	se arrangements that may result in pri	vate business use o	t bond-finance	ed property?		X	X			Х					



1

KENYON COLLEGE

31-4379507

Schedule K (Form 990) 2012

Part III Private Business Use (Continued) 1		A		в	(c		D
• And there are a second on the second state that we would be a second state the second state state the second state s	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	162	X	X	NO	162	X	Tes	NO
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			x					
c Are there any research agreements that may result in private business use of bond- financed property?		x		x		x		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%	,	%		%		Q
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		c
6 Total of lines 4 and 5		%	,	%		%		Q
7 Does the bond issue meet the private security or payment test?		Х		X		Х		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovern- mental person other than a 501(c)(3) organization since the bonds were issued?		x		x		x		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		9	, 0	%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		x		x			
Part IV Arbitrage								
		Α		В	(C		D
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		Х		Х		Х		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		Х		X	Х			
b Exception to rebate?	Х		X			X		
c No rebate due?		Х		X		X		
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate								
computation was performed		I	1					1
3 Is the bond issue a variable rate issue?		Х		X		Х		
4a Has the organization or the governmental issuer entered into a qualified hedge with								
respect to the bond issue?		Х		X		X		
b Name of provider								
c Term of hedge		1						
d Was the hadge superintegrated?								
d Was the hedge superintegrated? e Was the hedge terminated?								

Page **2**

KENYON COLLEGE

31-4379507

Schedule K (Form 990) 2012

		Α		В		С		D
	Yes	No	Yes	No	Yes	No	Yes	N
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		X		
b Name of provider								
	•							
c Term of GIC				1				
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		Х		Х			
Part V Procedures To Undertake Corrective Action								
		Α		В		С		D
Has the organization established written procedures to ensure that violations of federal	Yes	No	Yes	No	Yes	No	Yes	N
tax requirements are timely identified and corrected through the voluntary closing								
agreement program if self-remediation is not available under applicable regulations?	x		x		x			
Part VI Supplemental Information. Complete this part to provide additional infor								

Schedule K (Form 990) 2012

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions) (Continued)

PART II, LINE 3,

ADDITIONAL INFORMATION ABOUT PROCEEDS:

FOR BONDS B AND C, THE AMOUNT OF TOTAL PROCEEDS INCLUDES INVESTMENT

EARNINGS.

Page 4

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

 ▶ Complete if the organization answered
 "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. 20**12** Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part III

KENYON COLLEGE

Employer identification number 31-4379507

\$

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disgualified person	(b) Relationship between disqualified person	(c) Description of transaction	(d) Corrected		
		and organization		Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2	Enter the amount of tax incurred by	the organization managers or disqualified p	ersons during the year			
	under section 4958		▶\$			

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	fror	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In a	default?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					▶\$	•						

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	-	naring of ization's nues?
				Yes	No
1) MARLA KOHLMAN	SPOUSE OF OFFICER	75,795.	SALARY TO SPOUSE OF OFFICER		x
(2)					
(3)					
(4)					
5)					
(6)					
7)					
(8)					
9)					
0)					

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Noncash Contributions

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

2012 **Open To Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization KENYON COLLEGE

Employer identification number 31-4379507

Par	t Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х		7.	\$1 EACH	FOR	TRAC	KING
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	147.	1,167,559.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	Х	1.	1.	\$1 EACH	FOR	TRAC	KING
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts	Х	2.	2.	\$1 EACH	FOR	TRAC	KING
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(_ATCH 1)		4.	6,997.				
26	Other ▶()							
27	Other ▶()							
28	Other ►()							
29	Number of Forms 8283 received	by the orga	nization during the tax ye	ar for contributions for				
	which the organization completed I				29			
							Yes	No
30 a	During the year, did the organization	tion receive	by contribution any prope	erty reported in Part I, line	es 1-28 that			
	it must hold for at least three year							
	used for exempt purposes for the e	ntire holding	period?			30a	1	Х
b	If "Yes," describe the arrangement							
31	Does the organization have a	gift accept	ance policy that require	es the review of any r	non-standard	1		
	contributions?					31	X	
32 a	Does the organization hire or use	e third part	es or related organization	s to solicit, process, or s	sell noncash	1		
	contributions?					32a	a X	
b	If "Yes," describe in Part II.	-			-			
33	If the organization did not report ar	n amount in	column (c) for a type of pro	perty for which column (a) is checked,			

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describe in Part II.

