Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Inspection

<u> </u>	roi t	The 2013 calendar year, or tax year beginning $07/01$, 2	1013, and endir	ng		06/3	0, 20 ₁₄	
В	Check if	applicable:			D Employer ide	entificatio	n number	
_	_	KENYON COLLEGE						
	cha				31-4379	507		
L	Nan	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone no	ımber		
	Initi	ial return EATON CENTER			(740) 42	7-518	1	
L	Teri	minated City or town, state or province, country, and ZIP or foreign postal code						
	Ame retu	GAMBIER, OH 43022			G Gross receip	s \$ 2	248,666	,406.
	App pen	F Name and address of principal officer: SEAN M. DECATUR,	PRESIDENT		H(a) Is this a grou	p return for	Yes	X No
		EATON CENTER GAMBIER, OH 43022			subordinates H(b) Are all subord		Yes	No
ī	Tax-e	exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a	a)(1) or 52				instructions)	Ш
J	Webs	site: WWW.KENYON.EDU	,, , , , ,		H(c) Group exemp	tion numbe	r 🌬	
K	Form	of organization: X Corporation Trust Association Other	L Year o		on: 1824 M			ОН
P	art I	Summary						
-	1	The state of the distribution of the state o				LIBE	ERAL AR	TS
Activities & Governance		EDUCATIONAL INSTITUTION WITH APPROX. 1,700 STU						
rna		THE COLLEGE HAS 18 DEPARTMENTS & 13 INTERDISCI						
ove	2	Check this box ▶ ☐ if the organization discontinued its operations or dis						
Ű	3	Number of voting members of the governing body (Part VI, line 1a)				3		39.
es S	4	Number of independent voting members of the governing body (Part VI, line 1	b)			4		38.
ξ	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a).				5	1,	926.
ctj.	6	Total number of volunteers (estimate if necessary)				6		724.
⋖	1 a	Total unrelated business revenue from Part VIII, column (C), line 12				7a	-556	,510.
	b	Net unrelated business taxable income from Form 990-T, line 34				7b	-675	,211.
					Prior Year		Current Ye	ear
e	8	Contributions and grants (Part VIII, line 1h)	-	14,198,80	1.	11,104	,811.	
Revenue	9	Program service revenue (Part VIII, line 2g). Public program service revenue (Part VIII, column (A) lines 3, 4, and 7d).	OPY FOR	9	92,975,887.		106,187	,767.
Şe,	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	IC INSPECTION	3	35,655,627.		22,735	,435.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,821,32	6.	797 (00 70	,877.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1		14	45,651,64		140,931	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			27,117,02		28,125	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			· · ·	0		0
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		50,348,24	2.	52,107	.202	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	٠,		., ,	0	02/10/	, 202.
db	b	Total fundraising expenses (Part IX, column (D), line 25) 2,144,1	07.		A			
யி	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			17,705,72	3	50,893	289
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			25,170,98		131,125	
	19	Revenue less expenses. Subtract line 18 from line 12			20,480,65			
or	2000	revenue less expenses. Subtract line to nontline 12					9,806	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			ing of Current Ye	_	End of Yea	
Asse	20 21	Total liabilities (Part X, line 26)			0,800,47		680,526	
und/	22			7.0	8,068,51		220,436	
100000	rt II	Net assets or fund balances. Subtract line 21 from line 20		4.5	32,731,96	1.	460,089	<u>,889</u> .
true	e, corre	nalties of perjury, I declare that I have examined this return, including accompanying scl ect, and complete. Declaration of preparer (other than officer) is based on all information of	nedules and statem which preparer has	nents, and s any kno	d to the best of wledge.	my knowl	edge and be	lief, it is
		SNACM						
Sig		Signature of officer			Date			
He	re	Shirley F. O'Brien, Controller						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date		Check	f PTIN		
Paid		CHRISTOPHER B ANDERSON	- 5/11	111-	self-employed		226559	
	parer	Firm's name MALONEY + NOVOTNY LIC	0 1 11					
use	Only	Firm's address 1111 SUPERIOR AVENUE, SUITE 700 CLEVELAND, OH 44114					3-0100	
May	the II	RS discuss this return with the preparer shown above? (see instructions)			HOHE NO. Z	X		TN-
		rwork Reduction Act Notice, see the separate instructions.				[^	Yes Form 990	No (2012)
	. ~pc						rom aan	(2013)

4	Driefly describe the	e or note to any line in this Part III
7	Briefly describe the organization's mission:	
	ATTACHMENT 1	
_	D'11	
2		ogram services during the year which were not listed on the
		Yes X
	If "Yes," describe these new services on Schedule	
3	Did the organization cease conducting, or ma	ke significant changes in how it conducts, any program
	If "Yes," describe these changes on Schedule O.	Yes X
4	Describe the organization's program service acc	complishments for each of its three largest program services, as measure
-	expenses. Section 501(c)(3) and 501(c)(4) organ the total expenses, and revenue, if any, for each pro-	nizations are required to report the amount of grants and allocations to o
la i	(Code:) (Expenses \$ 114 375 983	including graphs of the AVD
	THE COLLEGE OFFERS 26 MAJORS LEADIN	including grants of \$
5	STUDENT-TO-FACULTY RATIO OF 10 TO	1 TN ADDITION THE COLLEGE
-	OFFERS 10 CONCENTRATIONS; PRE-PROFI	FORTOWNI ADVICTOR FOR CRADULATE
	OR PROFESSIONAL SCHOOL IN BUSINESS,	FOUCATION PROTUGEDING TAN
7	AND MEDICINE; AND A NUMBER OF COOPE	FRATIVE DROCDAMS INVOLVING OFFICE
	INSTITUTIONS. STUDENT LIFE IS ACT	IVE AND MULTIFACETED INCLUDING
	INTERCOLLEGIATE AND INTRAMURAL ATHI	TETTICS DEDECOMING ADDRESS CROSSING
5	SORORITIES AND FRATERNITIES, AND EL	DICATIONAL ODDODTHATTER IN
		LLEGE'S ENROLLMENT IS
_	APPROXIMATELY 1,700 STUDENTS.	COLOGO C EMPONEMENT 12
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	Code:) (Expenses \$in the program services (Describe in Schedule O.) Expenses \$including grants of \$	ncluding grants of \$) (Revenue \$)
	Code:) (Expenses \$ini	ncluding grants of \$) (Revenue \$)

Pai	Checklist of Required Schedules			Page .
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			,,
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
Ū	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
	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,	<u> </u>		1 22
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			10
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
4	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			17
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	37	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	
•	the organization's separate or consolidated infancial statements for the tax year include a roothote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	- 111		
	complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	IZa		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		Ī	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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Part	Checklist of Required Schedules (continued)		•	ago
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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			
	employees? If "Yes," complete Schedule J	23	Х	
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		į .	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease 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
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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 L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, 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	20100000000	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):	189393	PARTIES.	Mariki
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV.	28b	Х	,
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			3.7
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ.	****
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20	x	
31	conservation contributions? If "Yes," complete Schedule M	30	$\stackrel{\wedge}{\rightarrow}$	
31	Part I	31		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
02	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 21
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	Х	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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	
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	Check if Schedule O contains a response or note to any line in this Part V	• • •	
4.0	Enter the number was stable Base of Eq. (600 Eq.	-	Yes
та	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	The state of the s	2	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		
	reportable gaming (gambling) winnings to prize winners?	1c	>
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 1,920	5	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.0	1
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	1 -	
h	If "Yes " has it filed a Form 900 T for this year? If "No" to line 3h, provide an author for it 0 to 1 to 0	3a	X
40	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		•
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		
	account)?	4a	X
b	if Yes, enter the name of the foreign country: ▶ ONITED KINGDOM		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1,000,000
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	I
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	
	organization solicit any contributions that were not toy deductible as shortful transfer for the first transfer fo		
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	İ	
-	gifts were not tax deductible?	6b	
	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
	and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
	required to file Form 8282?	7c	ŀ
	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7.	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e	
· ~	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
y	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	10m2100000000000000
В	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.		
а	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	
	Section 501(c)(7) organizations. Enter:	96	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
	Gross income from other sources (Do not net amounts due or paid to other sources		
	against amounts due or received from them.)		
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b I	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]		
;	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	s the organization licensed to issue qualified health plans in more than one state?	40-	
·	Note. See the instructions for additional information the grantian must report an October 1915	13a	
h 1	Note. See the instructions for additional information the organization must report on Schedule O.		
ונו	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		
C I	Enter the amount of reserves on hand		
a i	Did the organization receive any payments for indoor tanning services during the tax year?	14a	

Sec	Check if Schedule O contains a response or note to any line in this Part VI			
	don A. Coverning Body and management		Yes	1
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 33)		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	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 1b 38	1		
2	The the hamber of voting members included in the Ta, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		Х	
_	any other officer, director, trustee, or key employee?	2	Λ	-
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
Ŭ	the year by the following:			
_		0-	Х	
a	The governing body?	8a	X	╁
	Each committee with authority to act on behalf of the governing body?	8b		╀
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			1.
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Σ
ecu	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae		_
			Yes	\perp
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	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	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		***************************************	T
·	describe in Schedule O how this was done	12c	Х	
2		13	X	\vdash
3	Did the organization have a written whistleblower policy?		X	╁
4	Did the organization have a written document retention and destruction policy?	14	Λ	\vdash
5	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	A STATE OF		1
а	The organization's CEO, Executive Director, or top management official	15a	X	L
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	31.575		
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
ect	ion C. Disclosure	100		_
7	List the states with which a copy of this Form 990 is required to be filed \(\sum_{OH} \).			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection, Indicate how you made those available. Check all that apply	501(c	:)(3)s	01
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	erest i	oolicy	/, ;
	financial statements available to the public during the tax year.	,		
0	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie		
	organization: ▶ SHIRLEY O'BRIEN EATON CENTER GAMBIER, OH 43022 740-427-5181			

Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII........