Schedule M (Form 990) (2012)

Page 2

Schedule M (Form 990) (2012)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

USE OF THIRD PARTIES,

PART I, LINE 32B:

THE COLLEGE USES A SECURITIES BROKER TO SELL CERTAIN DONATED SECURITIES.

THE BROKER'S FEES ARE AT OR BELOW FAIR MARKET VALUE FOR ITS SERVICES.

REVENUE NOT REPORTED FOR CERTAIN CONTRIBUTIONS,

PART I, LINE 33:

THE COLLEGE DOES NOT BOOK REVENUE (OR ASSIGNS A NOMINAL VALUE OF \$1) FOR GIFTS OF ART, FURNITURE, AND CERTAIN OTHER ASSETS. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PERMIT THE COLLEGE TO NOT RECOGNIZE REVENUE FOR ART. THE FURNITURE AND CERTAIN OTHER ASSETS THAT HAVE BEEN DONATED HAVE A SMALL VALUE AND THEREFORE ARE RECORDED AT \$1 FOR TRACKING PURPOSES ONLY. Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
BENCH FOR ENVIR.CTR.	Х	1.	1.	\$1 EACH FOR TRACKING
OBOE	Х	1.	1.	\$1 EACH FOR TRACKING
SPORTS EQUIPMENT	Х	2.	6,995.	FMV
TOTALS	=	4.	6,997.	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



FORM 990 REVIEW,

PART VI, LINE 11B:

THE BOARD HAS DELEGATED THE REVIEW AND APPROVAL OF FORM 990 TO THE AUDIT SUBCOMMITTEE OF THE BUDGET, FINANCE, AND AUDIT COMMITTEE. THE REVIEW IS CONDUCTED WITH THE ASSISTANCE OF THE OUTSIDE PUBLIC ACCOUNTING FIRM.

MONITORING AND ENFORCEMENT OF CONFLICT POLICY,

PART VI, LINE 12C:

THE COLLEGE'S CONFLICT POLICY IS DISTRIBUTED AT THE FALL MEETING OF THE BOARD OF TRUSTEES. ANNUALLY, OFFICERS AND TRUSTEES ARE ASKED TO DISCLOSE CONFLICTS, AND THESE DISCLOSURES ARE MONITORED. IF A CONFLICT ARISES, THE PERSON IS NOT PERMITTED TO VOTE OR PARTICIPATE IN THE DISCUSSION OF THE PROPOSED TRANSACTION. PEOPLE WHO ARE INDEPENDENT OF THE INDIVIDUAL MAKE THE DECISION ON THE TRANSACTION.

REVIEW AND APPROVAL OF COMPENSATION,

PART VI, LINE 15:

COMPARABILITY SALARY STUDIES FROM PEER INSTITUTIONS ARE PERFORMED FOR THE COLLEGE'S PRESIDENT AND FOR MEMBERS OF SENIOR STAFF. RECOMMENDATIONS ARE PRESENTED TO AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THE TRUSTEES ARE INDEPENDENT OF THE INDIVIDUALS FOR WHOM COMPENSATION DECISIONS ARE BEING MADE. THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMMITTEE ARE NOTED IN THE COMMITTEE'S MINUTES. AVAILABILITY OF DOCUMENTS,

PART VI, LINE 19:

THE COLLEGE MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE COLLEGE MAKES ITS GOVERNING DOCUMENTS AND CONFLICT POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

OTHER CHANGES IN NET ASSETS, PART XII, LINE 5: CHANGE IN INTEREST RATE SWAP OBLIGATION: \$611,355

DOCUMENT RETENTION AND DESTRUCTION POLICY,

PART VI, LINE 14:

THE FINANCE OFFICE OF THE COLLEGE HAS A DOCUMENT RETENTION AND DESTRUCTION POLICY THAT WAS DEVELOPED AND IMPLEMENTED BY MANAGEMENT. THIS POLICY HAS NOT BEEN APPROVED BY THE BOARD OF TRUSTEES. CURRENTLY, A CAMPUS-WIDE COMMITTEE IS INVESTIGATING DOCUMENT RETENTION ISSUES FOR THE COLLEGE AND IS DEVELOPING A COLLEGE-WIDE POLICY THAT WILL BE IMPLEMENTED IN THE NEAR FUTURE.

FORM 990 PROVIDED TO GOVERNING BODY,

PART VI, LINE 11A:

THE COLLEGE HAS DISTRIBUTED FORM 990 TO THE FULL BOARD OF TRUSTEES WITH THE EXCEPTION OF DONOR INFORMATION ON SCHEDULE B. BECAUSE OF SCHEDULE B'S PRIVATE AND CONFIDENTIAL NATURE, THE BOARD HAS DELEGATED THE AUTHORITY AND RESPONSIBILITY FOR REVIEWING THAT SCHEDULE TO THE CHAIR OF THE BOARD AND THE CHAIR OF THE AUDIT SUBCOMMITTEE ON BEHALF OF THE FULL BOARD. AS

Employer identification number 31-4379507

SUCH, WE ARE REQUIRED TO ANSWER "NO" TO THE QUESTION ON LINE 11A EVEN THOUGH A COPY OF FORM 990 (WITH REDACTED DONOR INFORMATION ON SCHEDULE B) WAS PROVIDED TO THE TRUSTEES.

REPORTABLE RELATIONSHIPS,

PART VI, LINE 2:

L'QUENTUS thomas, trustee, and david meuse, trustee, have a business

RELATIONSHIP.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OVER THE 185 YEARS OF ITS LIFE, KENYON COLLEGE HAS DEVELOPED A DISTINCTIVE IDENTITY AND HAS SOUGHT A SPECIAL PURPOSE AMONG INSTITUTIONS OF HIGHER LEARNING. KENYON IS AN ACADEMIC INSTITUTION. THE VIRTUE OF THE ACADEMIC MODE IS THAT IT DEALS NOT WITH PRIVATE AND PARTICULAR TRUTHS, BUT WITH THE GENERAL AND THE UNIVERSAL. IT ENABLES ONE TO ESCAPE THE LIMITS OF PRIVATE EXPERIENCE AND THE TYRANNY OF THE PRESENT MOMENT. BUT TO ASSERT THE PRIMACY OF THE ACADEMIC IS NOT TO DENY THE VALUE OF EXPERIENCE OR OF OTHER WAYS OF KNOWING. KENYON'S ACADEMIC PURPOSE WILL PERMEATE ALL THAT THE COLLEGE DOES, BUT THE DEFINITION OF THE ACADEMIC WILL BE OPEN TO RECURRENT QUESTIONING. KENYON'S LARGER PURPOSES AS A LIBERAL ARTS INSTITUTION DERIVE FROM THOSE EXPRESSED CENTURIES AGO IN PLATO'S ACADEMY, ALTHOUGH OUR DISCIPLINES AND MODES OF INQUIRY DIFFER FROM THOSE OF THAT FIRST "LIBERAL ARTS COLLEGE." WE HAVE ALTERED OUR CURRICULUM DELIBERATELY IN ANSWER TO CHANGES IN THE WORLD, AS AN ORGANISM RESPONDS TO ITS ENVIRONMENT WITHOUT LOSING ITS IDENTITY. KENYON'S FOUNDER GAVE A SPECIAL AMERICAN CHARACTER TO HIS ACADEMY BY JOINING ITS LIFE TO THE