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Position (B) (D) (do not check more than one Name and Title Average Reportable Reportable Estimated hours per box, unless person is both an compensation compensation from amount of officer and a director/trustee) week (list an other from related hours for the organizations compensation Individual: Highest employee nstitutional from the (W-2/1099-MISC) organization related employee organization (W-2/1099-MISC) organizations compensated and related below dotted trustee organizations trustee (1)BARRY F. SCHWARTZ 1.00 CHATR Χ 0 0 (2)JOSEPH E. LIPSCOMB 1.00 VICE-CHAIR Χ 0 (3)BRACKETT B. DENNISTON 1.00 SECRETARY Χ 0 (4)RICHARD S. ALPER 1.00 TRUSTEE Χ 0 (5)THE RT. REV. THOMAS E. BREIDEN 1.00 TRUSTEE Χ n 0 (6)ROSE BRINTLINGER FEALY 1.00 TRUSTEE 0 0 (7)STEVEN B. FEIRSON 1.00 TRUSTEE Χ 0 (8)SAMUEL N. FISCHER 1.00 TRUSTEE Χ 0 (9)DONALD A. FISCHMAN, 1.00 TRUSTEE Χ 0 0 (10)NINA P. FREEDMAN 1.00 TRUSTEE X 0 n (11)JUDITH GILBERT 1.00 TRUSTEE Χ 0 0 (12)PAUL J. GOLDBERGER 1.00 TRUSTEE X C (13) ROBERT W. GOLDMAN 1.00 TRUSTEE Χ 0 0 (14)HOPE C. HARROD 1.00 TRUSTEE 0 n

JSA

Form **990** (2013)

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	Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and l	Hig	hest Compensat	ed Employe	es (c	continued)
	(A) Name and title	(B) Average hours per week (list any hours for	(do i box, office	(C) Position (do not check more the box, unless person is b officer and a director/to					(D) Reportable compensation from the	(E) Reportable compensation related	Reportable ompensation from	(F) Estimated amount of other compensation
		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-MI		from the organization and related organizations
(1	5) AILEEN C. HEFFERREN TRUSTEE	1.00	Х						0			
(1	6) PAMELA FEITLER HOEHN-SARIC TRUSTEE	1.00	X									(
(1	7) THE RT. REV. MARK HOLLINGSWORT TRUSTEE	1.00	X						0			
1	8) ANDY H. HULL TRUSTEE	1.00	X						0		- 0	(
$(\frac{1}{2}$		1.00							U		- 0	(
2	0) ASHLEY ROWATT KARPINOS MD	1.00	X						0		0	(
2	TRUSTEE 1) VICTORIA SMITH MCKENZIE	1.00	X						0		0	(
2	TRUSTEE 2) DAVID R. MEUSE	1.00	Х						0		0	(
2	TRUSTEE 3) ROGER NOVAK	1.00	Х						0		0	(
2		1.00	Х						0		0	0
2	TRUSTEE 5) DEBORAH JOHNSON REEDER MD	1.00	Х						0		0	C
-	TRUSTEE		Х					•	0		0	C
	c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)	ction A			• •			>	3,110,881. 3,110,881.	103,96	_	715,891. 715,891.
7	? Total number of individuals (including but not li reportable compensation from the organization	mited to th	ose li	stec	d ab	ove) who	red	ceived more than \$	6100,000 of		
-	Did the organization list any former office employee on line 1a? If "Yes," complete Schedul	r, director	·. or	trus	stee	e, k	ey e	mpi	oyee, or highest	compensate	d	Yes No
4	For any individual listed on line 1a, is the su organization and related organizations great	um of repo ater than	ortabl \$150	e co 0,00	omp 00?	ens	sation "Yes.	an "c	d other compens	ation from the	e h	
Ę	individual	accrue con	npens	atio	n fr	om	anv	unr	elated organizatio	n or individua	al	4 X
-	ection B. Independent Contractors		-									5 X
1	Complete this table for your five highest comp compensation from the organization. Report co year.	ensated in mpensatio	depei n for	nder the	nt c cale	ontr enda	actor ar yea	s th ar er	nat received more nding with or withi	than \$100,00 n the organiz	0 of ation	's tax
	(A) Name and business addre	ess							(B) Description of ser	vices	Cc	(C) ompensation
1	ATTACHMENT 2											
		•										
_	Total number of independent of the	1		1	, .			<u> </u>				
2	Total number of independent contractors (inc more than \$100,000 in compensation from the	organizati	not	ıımi	ted	to	those	e lis	ted above) who i	eceived		

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PAGE.	α

	Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oye	es,	and	Hig	hest Compensat	ed Emplo	yees (continued)
	(A) Name and title	(B) (C) Average hours per week (list any hours for related						an tee)	(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	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations
$(\frac{1}{2})$	6) ELAINA H. RICHARDSON TRUSTEE	1.00	X									
$\frac{1}{2}$	7) ALAN E. ROTHENBERG TRUSTEE	1.00	X						0		0	0
2	8) R. TODD RUPPERT TRUSTEE	1.00	Х						0			
2		1.00	X						0		0	(
3	D) PIERCE E. SCRANTON JR. MD TRUSTEE	1.00	X						0		0	0
3	1) WILLIAM T. SPITZ TRUSTEE	1.00	X						0		0	0
3		1.00							0		0	
3		1.00	X						0		0	0
3	1) GERALDINE COLEMAN TUCKER TRUSTEE	1.00	X						0		0	0
3!	TRUSTEE 5) CHARLES P. WAITE JR. TRUSTEE	1.00	X						0		U	C
3		1.00	X						0		0	0
- 2	b Sub-total c Total from continuation sheets to Part VII, Sed d Total (add lines 1b and 1c) Total number of individuals (including but not I reportable compensation from the organization	imited to the	nose l	isted	d ab	 oove	 	▶ ▶ red	ceived more than S	\$100,000 o	of .	
-3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	r, or	tru	stee	e, k	ey e	mpl	oyee, or highest	compensa	ated	Yes No
4		um of rep ater than	ortabl	e co	omp 00?	ens	sation <i>"Yes</i> "	an "" c	d other compens	ation from	the uch	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	npens	atio	n fr	rom	anv	unr	elated organizatio	n or individ	lual	5 X
1	ection B. Independent Contractors Complete this table for your five highest compoundation from the organization. Report contractions year.	pensated in ompensation	depe n for	ndei the	nt c	onti	ractor ar yea	rs th	at received more anding with or with	than \$100, in the orga	,000 o	f n's tax
	(A) Name and business addr	ess							(B) Description of ser	vices	C	(C) ompensation
_												
	Total number of independent contractors (inc	cluding but	t not	limi	itod	to	thos		tod about wh-	roopiyad		
_	more than \$100,000 in compensation from the	organizati	on ▶	111111	iteu	ίŪ	111056	= 11S	ited above) WIIO	receivea		

Page 8

TRUSTEE	Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and	Hig	hest Compensat	ted Employees	(continued)
Complete		Average Position (do not check more than box, unless person is both officer and a director/tru						an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of
TRUSTEE		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization
BBUCE D. WHITE		1.00	4								
SATTHEW A. WINKLER 1.00 X	38) BRUCE D. WHITE	1.00	X						0		0
PRESIDENT & TRUSTEE		1.00	Х						0		0
PRESIDENT & TRUSTEE	TRUSTEE		Х						0		o
ASSOC. VP FINANCE ASSOC. VP FINANCE VP COLL RELATIONS A) JOSEPH L. KLESNER 40.00 RROVOST A) JOSEPH L. KLESNER 40.00 CHIEF BUS. OFFICER X 148,185. ASST SEC TO BOARD ASST SEC TO BOARD ASST SEC TO BOARD ASST SEC TO BOARD YP FINANCE X 219,829. ASST SEC TO BOARD YP FINANCE X 219,829. ASST SEC TO BOARD YP FINANCE TO SHIRLEY F. O'BRIEN CONTROLLER TO TOTAL from continuation sheets to Part VII, Section A A TOTAL (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization bores when the organization spreater than \$150,000? If "Yes," complete Schedule J for such individual. Total any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Total graph or the such and received more than \$100,000 of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person Compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such person Compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the calendar year ending with or within the organization's tax year. (A) (B) (C)		40.00	.,								
ASSOC. VP FINANCE		40.00	X		Х				166,474.		0 35,661
VP COLL RELATIONS		f			Х				109,160.		0 33.512
All		40.00							•		00,012
PROVOST 44) MARK J. KOHLMAN 40.00 CHIEF BUS. OFFICER 45) KATHRYN A. LAKE 40.00 ASST SEC TO BOARD 40.00 VP FINANCE 46) JOSEPH G. NELSON VP FINANCE 47) SHIRLEY F. O'BRIEN CONTROLLER 47) SHIRLEY F. O'BRIEN 40.00 CONTROLLER 40 JOSEPH G. O'BRIEN 40.00 CONTROLLER 40 JOSEPH G. NELSON 40.00 Total from continuation sheets to Part VII, Section A. 4 Total (add lines 1b and 1c). Total from continuation sheets to Part VII, Section A. 4 Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization boundaries on the organization of the organization and related organization speater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person COMPLETE TOTAL (A) (A) (B) (C)		40.00			Х				361,527.		0 50,524
### ACHILMAN ### AUDITION ### A		40.00			x				146.463		0 41 761
ASST SEC TO BOARD 40.00 VP FINANCE 47) SHIRLEY F. O'BRIEN CONTROLLER 40.00 A Total from continuation sheets to Part VII, Section A 4 Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 50 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 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? If "Yes," complete Schedule J for such individual. 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 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.		40.00	-						110,100.		41,701
ASST SEC TO BOARD 46) JOSEPH G. NELSON VP FINANCE 47) SHIRLEY F. O'BRIEN CONTROLLER 106,927. 106,927. 107,322 118 Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 50 Yes I 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 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? If "Yes," complete Schedule J for such individual. 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 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) (B) (C)					Χ				148,185.		0 41,884
40.00		40.00			.,				61 561		
VP FINANCE 47) SHIRLEY F. O'BRIEN CONTROLLER 40.00 CONTROLLER 40.00 CONTROLLER 40.00 CONTROLLER L		40.00		\dashv	<u> </u>	_			61,561.		15,868
SHIRLEY F. O'BRIEN 40.00 X 106,927. 0 12,32					Х				219,829.		93,190.
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 50 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		40.00			v				106 027		
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c)	imited to th	ose li	stec				rec	ceived more than \$	\$100,000 of	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3 Did the organization list any former office	er. director	r. or	trus	stee	e, k	ey e	mpl	oyee, or highest	compensated	Yes No
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	organization and related organizations gre	eater than	\$150	0,00	0?	lf	"Yes.	" C	omplete Schedule	e J for such	A Y
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) (B) (C)	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	npens	atio	n fr	om	anv	unre	elated organizatio	n or individual	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	Section B. Independent Contractors										
Nome and hypinass address	compensation from the organization. Report co	pensated in ompensatio	deper n for	nder the	nt co cale	ontr enda	actor ar yea	s th ar er	iat received more nding with or withi	than \$100,000 on the organization	of on's tax
		ress								vices (
2 Total number of independent contractors (including but not limited to those listed above) who received	2 Total number of independent contractors (in	cluding but	not	limi	ted	to	those	lic	ted above) who	racaivad	