Schedule O (Form 990 or 990-EZ) 2012

ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2012					
Name of the organization	Employer identification number				
KENYON COLLEGE	31-4379507				
	ATTACHMENT 1 (CONT'D)				

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

WILDERNESS FRONTIER. HIS KENYON WAS TO AFFORD ITS STUDENTS A HIGHER SENSE OF THEIR OWN HUMANITY AND TO INSPIRE THEM TO WORK WITH OTHERS TO MAKE A SOCIETY THAT WOULD NOURISH A BETTER HUMANKIND. TO THAT END, AND AS AN IMPORTANT EDUCATIONAL VALUE IN ITSELF, KENYON MAINTAINS A DEEP COMMITMENT TO DIVERSITY. KENYON TODAY STRIVES TO PERSUADE ITS STUDENTS TO THOSE SAME PURPOSES.

AS A PRIVATE AND INDEPENDENT COLLEGE, KENYON HAS BEEN FREE TO PROVIDE ITS OWN MODE OF EDUCATION AND SPECIAL QUALITY OF LIFE FOR ITS MEMBERS. ITS HISTORIC RELATIONSHIP WITH THE EPISCOPAL CHURCH HAS MARKED ITS COMMITMENT TO THE VALUES CELEBRATED IN THE JUDAEO-CHRISTIAN TRADITION, BUT WITHOUT DOGMATISM, WITHOUT PROSELYTIZING. BECAUSE ITS FACULTY AND STUDENTS ARE SUPPORTED BY NEITHER CHURCH NOR STATE, THE COLLEGE MUST CHARGE FEES AND SEEK SUPPORT FROM DONORS. WHILE THIS PRESERVES KENYON'S INDEPENDENCE, IT SETS UNFORTUNATE LIMITS. THE COLLEGE'S AMBITIONS MUST BE TEMPERED BY A SENSE OF WHAT IS ECONOMICALLY FEASIBLE.

AS AN UNDERGRADUATE INSTITUTION, KENYON FOCUSES UPON THOSE STUDIES THAT ARE ESSENTIAL TO THE INTELLECTUAL AND MORAL DEVELOPMENT OF ITS STUDENTS. THE CURRICULUM IS NOT DEFINED BY THE INTERESTS OF GRADUATE OR PROFESSIONAL SCHOOLS, BUT BY THE FACULTY'S UNDERSTANDING OF WHAT CONTRIBUTES TO LIBERAL EDUCATION. THE FACULTY'S FIRST INVESTMENT IS IN KENYON'S STUDENTS. THE COLLEGE CONTINUES TO THINK OF ITS STUDENTS AS PARTNERS IN INQUIRY, AND SEEKS THOSE WHO ARE EARNESTLY COMMITTED TO LEARNING. IN THE FUTURE, KENYON WILL CONTINUE TO TEST ITS ACADEMIC PROGRAM AND MODES OF TEACHING AND LEARNING AGAINST THE NEEDS OF ITS STUDENTS, SEEKING TO BRING EACH PERSON TO FULL REALIZATION OF

Employer identification number 31-4379507 ATTACHMENT 1 (CONT'D)

Page 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

INDIVIDUAL EDUCATIONAL POTENTIAL.

TO BE A RESIDENTIAL COLLEGE MEANS MORE THAN THAT THE COLLEGE PROVIDES DORMITORY AND DINING SPACE FOR ITS STUDENTS. IT ARGUES A RELATIONSHIP BETWEEN STUDENTS AND PROFESSORS THAT GOES BEYOND THE CLASSROOM. IT EMPHASIZES THAT STUDENTS LEARN AND DEVELOP, INTELLECTUALLY AND SOCIALLY, FROM THEIR FELLOWS AND FROM THEIR OWN RESPONSES TO CORPORATE LIVING.

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

JSA

Schedule O (Form 990 or 990-EZ) 2012 Name of the organization	Page Employer identification number
KENYON COLLEGE	31-4379507
<u>A</u> FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	TTACHMENT 1 (CONT'D)
BEST KIND OF CAREER PREPARATION, FOR IT DEVELOPS QUALITIES THAT ARE	
PRIZED IN ANY PROFESSION. FAR BEYOND IMMEDIATE CAREER CONCERNS,	
HOWEVER, A LIBERAL EDUCATION FORMS THE FOUNDATION OF A FULFILLING A	ND
VALUABLE LIFE. TO THAT PURPOSE KENYON COLLEGE IS DEVOTED.	
	ATTACHMENT 2
FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES	

ITALY

UNITED KINGDOM

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GUND PARTNERSHIP INC 47 THORNDIKE STREET CAMBRIDGE, MA 02141	ARCHITECTS	764,501.
ALBERT M HIGLEY CO 2926 CHESTER AVENUE CLEVELAND, OH 44114	CONSTR CONTRACTING	9,718,420.
AVI FOODSYSTEMS INC 2590 ELM ROAD NE WARREN, OH 44483	FOOD SERVICES	4,998,802.
MESSER CONSTRUCTION COMPANY 5158 FISHWICK DRIVE CINCINNATI, OH 45216	CONSTR CONTRACTING	7,136,548.
AMERESCO, INC. 111 SPEEN STREET, 4TH FLOOR FARMINGHAM, MA 01701	ENER.EFF.CONTR.SVCS	6,718,282.

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31-4379507

SCHEDULE R (Form 990)				ips		OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service	 Complete if the organization answered Attach to Form 990. 	'Yes" to Form 990, Par ▶ See separa		6, or 37.		Open to Public Inspection			
Name of the organization					Employer ic	dentification number			
KENYON COLLEC	E				31-437	9507			
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)									
	(a) Name, address, and EIN (if annicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling			

	Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
_(1)						
(2)						
_(3)						
_(4)						
_(5)						
_(6)						

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) THE KENYON REVIEW 31-1443804							
209 CHASE AVE EATON CENTER GAMBIER, OH 43022	PUBLICATIONS	ОН	501(C)(3)	11A	KENYON COLL.	x	
(2) PHILANDER CHASE CORPORATION 31-1711213							
209 CHASE AVE EATON CENTER GAMBIER, OH 43022	LAND PRESERV.	ОН	501(C)(3)	11A	KENYON COLL.	x	
(3) THE FIVE COLLEGES OF OHIO 31-1440434							
209 CHASE AVENUE, EATON CENTER GAMBIER, OH 43022	EDUC.CONSORT.	ОН	501(C)(3)	11A	N/A		х
(4) GREAT LAKES COLLEGES ASSOCIATION, INC. 38-1678376							
535 WEST WILLIAM ANN ARBOR, MI 48103	EDUC.CONSORT.	MI	501(C)(3)	11A	N/A		x
(5) GRAHAM GUND GALLERY 46-3140140							
209 CHASE AVENUE EATON CENTER GAMBIER, OH 43022	ART GALLERY	ОН	501(C)(3)	11A	KENYON COLL.	x	
_(6)	_						
_(7)	_						

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

JSA

Schedule R (Form 990) 2012

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

because it had one of r	nore related orga	inzations	s liealeu as a pa	armership duning me	ax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca	ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or aging tner?	(k) Percentage ownership
		,,		,			Yes	No		Yes	No	
(1)												
(2)	-											
(3)	-											
(4)	-											
(5)	-											
(6)	-											
	-											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1) KENYON INN MANAGEMENT CO. 31-1646746	_							
209 CHASE AVE EATON CENTER GAMBIER, OH 43022	HOTEL MGMT SV	ОН	KENYON COLLEGE	C CORP	76,523.	227,207.	100.0000	x
(2) CHARITABLE REMAINDER TRUSTS (8)								
EATON CENTER GAMBIER, OH 43022	CHARITABLE TR	ОН	KENYON COLLEGE	TRUST				x
(3) CHARITABLE REMAINDER TRUST (1)	_							
EATON CENTER GAMBIER, OH 43022	CHARITABLE TR	FL	KENYON COLLEGE	TRUST				x
(4) POOLED INCOME FUND (1)	_							
EATON CENTER GAMBIER, OH 43022	POOLED INC.FU	ОН	KENYON COLLEGE	TRUST				x
	-							
(6)	-							
(7)	-							