Part VII Section A. Officers, Directors, T	1	7y L.II	ihio	ye	es,	anu	пıy	nest Compensai	ea Empia	yees (continuea)
(A) Name and title	Average hours per week (list any hours for	box,	Position (do not check more than o box, unless person is both officer and a director/trustr					(D) Reportable compensation from the	(E) Reportable compensation from related organizations	table tion from ed	(F) Estimated amount of other compensation
	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		from the organization and related organizations
48) JENNIFER BRITZ	40.00										
DEAN OF ADMISSIONS					Х			256,000.		0	39,197
49) PETER M. RUTKOFF PROF AM STUDIES	40.00					Х		180,245.		0	15,334
50) HOWARD L. SACKS PROF SOCIOLOGY	40.00					.,		167 045			
51) GREGORY P. SPAID	40.00					X		167,945.		0	37,100
PROF OF ART	1-40.00					Х		159,485.		0	26,365
52) STEPHEN ARCHER	40.00										20,303
DIRECTOR OF INVESTMENTS						Х		162,175.		0	48,977
53) DAVID H. LYNN	40.00										
EDITOR KENYON REVIEW	10.00					Χ		60,634.	103	, 963.	20,986
54) TERI L. BLANCHARD FORMER ASSOC.VP FIN	40.00						37	117 006			20.00
55) S. GEORGIA NUGENT	40.00		-				X	117,026.		U	30,806
FORMER PRESIDENT	† 						Х	584,321.		n	160,855
56) NAYEF SAMHAT	40.00							001/0211			100,000
FORMER PROVOST							Х	102,924.		0	11,548
	ļ										
			_								
											
to Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .	 		• •	· · ·		▶ ►	ceived more than s	\$100,000	of	
reportable compensation from the organizatio	n 🕨	50				,		oorvoo moro man	7100,000	<u> </u>	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directorule J for suc	r, or <i>h indi</i>	trus vidua	stee	∍, k	ey e	mpl	oyee, or highest	compens	ated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of rep eater than	ortabl \$15	e co	omp 0?	oens <i>If</i>	sation "Yes.	an "c	d other compens	ation from	the such	
 individual	accrue con	npens	atio	n fr	rom	anv	unr	elated organizatio	n or indivi	dual	4 X
Section B. Independent Contractors	os, complet	e oun	Juuit	J J .	101	sucii į	<i>J</i> 613		• • • • •		5 X
 Complete this table for your five highest com- compensation from the organization. Report of year. 	pensated in compensation	depe	nder the	nt c	onti	actor ar yea	s th	nat received more nding with or withi	than \$100 in the orga	,000 of inization	f n's tax
(A) Name and business add	Iress							(B) Description of ser	vices	Co	(C) ompensation
2 Total number of independent contractors (in more than \$100,000 in compensation from the	cluding but	not	limit	ted	to	those	e lis	ted above) who	received		

Form 990 (2013) KENYON COLLEGE 31-4379507 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (D) Unrelated Total revenue Revenue exempt business excluded from tax function revenue under sections revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a Membership dues 1b 1c Related organizations 1d 1e Government grants (contributions) . . 879,134. All other contributions, gifts, grants, and similar amounts not included above . 10,225,677. Noncash contributions included in lines 1a-1f: \$ 1,525,840 Total. Add lines 1a-1f 11,104,811 Program Service Revenue **Business Code** TUITION AND FEES 900099 82,107,925 82,107,925 b TRUST FUNDS 900099 61,321 61,321 AUXILIARY ENTERPRISES 900099 23,030,762 23,030,762 BOOKSTORE 451211 987,759 987,759 All other program service revenue Total. Add lines 2a-2f 106,187,767 Investment income (including dividends, interest, and other similar amounts)......... 8,671,780 -741,820 9,413,600. Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal Gross rents 48,366. 112,092. h Less: rental expenses . . . <u>-63,726</u>. Rental income or (loss) . . d Net rental income or (loss) -63,726 (i) Securities (ii) Other 7a Gross amount from sales of 121,686,079 assets other than inventory Less: cost or other basis b and sales expenses 107,419,897 202,527 Gain or (loss) 14,266,182. -202,527 C Net gain or (loss) 14,063,655 14,063,655. Other Revenue 8a Gross income from fundraising events (not including \$. of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising events . Gross income from gaming activities. 9a Less: direct expenses b Net income or (loss) from gaming activities. . . 10a Gross sales of inventory, less

Business Code

348,510

71,567

32,040

515,486

967,603

140,931,890.

721110

812300

900099

3E1051 1.000

11a

Form 990 (2013)

23,477,255.

348,510.

-99,474

-556,510.

71,567

32,040

614,960

106,906,334.

FINES

All other revenue

CONFERENCES & SEMINARS

LAUNDRY/VENDING

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Check if Schedule O contains a response Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	O	•		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	26,481,003.	26,481,003.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,644,194.	1,644,194.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,921,745.	288,262.	1,287,569.	345,914
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o			
7 Other salaries and wages	37,680,991.	33,092,585.	3,533,636.	1,054,770
8 Pension plan accruals and contributions (include section				
401(k) and 403(b) employer contributions)	3,756,991.	3,398,310.	281,659.	77,022
9 Other employee benefits	5,932,987.	5,046,763.	702,396.	183,828
10 Payroll taxes	2,814,488.	2,293,178.	448,542.	72,768
11 Fees for services (non-employees):				
a Management	0			
b Legal	198,278.		198,278.	
c Accounting	139,350.		139,350.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	2,769,048.		2,769,048.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	96,747.	60,044.	36,703.	
12 Advertising and promotion	0			
13 Office expenses	1,504,557.	1,428,689.	59,050.	16,818
14 Information technology	1,353,950.	339,518.	1,014,432.	
15 Royalties	0			
16 Occupancy	4,071,228.	4,070,324.	904.	
17 Travel	2,709,971.	2,190,021.	271,928.	248,022
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	9,368,030.	9,368,030.		4
21 Payments to affiliates	0 704 005	0.000.000		
Depreciation, depletion, and amortization	9,724,825.	9,379,356.	298,317.	47,152
23 Insurance	606,251.	329,044.	277,207.	
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.)				
a FOOD SERVICE	4 024 102	4 024 102		
bINSTITUTIONAL SUPPORT	4,024,102. 2,830,614.	4,024,102.	2 020 614	
cINSTRUCTIONAL SUPPORT	6,515,886.	6,515,886.	2,830,614.	
dOUTSIDE_CONTRACTING&REPAIRS	1,281,323.	1,131,636.	144 000	4 070
e All other expenses	3,699,129.	3,295,038.	144,808. 311,157.	4,879
25 Total functional expenses. Add lines 1 through 24e	131,125,688.	114,375,983.	14,605,598.	92,934
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		114,070,300.	14,000,398.	2,144,107
following SOP 98-2 (ASC 958-720)	O O			

Page **11**

	rt X	Check if Schedule O contains a response or note to any line in this	Dart Y		
		shook is conclude to contains a response of note to any line in this	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	5,512,014.	2	24,597,077.
ĺ	3	Pledges and grants receivable, net	22,593,836.	3	19,956,954.
	4	Accounts receivable, net	2,352,509.	+	1,933,792
	5	Loans and other receivables from current and former officers, directors			
I		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		5	
s	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiar organizations (see instructions). Complete Part II of Schedule L	3 /	6	
set	7	Notes and loans receivable, net		7	1
Assets	8	Inventories for sale or use	525,692.	8	876,563
`	9	Prepaid expenses and deferred charges		9	•
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 356,778,881			
1	b	Less: accumulated depreciation	233,301,310.	10c	240,560,265.
	11	Investments - publicly traded securities			126,938,126.
	12	Investments - other securities. See Part IV, line 11	199,457,490.		247,999,513.
	13	Investments - program-related. See Part IV, line 11	5,470,346.	13	5,461,615.
	14	Intangible assets	•	14	0,102,020
	15	Other assets. See Part IV, line 11	19,394,748.	15	12,202,764.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	650,800,475.	16	680,526,669.
1	17	Accounts payable and accrued expenses	12,474,169.	17	11,521,630.
ı	18	Grants payable	•	18	11/021/0301
	19	Deferred revenue	•	19	
- 1		Tax-exempt bond liabilities	186,788,944.	20	190,119,073.
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D	• 100//00/311:	21	100,110,070.
Ψ	22	Loans and other payables to current and former officers, directors,			Verselle des les sesses
<u> </u>		trustees, key employees, highest compensated employees, and			
=		disqualified persons. Complete Part II of Schedule L		22	· · · · · · · · · · · · · · · · · · ·
].	23	Secured mortgages and notes payable to unrelated third parties	•	23	(
- 1	24	Unsecured notes and loans payable to unrelated third parties	•	24	
	25	Other liabilities (including federal income tax, payables to related third	•	24	(
- 1		parties, and other liabilities not included on lines 17-24). Complete Part X			
				25	10 706 077
	26	of Schedule D	218,068,511.		18,796,077.
		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.		26	220,436,780.
ا 2		Unrestricted net assets	249,396,520.	27	263,703,106.
99		Temporarily restricted net assets	38,219,114.	28	46,501,978.
		Permanently restricted net assets	145,116,330.	29	149,884,805.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		29	149,004,003.
S .		Capital atack or trust principal, or autrant funda		20	
Sel.		Paid-in or capital surplus, or land, building, or equipment fund		30	-1
8	32	Retained earnings, endowment, accumulated income, or other funds	•	31	
≅।	33	Total net assets or fund halances	432,731,964.	32	460 000 000
	34	Total net assets or fund balances Total liabilities and net assets/fund balances	432,/31,904.	33	460,089,889.
	,7	Total natinues and het assets/fully balances	. 650,800,475.	34	680,526,669.

Form 9	990 (2013)			Р	age 12
Par	t XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	140,	931,	890.
2	Total expenses (must equal Part IX, column (A), line 25)	2	131,	125,	688.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,	806,	202.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		731,	
5	Net unrealized gains (losses) on investments	5	21,	155,	826.
6	Donated services and use of facilities	6			C
7	Investment expenses	7			C
8	Prior period adjustments	8			C
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,	604,	103.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	460,	089,8	889.
Part	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. , 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_ 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	а		
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis		100		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi	aht	-		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	nlain i	in		
	Schedule O.	, •			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	in		
	the Single Audit Act and OMB Circular A-133?		" 3a	X	l
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao th			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	its.	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number KENYON COLLEGE 31-4379507 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 Χ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (iv) is the (vi) Is the (vii) Amount of monetary (described on lines 1-9 the organization organization in col. (i) listed in above or IRC section in col. (i) of your col. (i) organized your governing (see instructions)) support? in the U.S.? document? Yes No No Yes Yes

(A) (B) (C) (D) (E) For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-F7.

Schedule A (Form 990 or 990-EZ) 2013

3E1210 1.000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,480,749.	19,640,937.	15,916,148.	14,198,801.	11,104,811.	82,341,446.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	21,480,749.	19,640,937.	15,916,148.	14,198,801.	11,104,811.	82,341,446.
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)						
6	Public support. Subtract line 5 from line 4.						7,721,829.
Sec	ction B. Total Support						74,619,617.
-	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	21,480,749.	19,640,937.	15,916,148.	14,198,801.	11,104,811.	82,341,446.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,607,909.	20,077,885.	14,314,271.	15,963,348.	9,413,600.	71,377,013.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11	Total support. Add lines 7 through 10	1000		Landa all			153,718,459.
12	Gross receipts from related activities, etc. (s					12	461,860,002.
13	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax yea	r as a section	501(c)(3) ▶
	tion C. Computation of Public Supp						
14	Public support percentage for 2013 (lin	ne 6, column (f)	divided by line	11, column (f))		14	48.54%
15	Public support percentage from 2012	Schedule A, Pa	rt II, line 14		<u>.</u> <u>.</u>	15	<u>%</u>
16a	331/3% support test - 2013. If the or	rganization did	not check the b	oox on line 13,	and line 14 is	331/3 % or mor	e, check
	this box and stop here . The organization	on qualifies as a	publicly suppor	ted organizatior	٠		▶ X
b	33 1/3 % support test - 2012. If the o	rganization did	not check a bo	ox on line 13 o	r 16a, and line	15 is 331/3%	or more,
170	check this box and stop here. The orga	nization qualifie	es as a publicly s	supported organ	lization		▶ 🗀
ı ı a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	meets the "fac	anization did no	ot cneck a box (on line 13, 16a	, or 16b, and li	ne 14 is
	Part IV how the organization meets the	ne "facts-and-ci	ircumstances" te	est The organiz	ation qualifies	u stop nere. ⊏.	xpiairi iri
	organization	io idoto dila o	"ourroturiooo" to	ot. The organiz	ation quantes	as a publicly st	ipported
b	10%-facts-and-circumstances test - 2	012 . If the ora	anization did no	ot check a box	on line 13 16a	16h or 17a	and line
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization	on meets the "f	acts-and-circum	stances" test T	he organization	n qualifies as a	publicly
	supported organization						
18	Private foundation. If the organization	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check t	his box and see	
	instructions						▶ 📙

Part III

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees		, , , , , , , , , , , , , , , , , , , ,		(-,	(0) = 0 : 0	(1) 10141
	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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		1				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10e and 10b						
	Add lines 10a and 10b						4
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	ļ					
14	First five years. If the Form 990 is for	the organization	n's first second	third fourth or	fifth tay year a	a section FOAT	·//3)
	organization, check this box and stop here.			ama, routui, oi	ian year a	э а э с сион эот(С	<i>y</i> (3) ▶ □
Sect	tion C. Computation of Public Sup	port Percenta	ide				
	Public support percentage for 2013 (line 8,			un (f))		45	01
16	Public support percentage from 2012 Sche	dule A Dort III lin	o 15			15	<u>%</u>
Sect	tion D. Computation of Investmen	t Income Dev	e 15			16	%
				.			-
40	Investment income percentage for 2013 (lin	ie iuc, column (r) divided by line 1:	3, column (f))	<i>.</i>	17	%
18	Investment income percentage from 2012 S	schedule A, Part I	III, line 17			18	%
19 a	33 1/3 % support tests - 2013. If the org	ganization did no	t check the box	on line 14, and	line 15 is more	than 331/3%, a	nd line
	17 is not more than 331/3 %, check thi	s box and stop	here. The orga	nization qualifies	as a publicly s	supported organiz	ation ►
b	331/3% support tests - 2012. If the orga	nization did not	check a box on li	ne 14 or line 19a	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The org	anization qualifies	s as a publicív :	supported organiz	ation ►
20	Private foundation. If the organization of	did not check a	a box on line 1	4, 19a, or 19b.	check this box	and see instru	ctions >
JSA 3E1221						chedule A (Form 99	
	94425S A23R					•	PAGE 1
							11100 1

Schedule A (Form 990 or 990-EZ) 2013

Part IV

Page 4

Supplemental Information. 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

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

2013

Employer identification number

KENYON COLLEGE								
THE TON COLLEGE	31-4379507							
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 fou	ndation						
	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							
Note. Only a section 501(c)(7), (instructions.	ered by the General Rule or a Special Rule . 8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See						
General Rule								
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 o contributor. Complete Parts I and II.	r more (in money or						
Special Rules								
under sections 509(a)(organization filing Form 990 or 990-EZ that met the 33 1/3 % support to 1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 10 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form	year, a contribution of						
during the year, total co	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 <i>exclusively</i> 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or								
more during the year								

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

Name of organization KENYON COLLEGE

Employer identification number 31-4379507

(a)	Contributors (see instructions). Use duplicate copies of P (b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_		\$800,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$4 <u>54,425.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4-		\$490,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	SUMMENTON COLLEGE		31-4379507
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is nee	ded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	PUBLICLY TRADED SECURITIES	 \$\$.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization KENYON COLLEGE

Employer identification number

			=mployer rachalleacion manager						
			31-4379507						
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.								
	For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$								
	Use duplicate copies of Part III if addit	ional space is needed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						

Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, and ZIF	°+4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, and ZIP	+4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferrate results to 1700 at							
	Transferee's name, address, and ZIP	+ 4 F	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	<u></u>	(e) Transfer of gift						
	Turnel and the second							
	Transferee's name, address, and ZIP	+ 4 R	elationship of transferor to transferee					

SCHEDULE 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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

KENYON COLLEGE 31-4379507 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year....... 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register................ 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ _____ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule D (Form 990) 2013