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JSA

31-4379507

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NOt	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	1
	During the tax year, did the organization engage in any of the following transactions with one or more						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		
C	Gift, grant, or capital contribution to related organization(s)				1b		
;	Gift, grant, or capital contribution from related organization(s)				1c		
d	Loans or loan guarantees to or for related organization(s)				1d	X	
e	Loans or loan guarantees by related organization(s)				1e		
	Dividends from related organization(s)				1f		
J	Sale of assets to related organization(s)				1g		
1	Purchase of assets from related organization(s)				1h		
	Exchange of assets with related organization(s)				1i		
	Lease of facilities, equipment, or other assets to related organization(s)				1j	X	
	Lease of facilities, equipment, or other assets from related organization(s)				1k		
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
า	Performance of services or membership or fundraising solicitations by related organization(s)				1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	Г
	Sharing of paid employees with related organization(s)				10	X	Γ
,							⊢
					1p		
)	Reimbursement paid to related organization(s) for expenses				1p 1a	X	
2					<u>1р</u> 1q	X	
)	Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses				1q	x	
)	Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s)			· · · · · · ·			
2 7 5	Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1q 1r 1s	X X	
p q r s	Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complet (a)	te this line, including cov	ered relationships and transa	action thre	1q 1r 1s esholds (d)	Х Х S.	
5	Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete	te this line, including cov	ered relationships and transa	action thre	1q 1r 1s esholds (d)	X X S.	
	Reimbursement paid to related organization(s) for expenses	te this line, including cov (b) Transaction	ered relationships and transa (c) Amount involved	action thre	1q 1r 1s shold: (d) I of deta	X X S.	
) 	Reimbursement paid to related organization(s) for expenses	te this line, including cover (b) Transaction type (a-s) R	ered relationships and transa (c) Amount involved 146,560.	action thre Method amo FMV	1q 1r 1s shold: (d) I of deta	X X S.	
)	Reimbursement paid to related organization(s) for expenses	te this line, including cov (b) Transaction type (a-s)	ered relationships and transa (c) Amount involved	action thre Method amo	1q 1r 1s shold: (d) I of deta	X X S.	
)	Reimbursement paid to related organization(s) for expenses	te this line, including cover (b) Transaction type (a-s) R	ered relationships and transa (c) Amount involved 146,560.	action thre Method amo FMV	1q 1r 1s shold: (d) I of deta	X X S.	
)))	Reimbursement paid to related organization(s) for expenses	te this line, including cov (b) Transaction type (a-s) R R	ered relationships and transa (c) Amount involved 146,560. 88,874.	action thre Method amo FMV FMV	1q 1r 1s shold: (d) I of deta	X X S.	
p q r s)))	Reimbursement paid to related organization(s) for expenses	te this line, including cov (b) Transaction type (a-s) R R R R	ered relationships and transa (c) Amount involved 146,560. 88,874. 519,626.	action thre Method amo FMV FMV FMV	1q 1r 1s shold: (d) I of deta	X X S.	
p q r s	Reimbursement paid to related organization(s) for expenses	te this line, including cov (b) Transaction type (a-s) R R R R	ered relationships and transa (c) Amount involved 146,560. 88,874. 519,626.	action thre Method amo FMV FMV FMV	1q 1r 1s shold: (d) I of deta	X X S.	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	allocations? amount in box of Schedule K (Form 1065		Code V-UBI amount in box 20 of Schedule K-1	(20 managing (-1 partner?		(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													1
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).