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Pa	rt III Organizations Maintain	ing Colle	ections o	f Art, His	storical	Treasu	res,	or Ot	her Sin	nilar Ass	ets (con	tinued)
3	Using the organization's acquisiti	on, acces	ssion, and	other reco	ords, ched	ck any o	of the	e follov	wing tha	t are a sig	jnificant ι	ise of its
а	X Public exhibition			d	Loan	or exch	ange	progra	ams			
b				e	Other		•					
C	X Preservation for future gene	erations		_								
4	Provide a description of the orga	nization's	collection	s and exp	lain how	they fu	rther	the or	rganizatio	on's exemi	ot purpos	e in Part
	XIII.					•			•	•	,,	
5	During the year, did the organizati	on solicit	or receive	donations	of art, his	torical ti	reasu	res. or	other sir	nilar		
	assets to be sold to raise funds rat	her than t	to be maint	tained as p	art of the	organiz	ation	's colle	ction? .		Yes	X No
Pa	rt IV Escrow and Custodial A	rrangem	ents. Con	nplete if	the orgar	nization	ans	wered	"Yes" to	Form 99	0. Part I	/ line 9
	or reported an amount o	n Form 9	990, Part 2	X, line 21.							-,,	.,
	Is the organization an agent, truste included on Form 990, Part X? If "Yes," explain the arrangement in						ions (or othe	r assets	not [Yes	☐ No
										Amount		
C	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f							1f					
2a	Did the organization include an am	ount on F	-orm 990,	Part X, line	21?					[Yes	No
b	If "Yes," explain the arrangement in	n Part XIII.	. Check he	re if the ex	kplanation	has be	en pr	ovided	in Part X	III <u></u>		
Pai	t V Endowment Funds. Com											
1a	Beginning of year balance		rrent year	(b) Pri		(c) Tw				e years back		ears back
b	Contributions		61,995.			177,0				97,863.		55 , 850.
C		3,3	02,935.	5,06	6,662.	7,	466,	658.	5,9	01,304.	7,6	08,719.
C	Net investment earnings, gains,	00.1	05 000			_						
d	and losses		85,989.		0,879.			017.		59,411.		02 , 185.
e	Grants or scholarships	3,3	07,468.	3,13	34 , 339.	2,9	958,	209.	2,8	40,752.	3,3	48 , 977.
e	Other expenditures for facilities and programs	4 0	04 050									
f		4,8	24,250.	4,96	4,099.	5,0)21,	226.	5,0	47,174.	3,3	19,914.
	Administrative expenses	010 5	10 001	100.10								
g	End of year balance	210,5.	19,201.	193,16	1,995.	182,4	172,	892.	177,0	70,652.	160,39	97 , 863.
2 a	Provide the estimated percentage Board designated or quasi-endown	of the curr	rent year e	nd balance	e (line 1g,	column	(a)) h	neld as:	:			
b	Permanent endowment 61.5	1611 ► 07.	26.2283	- 70 								
	Temporarily restricted endowment	10450 /0	0007 %									
·	The percentages in lines 2a, 2b, ar			0.00%								
3a	Are there endowment funds not in				ation that	ara hala	4 004	a dua in		41		
•u	organization by:	ine posse	3551011 01 (1	ie organiza	ation that	are neic	a and	admin	iisterea ta	or the	<u> </u>	
	(i) unrelated organizations											es No
	(ii) related organizations					• • • •	• • •				3a(i)	X
b	If "Yes" to 3a(ii), are the related org	anizations	lietod ac	roquired or		D2	• • •	• • • •			3a(ii)	X
4	Describe in Part XIII the intended u	ene of the	organizati	iequireu or ion's andor	umont fun	do.	• •			• • • • •	3b	
Par			Organizati	on s endor	willelit lai	us.						
r aı	Complete if the organiza	tion ansv	vered "Ye	s" to Forn	n 990, Pa	art IV. li	ne 1	1a. Se	e Form	990. Part	X. line 1	0
	Description of property		(a) Cost or	other basis	(b) Cost o	r other bas	sis	(c) Acc	umulated		l) Book value	
1a	Land		(invest	menty	,	her)	6	depre	eciation		1 100	016
	Buildings	ļ			299,5	83,21		06 5	46 005	<u> </u>		3,216.
	Leasehold improvements	_			233,3	20,20	<u>' · </u>	00,54	46,825	1	212,973	,442.
	Equipment	L-			20.2	10 00	+	17 00	24 020		10 011	0.4.0
	Other	1				10,88 64,51			94,839		10,316	
Total	. Add lines 1a through 1e. (Column	(d) must	equal Form	000 Part	Y column	(B) Im	100	77 P	76,952	<u> </u>	16,087	
	The state of the s	(u) must e	oquai i Oilli	i Jau, Fall.	A, COIUIIIII	(D), III)E	; 10(0	<i></i>	>		240,560	

Schedule D (Form 990) 2013 Part VII Investments - Other Securities.		
Complete if the organization answere (a) Description of security or category (including name of security)	d "Yes" to Form 990 (b) Book value), Part IV, line 11b. See Form 990, Part X, line (c) Method of valuation:
<u> </u>		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(A)HEDGE & ALTERN. EQUITY FUNDS	112,471,803.	YDAKY
(B) PRIVATE EQUITY FUNDS	73,878,225.	
(C)REAL ESTATE FUNDS	35,336,679.	FMV FMV
(D)COMMODITIES FUNDS	11,410,990.	
(E) FIXED INCOME ALTERNATIVE FDS	14,901,816.	
(F)	11/301/010.	FHV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	247,999,513.	
Part VIII Investments - Program Related.		
	d "Yes" to Form 990	, Part IV, line 11c. See Form 990, Part X, line 1
(a) Description of investment	(b) Book value	(c) Method of valuation:
· · ·	(-,	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX Other Assets.		
Complete if the organization answered	l "Yes" to Form 990	, Part IV, line 11d. See Form 990, Part X, line 1
	Description	(b) Book va
(1)		
(2)		
(3)		
(4)		
(5)	·	
(6)		
(7) (8)		
(9)		
	(4E)	
Fotal. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities.	ne 15.)	
	l "Yes" to Form 990,	Part IV, line 11e or 11f. See Form 990, Part X
. (a) Description of liability	(b) Book value	
(1) Federal income taxes	(b) Book value	
(2) FAIR VALUE OF INT.RATE SWAPS	4,861,9	216
(3) DEPOSITS AND ADVANCES	2,471,4	
(4) LIAB. FOR POST-RETIREMENT BEN.	5,837,5	
(5) ANNUITIES AND OTHER FUNDS PAY.	3,678,4	
(6) GOVERNMENT LOAN FUNDS	1,946.7	

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 18,796,077. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

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Part XIII Supplemental Information (continued)

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: \$1,451,551; CHANGE IN INTEREST RATE SWAP OBLIGATION: \$341,854; ADJUSTMENT FOR REVENUE OF RELATED ORGANIZATIONS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS: \$4,072,015; LOSS ON EARLY EXTINGUISHMENT OF DEBT: (\$3,945,957); TOTAL ADJUSTMENT: \$1,919,463.

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: \$26,829,910.

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: \$1,451,551; ADJUSTMENT FOR EXPENSES OF RELATED ORGANIZATIONS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS: \$2,425,477; TOTAL ADJUSTMENT: \$3,877,028.

Part XIII Supplemental Information (continued)

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: \$26,829,910.

PART X, LINE 2:

FEDERAL INCOME TAXES - THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT

THE COLLEGE, THE KENYON REVIEW, THE PHILANDER CHASE CORPORATION, AND THE

GUND GALLERY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF

THE INTERNAL REVENUE CODE AS PUBLIC CHARITIES DESCRIBED IN SECTION

501(C)(3); ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN

MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THERE WERE NO UNRECOGNIZED

TAX BENEFITS AS OF JUNE 30, 2014.

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

FINANCIAL STATEMENT FOOTNOTE REGARDING ART COLLECTION - PART III, LINE 1A:

COLLECTIONS AND WORKS OF ART - COLLECTIONS ARE NOT CAPITALIZED UNDER THE

PROVISIONS OF ASC 958-605, REVENUE RECOGNITION - CONTRIBUTIONS RECEIVED.

ALL WORKS OF ART AND COLLECTIONS ARE HELD FOR PUBLIC EXHIBITION,

EDUCATION, OR RESEARCH; ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR AND

PRESERVED; AND ARE SUBJECT TO POLICIES GOVERNING THEIR USE. PRIOR TO ASC

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

COLLECTIONS. AT JUNE 30, 2014 AND 2013, THE NET BOOK VALUE OF THESE ITEMS

IS \$1,862,696 AND IS REFLECTED IN THE EQUIPMENT SECTION OF THE

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION.

Part XIII Supplemental Information (continued)

DESCRIPTION OF ART COLLECTION - PART III, LINE 4:

THE MAJORITY OF THE COLLEGE'S COLLECTION ("COLLEGE COLLECTION") OF ART AND ARTIFACTS IS CARED FOR BY THE GRAHAM GUND GALLERY, A SECTION 501(C)(3) SUBSIDIARY OF WHICH THE COLLEGE IS THE SOLE MEMBER. THE GRAHAM GUND GALLERY AND ITS GALLERY COLLECTION PRIORITIZES 20TH - 21ST CENTURY ART IN ITS EXHIBITIONS AND COLLECTING PROGRAM. THE COLLEGE'S COLLECTION OF PRE-20TH CENTURY, ETHNOGRAPHIC, TEACHING AND OTHER COLLECTION OBJECTS ARE MANAGED BY THE GUND GALLERY'S PROFESSIONAL STAFF AND HOUSED IN ITS FACILITY. SOME COLLEGE COLLECTION OBJECTS ARE INSTALLED AND ON VIEW IN COLLEGE BUILDINGS.

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization KENYON COLLEGE

Part I

Department of the Treasury Internal Revenue Service

Employer identification number 31-4379507

1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	NO
	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	İ
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions, programs and scholarships?		19,50	
3	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	2	X	N ATTACK
	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		X	39333
		3	<u>^</u>	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?	NAME:		WEN
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially	4a	X	
	nondiscriminatory basis?	4b	X	
С	copies of all catalogues, prochures, announcements, and other written communications to the public dealing			
d	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	X	ļ
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	70	21	
5	Does the organization discriminate by race in any way with respect to:			Ville in
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		X
f	Use of facilities?	5f		Х
У	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	if you answered "res" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?		v	
b	Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Х	X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			V.
7	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	y v	

Supplemental Information. 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)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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

KENYON COLLEGE 31-4379507 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other

assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

(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)	cace is needed.) (e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	EDUCATIONAL SERVICES	106,040
(2) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	EDUCATIONAL RESEARCH	7,980
(3) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		80,496,673
(4) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		50,121
(5) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EDUCATIONAL SERVICES	380,521
(6) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EDUCATIONAL RESEARCH	25,169
(7) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDENT RECRUITMENT	10,534
(8) EAST ASIA AND THE PACIFIC			GRANTMAKING		137,318
(9) EUROPE		2.	PROGRAM SERVICES	EDUCATIONAL SERVICES	4,156,844
(10) EUROPE			PROGRAM SERVICES	EDUCATIONAL RESEARCH	81,369
(11) EUROPE			PROGRAM SERVICES	STUDENT RECRUITMENT	40,752
(12) EUROPE			INVESTMENTS		1,021,341
(13) EUROPE			GRANTMAKING		1,150,704
(14) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	EDUCATIONAL SERVICES	119,533
(15) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	EDUCATIONAL RESEARCH	3,410
(16) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STUDENT RECRUITMENT	8,575
(17) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		63,892
3a Sub-total,		2.			87,860,776
b Total from continuation					
sheets to Part I					965,021
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see		2.			88,825,797 F (Form 990) 20

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Schedule F (Form 990) 2013

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

KEN	YON COLLEGE				31-437950	7
Par	General Information Form 990, Part IV, line 1	on Activities 4b.	Outside the	United States. Complete	e if the organization answe	ered "Yes" on
1	For grantmakers. Does the organssistance, the grantees' eligibility grants or assistance?	ity for the grant	ts or assistanc	e, and the selection criter	ia used to award the	X Yes No
	For grantmakers. Describe in assistance outside the United St	ates.			- -	and other
3	Activities per Region. (The follow (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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	NORTH AMERICA			PROGRAM SERVICES	EDUCATIONAL SERVICES	40,955.
(2)	NORTH AMERICA			PROGRAM SERVICES	EDUCATIONAL RESEARCH	24,859.
(3)	NORTH AMERICA			PROGRAM SERVICES	STUDENT RECRUITMENT	3,647.
(4)	NORTH AMERICA			PROGRAM SERVICES	OTHER	527.
(5)	NORTH AMERICA			GRANTMAKING		73,075.
(6)	RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	EDUCATIONAL SERVICES	76,149.
(7)	RUSSIA/INDEPENDENT STATES			GRANTMAKING		31,948.
(8)	SOUTH AMERICA			PROGRAM SERVICES	EDUCATIONAL SERVICES	343,345.
(9)	SOUTH AMERICA			PROGRAM SERVICES	EDUCATIONAL RESEARCH	14,255.
(10)	SOUTH AMERICA			PROGRAM SERVICES	OTHER	492.
(11)	SOUTH AMERICA			GRANTMAKING		63,855.
(12)	SOUTH ASIA			PROGRAM SERVICES	EDUCATIONAL SERVICES	73,200.
(13)	SOUTH ASIA			PROGRAM SERVICES	STUDENT RECRUITMENT	174.
(14)	SOUTH ASIA			GRANTMAKING		18,000.
(15)	SUB-SAHARAN AFRICA			PROGRAM SERVICES	EDUCATIONAL SERVICES	135,096.
(16)	SUB-SAHARAN AFRICA	~		PROGRAM SERVICES	EDUCATIONAL RESEARCH	1,220.
	SUB-SAHARAN AFRICA Sub-total			PROGRAM SERVICES	STUDENT RECRUITMENT	8,943.

Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule F (Form 990) 2013

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

	IYON COLLEGE				31-437950	7
Par	General Information Form 990, Part IV, line 1	on Activities 4b.	Outside the	United States. Complete	e if the organization answe	ered "Yes" on
1	For grantmakers. Does the orga	anization mainta	in records to	substantiate the amount of	of its grants and other	
	assistance, the grantees' eligibil	ity for the grant	ts or assistanc	e, and the selection criter	ria used to award the	
	grants or assistance?					X Yes No
2	For grantmakers. Describe in assistance outside the United St		ganization's p	rocedures for monitoring	g the use of its grants a	and other
3	Activities per Region. (The follow					
	(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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	SUB-SAHARAN AFRICA			GRANTMAKING		55,281.
رم،						
(2)						
(3)						
(0)						
(4)						
(5)						
(6)						
(7)						
/O\						
(8)						
(9)						
(3)						
(10)						
(11)						
(12)						
(13)						······································
(14)						
14)						
(15)						
(16)						
17)						
3 a	Sub-total					
b	Total from continuation					
	sheets to Part I					
С	Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Part

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(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)
						The second secon		Anny contribution is
								4-7-1-1-1
				0.000				***************************************

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								THE PARTY OF THE P
		repetition of the control of the con						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ~

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

Schedule F (Form 990) 2013

PAGE 37

Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other
(1) EDUCATION ASSISTANCE	CENT. AMERICA/CARIBBEAN	».	50,121.				
(2) EDUCATION ASSISTANCE	EAST ASIA/PACIFIC	12.	137,318.				
(3) EDUCATION ASSISTANCE	EUROPE/ICELAND/GREENLAND	.98	1,150,704.				
(4) EDUCATION ASSISTANCE	MIDDLE EAST/NORTH AFRICA	. 9	63,892.				
(5) EDUCATION ASSISTANCE	RUSSIA/NEWLY IND. STATES	3.	31,948.				
(6) EDUCATION ASSISTANCE	SOUTH AMERICA	.6	63,855.				Acceptance of the second of th
(7) EDUCATION ASSISTANCE	SOUTH ASIA	3.	18,000.		The state of the s		
(8) EDUCATION ASSISTANCE	SUB-SAHARAN AFRICA	'n	55,281.				
(9) EDUCATION ASSISTANCE	NORIH AMERICA	3.	73,075.				
(10)							***
(11)							
(12)							
(13)				The state of the s			
(14)							de calabrate de la calabrate de la calabrate de la calabrate de la calabrate de la calabrate de la calabrate d
(15)					April April		Parameters and the state of the
(16)					P P I I I A A A A A A A A A A A A A A A		A CONTRACTOR OF THE CONTRACTOR
(17)							
(18)							The state of the s
						Sche	Schedule F (Form 990) 2013

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Part	roreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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	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 No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

Part V Supplemental Information

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.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

2(0) 13	B No. 1545-0	2013
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Employer identification number

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

KENYON COLLEGE Part General Information on Grants and Assistance	Assistance	-			***************************************	31-4379507	
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?	bstantiate the or assistance	amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	1	SO X
9 L	rres for moni	toring the use c	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.	overnments at received I	and Organiza nore than \$5,0	ations in the Unit 000. Part II can b	ed States. Come duplicated if a	s and Organizations in the United States. Complete if the organization a more than \$5,000. Part II can be duplicated if additional space is needed.	ation answered "Ye	es" to Form 990,
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,	(g) Description of	(h) Purpose of grant
					(1911)	001000000000000000000000000000000000000	d assistance
(3)							and the second s
[4]				The state of the s			
(5)					Activities and the second seco		
(9)							
(7)							
(8)							
[6]							
(10)					, (A)		
[11]	1	The state of the s		The state of the s			The state of the s
(12)			The state of the s				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment or	danizations liste	ed in the line 1 table				***************************************
3 Enter total number of other organizations listed in the line	d in the line 1	1 table					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tructions for	Form 990.				Schedu	Schedule I (Form 990) (2013)

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Page 2

Schedule I (Form 990) (2013)

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. Part III

1					
(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
1 SCHOLARSHIPS	.916.	25, 185, 716.			
2 LEGAL FELLOWSHIPS	10.	44,195.			
3 EXTERNSHIPS	. [3,215.		4900	
4 EDUCATIONAL ENRICHMENT PROGRAM	45.	87,312.			
5 OEFFR FELLOWSHIPS	1.	3,150.	The state of the s	to the second se	
6 PRIZES TO STUDENTS	75.	18.221			
7 TUITION REMISSION		971,834			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	is part to prov	ide the informat	ion required in	Part I, line 2, Part III, c	olumn (b), and any other additional

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Schedule I (Form 990) (2013) Part III

KENYON COLLEGE

Page 2

31-4379507

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
1 DALTON	DALTON FELLOWSHIP		12,000			
2 RESEAF	2 RESEARCH FELLOWSHIPS	38.	155,360.			
ო						
4						
ည						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	s part to prov	ide the informat	ion required in	Part I, line 2, Part III,	olumn (b), and any other additional

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.

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SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

KENYON COLLEGE 31-4379507 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Χ Travel for companions Payments for business use of personal residence X Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to Χ directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line Χ 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Χ 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4b Participate in, or receive payment from, an equity-based compensation arrangement? Χ 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? Χ 5a Any related organization? Χ 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Χ 6a Χ 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Χ Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 Χ If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 201

KENYON COLLEGE

31-4379507

Page 2

Schedule J (Form 990) 2013

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	of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of consumer	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	(r) Compensation reported as deferred in prior Form 990
CATUR	ε	166,474.		0	15,912.	19,749.	202,135.	0
DENT & TRUSTEE	(ii)	0	0		0	0	.1	0
. KAHRL	(E)	188,337.		173,190.	23,750.	26,774.	412,051.	110,000.
RELATIONS	(ii)	O		! 	0	0		1
L. KLESNER	(i)	146,463.		0	41,761.	0	188,224.	0
ST	▣	0	0	0		0	 	0
J. KOHLMAN	(E)	147,585.	0	.009	14,824.	27,060.	190,069.	
ER	(ii)	0		 	0	0	1	
EPH G. NELSON	 (E)	218,647.	0	1,182.	71,464.	21,726.	313,019.	
	(E)	0		 	0	0	 	
JENNIFER BRITZ (i)	(j)	188,819.	0	67,181.	18,106.	21,091.	197	66.667
6 DEAN OF ADMISSIONS (ii	(ii)	O		! ! !	0	į		\
M. RUTKOFF	(i)	159,352.	0	20,893.	15,126.	208.	195,579.	
7 PROF AM STUDIES (II	(ii)	0				0) — — — — — — — — — — — — — — — — — — —
ND L. SACKS	(i)	166,445.	0	1,500.	16,459.	20,641.	205,045.	0
8 PROF SOCIOLOGY (ii	(ii)	0		 		0		C
RY P. SPAID	(E)	158,985.	0	500.	15,479.	10,886.	185,850.	
ART	(E)	0	0			0		0
ARCHER	_;	162,175.	D	0	15,407.	33,570.	211,152.	0
FOR OF INVESTMENTS	E	O			0			0
I. LYNN	<u>-</u>	60,634.	0		5,849.	1,915.	68,398.	0
KENYON REVIEW	(E)	103,243.		720.	9,959.	3,263.	117,185.	0
BLANCHARD	<u> </u>	115,850.		1,176.	11,576.	19,230.	147,832.	0
DRMER ASSOC. VP FIN	<u> </u>	0	O			1	i - -	0
GIA NUGENT	(i)	359,610.	0	224,711.	133,630.	27,225.	745,176.	100.000.
PRESIDENT	(ii)	0	D	 		0		1
SAMHAT	(E)	102,504.	p	420.	9,783.	1,765.	114,472.	0
14 FORMER PROVOST (ii)	(ii)	0		İ	0	0		
(<u>()</u>	ε							
15 (ii)	Œ							
(D)	<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
16 (ii)	Ē							
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31-4379507 KENYON COLLEGE

Schedule J (Form 990) 2013

Page 3

Part | Supplemental Information

and for Part II. 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, 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, SEAN

GEORGIA NUGENT: SPOUSAL TRAVEL; ς. DECATUR, AND ITS FORMER PRESIDENT,

CLUB AND THE PAYMENT OF MEMBERSHIP DUES FOR THE MOUNT VERNON ROTARY

RESIDENCE ON CAMPUS FOR PERSONAL USE AS WELL UNIVERSITY CLUB; 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

SUBSTANTIALLY USED FOR COLLEGE PURPOSES SINCE THE PRESIDENT HOSTS HOME IS

MANY FUNCTIONS AT THE RESIDENCE.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN - PART I, LINE

GEORGIA NUGENT: ω. FOR PLAN EMPLOYER CONTRIBUTION TO SECTION 457(B)

\$9,880. SECTION 457(F) CONTRIBUTION FOR JOSEPH G. NELSON: \$50,000.

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

Schedule J (Form 990) 2013

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KENYON COLLEGE

Schedule J (Form 990) 2013

Page 3

31-4379507

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.

ADDITIONAL INFORMATION REGARDING COMPENSATION - PART II:

AS REQUIRED BY THE INSTRUCTIONS TO FORM 990 AND ITS SCHEDULES,

COMPENSATION HAS BEEN REPORTED ON SCHEDULE J, PART II AND ON FORM 990,

PART VII BASED ON THE CALENDAR YEAR OF 2013. SEAN DECATUR, THE PRESIDENT

OF THE COLLEGE, BEGAN HIS EMPLOYMENT ON JULY 1, 2013, AND AS SUCH, HIS

FORM W-2 FOR CALENDAR YEAR 2013 LISTS ONLY 6 MONTHS OF WAGES EVEN THOUGH

HE WAS EMPLOYED FOR THE ENTIRE FISCAL YEAR ENDED JUNE 30, 2014.

Schedule J (Form 990) 2013

SCHEDULE K (Form 990)

KENYON COLLEGE Name of the organization Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990. ► See separate instructions. ► Information about Schedule K (Form990) and its instructions is at www.irs.gov/form990.

Open to Public 2013

OMB No. 1545-0047

Inspection

Employer identification number

31-4379507

١,								31-4	-4379507	
Part Bond Issues										
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	e) Issr	(e) Issue price	(f) Description of purpose	purpose	(g) Defeased	d (h) On behalf of issuer	(i) Pooled financing
A OUTO UTCHED PRINCE TRANSPERSOR OF THE A	000	1 6 7 1	0					Yes No	Yes	Yes No
. OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	6//56BKB5	10/15/2003		6,330,072. ED	EDUCATIONAL FACILITIES	ES	×	×	×
B OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756ВНК9	08/03/2006		42,822,636. ED	EDUCATIONAL FACILITIES	ES	×	×	×
C OHIO HIGHER EDUCATIONAL FACILITIES COMMISSION	34-6849674	67756AR38	02/11/2010		100,189,867, ED	EDUCATIONAL FACILITIES	88	×	×	×
D OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756DBF2	07/24/2013		44,637,452. ED	EDUCATIONAL FACILITIES	ស	×	×	×
Part Proceeds		7,000				- The state of the				
				4		Δ	0	ပ	Δ	
				3,05	055,000.	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.				
					-					
		***************************************		6,33	330,072.	43,025,031	. 100,	467,203.	44,63	37,452.
- 1				***************************************						
5 Capitalized interest from proceeds						3,923,296	10,	237,220.		
6 Proceeds in refunding escrows,			•							
7 Issuance costs from proceeds				12	5,332.	372,995	6	56,478.	4 8	84,435.
8 Credit enhancement from proceeds		•			- The state of the		100			
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds						33,778,081				
11 Other spent proceeds				6,204	14,740.	4,950,659	89,2	73,505.	44,15	53,017.
12 Other unspent proceeds								٠.		1
13 Year of substantial completion				2003		2006	2010	0	2013	
				Yes	No	Yes No	Yes	Š	Yes	No
14 Were the bonds issued as part of a current refunding issue?	ig issue?	•	:	×		×	×			×
15 Were the bonds issued as part of an advance refunding issue?	ding issue?		•		×	×	×		×	
16 Has the final allocation of proceeds been made?			•	×		×	×		×	-
17 Does the organization maintain adequate books and records	ks and record	s to support	irt the							
final allocation of proceeds?		•	:	×		×	×		×	
Part III Private Business Use										
				A		m		U	Δ	
1 Was the organization a partner in a partnership, or a member of an LLC,	, or a member	of an LLC,		Yes	No	Yes No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?	ls?				×	×		×		×

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

bond-financed property?

7

Are there any lease arrangements that may result in private business use

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Schedule K (Form 990) 2013 PAGE 48

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Schedule K (Form 990) 2013

Part III Private Business Use (Continued)								Page 2
	A			æ		ن		
3a Are there any management or service contracts that may result in private business	Yes	No	Yes	No	Yes	°N	Yes	No
- 1		X	×			×	×	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			×				×	
c Are there any research agreements that may result in private business use of bond-financed property?		×		×		×		×
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside 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 ▶		%		%	1000	%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		×		×		×
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		×		×		×		×
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		 %
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?						***************************************		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			#					
Part IV Arbitrade	×		×		×		×	
	A			<u>a</u>				
1 Has the issuer filed Form 8038-T Arbitrage Repate Yield Reduction and	Yes	No.	Yes	S S	Yes	2	γος	S S
Penalty in Lieu of Arbitrage Rebate?		×		×		×	3	2 ×
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	>	×		×	×	,	X	
1	<	×	∢	×		× >		×
1		•		\$		4		4
3 Is the bond issue a variable rate issue?		×		×		×		×
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×		×	and the state of t	×	The state of the s	×
b Name of provider								
e Was the hedge terminated?								
USA 3E1306.1 000						SS	chedule K (F	Schedule K (Form 990) 2013
357,296 7,000								

31-4379507

Page 3 Schedule K (Form 990) 2013 ŝ ŝ × × Ω Ω Yes Yes × × ٥ ŝ \bowtie × Yes Yes × × Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions). ŝ ŝ × × Ω m Yes Yes × \bowtie ŝ ŝ × × Yes Yes × × d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?..... Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? Were any gross proceeds invested beyond an available temporary period? organization established written procedures to monitor c Term of GIC..... 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? Procedures To Undertake Corrective Action Arbitrage (Continued) requirements of section 148? Schedule K (Form 990) 2013 Has the JSA 3E1328 1.000 Part IV Part VI Part V ဖ

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

ADDITIONAL INFORMATION ABOUT PROCEEDS:

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

EARNINGS.

Schedule K (Form 990) 2013 PAGE 51

SCHEDULE L

Transactions With Interested Persons

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the	organization					, , , , , , , , , , , , , , , , , , , ,			Employe	r identif	ication	numbe	er	**
KENYON	COLLEGE									437				
Part I	Excess Benefit Complete if the o	Transactior rganization a	ns (section 5 nswered "Ye	01(c s" or)(3) an i Form	d section 50 990, Part IV	1(c)(4) /, line 2	organizations or 25a or 25b, or Fo	nly).				b.	
1 (a) Name of disqualified	l person	(b) Relatio	nship aı	betwe	en disqualified nization	i person	(c) De	scription	of tran	sactio	n	<u> </u>	Сопесted?
(1)														
(2)														
(3)														
(4)														
_(5)														
(6)														
und	er the amount of ta ler section 4958 . er the amount of ta										*			
Part II	Loans to and/o Complete if the o organization repo	rganization a	nswered "Ye	es" o	n Forn			ne 38a or Form 9	990, Par	t IV, lir	ne 26;	or if t	ne	
(a) Name	of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or m the nization?	(e) Origir principal an		(f) Balance due	(g) In	default?	by bo	proved pard or nittee?	(i) W agreer	
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)			***************************************											
(3)														
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(7)														
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(10)														
Part III	Grants or Assi Complete if the o	stance Bend rganization a	efiting Inter	este	d Per n Form	sons. n 990, Part IV	, line 2							
	of interested person		p between interestine organization	sted (c) Amoı	ınt of assistance	(c	i) Type of assistand	æ	(e) F	Purpos	e of as	sistano	:e
(1)														
(2)				\perp										
(3)				_										
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

Schedule L (Form 990 or 990-EZ) 2013

Page 2

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	organi	aring of ization's nues?
				Yes	No
(1) MARLA KOHLMAN	SPOUSE OF OFFICER	80,894.	SALARY TO SPOUSE OF OFFICER		Х
(2) JEANNE GRIGGS	SPOUSE OF KEY EMPLOYEE	27,219.	SALARY TO SPOSUE OF KEY EMPL.		Х
_(3)					
_(4)					
(5)					
(6)				1	
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Noncash Contributions

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

► Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Open To Public Inspection

KENYON COLLEGE 31-4379507 Types of Property Part I (c) (a) (b) (d) Noncash contribution Number of contributions or Check if Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g DONOR COST 2,500. Art - Works of art. Art - Historical treasures Art - Fractional interests 3 4 Books and publications Χ 8,007. FMV&\$1 FOR TRACKING Clothing and household goods........... 6 Cars and other vehicles Boats and planes..... 7 8 Intellectual property Securities - Publicly traded Χ 140. 1,514,979. FMV 10 Securities - Closely held stock . . . Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other 18 Collectibles..... 1. 1. \$1 EACH FOR TRACKING 19 Food inventory 20 Drugs and medical supplies 21 Χ 1. \$1 EACH FOR TRACKING 22 Historical artifacts 23 Scientific specimens..... 24 Archeological artifacts..... Other ►(_ ATCH 1 ____) 25 352. 26 Other ►(_____) 27 Other ►(_____) Other ►(______ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Χ b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Χ 31 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) (2013)

describe in 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.

Schedule M (Form 990) (2013)

Part II

Page 2

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
14 CHAIRS AND 4 TABLES	X	1.	1.	\$1 FOR TRACKING
10 EVENT TICKETS	Х	1.	350.	TICKET PRICE
KENYON-RELATED PHOTOS,	YE X	2.	1.	\$1 FOR TRACKING
TOTALS		4.	352.	

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
KENYON COLLEGE

Employer identification number 31-4379507

FORM 990 REVIEW - FORM 990, 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 - FORM 990, 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 - FORM 990, 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 - FORM 990, 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

PAGE 57

AVAILABLE TO THE PUBLIC UPON REQUEST.

OTHER CHANGES IN NET ASSETS - FORM 990, PART XI, LINE 5:

CHANGE IN INTEREST RATE SWAP OBLIGATION: \$341,854; LOSS ON EARLY

EXTINGUISHMENT OF DEBT: (\$3,945,957); TOTAL ADJUSTMENT = (\$3,604,103).

FORM 990 PROVIDED TO GOVERNING BODY - FORM 990, 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

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 - FORM 990, PART VI, LINE 2:

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

ATTACHMENT 1

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

OVER THE 190 YEARS OF ITS LIFE, KENYON COLLEGE HAS DEVELOPED A
DISTINCTIVE IDENTITY AND HAS SOUGHT A SPECIAL PURPOSE AMONG
INSTITUTIONS OF HIGHER LEARNING. KENYON IS AN ACADEMIC INSTITUTION.
THE VIRTUE OF THE ACADEMIC MODE IS THAT IT DEALS NOT WITH PRIVATE AND
PARTICULAR TRUTHS, BUT WITH THE GENERAL AND THE UNIVERSAL. IT ENABLES
ONE TO ESCAPE THE LIMITS OF PRIVATE EXPERIENCE AND THE TYRANNY OF THE

(CONT'D)

ATTACHMENT 1

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

PRESENT MOMENT. BUT TO ASSERT THE PRIMACY OF THE ACADEMIC IS NOT TO DENY THE VALUE OF EXPERIENCE OR OF OTHER WAYS OF KNOWING. KENYON'S ACADEMIC PURPOSE WILL PERMEATE ALL THAT THE COLLEGE DOES, BUT THE DEFINITION OF THE ACADEMIC WILL BE OPEN TO RECURRENT QUESTIONING. KENYON'S LARGER PURPOSES AS A LIBERAL ARTS INSTITUTION DERIVE FROM THOSE EXPRESSED CENTURIES AGO IN PLATO'S ACADEMY, ALTHOUGH OUR DISCIPLINES AND MODES OF INQUIRY DIFFER FROM THOSE OF THAT FIRST "LIBERAL ARTS COLLEGE." WE HAVE ALTERED OUR CURRICULUM DELIBERATELY IN ANSWER TO CHANGES IN THE WORLD, AS AN ORGANISM RESPONDS TO ITS ENVIRONMENT WITHOUT LOSING ITS IDENTITY. KENYON'S FOUNDER GAVE A SPECIAL AMERICAN CHARACTER TO HIS ACADEMY BY JOINING ITS LIFE TO THE WILDERNESS FRONTIER. HIS KENYON WAS TO AFFORD ITS STUDENTS A HIGHER SENSE OF THEIR OWN HUMANITY AND TO INSPIRE THEM TO WORK WITH OTHERS TO MAKE A SOCIETY THAT WOULD NOURISH A BETTER HUMANKIND. TO THAT END, AND 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

Employer identification number KENYON COLLEGE 31-4379507

ATTACHMENT 1 (CONT'D)

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

UNDERGRADUATE INSTITUTION, KENYON FOCUSES UPON THOSE STUDIES THAT ARE ESSENTIAL TO THE INTELLECTUAL AND MORAL DEVELOPMENT OF ITS STUDENTS. THE CURRICULUM IS NOT DEFINED BY THE INTERESTS OF GRADUATE OR PROFESSIONAL SCHOOLS, BUT BY THE FACULTY'S UNDERSTANDING OF WHAT CONTRIBUTES TO LIBERAL EDUCATION. THE FACULTY'S FIRST INVESTMENT IS IN KENYON'S STUDENTS. THE COLLEGE CONTINUES TO THINK OF ITS STUDENTS AS PARTNERS IN INQUIRY, AND SEEKS THOSE WHO ARE EARNESTLY COMMITTED TO LEARNING. IN THE FUTURE, KENYON WILL CONTINUE TO TEST ITS ACADEMIC PROGRAM AND MODES OF TEACHING AND LEARNING AGAINST THE NEEDS OF ITS STUDENTS, SEEKING TO BRING EACH PERSON TO FULL REALIZATION OF INDIVIDUAL EDUCATIONAL POTENTIAL. TO BE A RESIDENTIAL COLLEGE MEANS MORE THAN THAT THE COLLEGE PROVIDES DORMITORY AND DINING SPACE FOR ITS STUDENTS. IT ARGUES A RELATIONSHIP BETWEEN STUDENTS AND PROFESSORS THAT GOES BEYOND THE CLASSROOM. IT EMPHASIZES THAT STUDENTS LEARN AND DEVELOP, INTELLECTUALLY AND SOCIALLY, FROM THEIR FELLOWS AND FROM THEIR OWN RESPONSES TO CORPORATE LIVING. KENYON REMAINS A SMALL COLLEGE AND EXEMPLIFIES DELIBERATE LIMITATION. WHAT IS INCLUDED HERE IS SPECIAL, WHAT IS EXCLUDED IS NOT NECESSARY TO OUR PURPOSES. FOCUS IS BLURRED WHEN THERE IS DISPERSION OVER LARGE NUMBERS OR OVER A LARGE BODY OF INTERESTS. KENYON REMAINS COMPREHENSIBLE. ITS DIMENSIONS ARE HUMANE AND NOT OVERPOWERING. PROFESSORS, KNOWING STUDENTS OVER YEARS, 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

Name of the organization Employer identification number KENYON COLLEGE 31-4379507

ATTACHMENT 1 (CONT'D)

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

WHICH TIME HAS SHOWN TO BE MOST VALUABLE: TO BE ABLE TO SPEAK AND
WRITE CLEARLY SO AS TO ADVANCE THOUGHTS AND ARGUMENTS COGENTLY; TO BE
ABLE TO DISCRIMINATE BETWEEN THE ESSENTIAL AND THE TRIVIAL; TO ARRIVE
AT WELL-INFORMED VALUE JUDGMENTS; TO BE ABLE TO WORK INDEPENDENTLY
AND WITH OTHERS; TO BE ABLE TO COMPREHEND OUR CULTURE AS WELL AS
OTHER CULTURES. KENYON HAS PRIZED THOSE PROCESSES OF EDUCATION WHICH
SHAPE STUDENTS BY ENGAGING THEM SIMULTANEOUSLY WITH THE CLAIMS OF
DIFFERENT PHILOSOPHIES, OF CONTRASTING MODES, OF MANY LIBERAL ARTS.
THE SUCCESS OF KENYON ALUMNI ATTESTS TO THE FACT THAT OURS IS THE
BEST KIND OF CAREER PREPARATION, FOR IT DEVELOPS QUALITIES THAT ARE
PRIZED IN ANY PROFESSION. FAR BEYOND IMMEDIATE CAREER CONCERNS,
HOWEVER, A LIBERAL EDUCATION FORMS THE FOUNDATION OF A FULFILLING AND
VALUABLE LIFE. TO THAT PURPOSE KENYON COLLEGE IS DEVOTED.

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990,	PARI	A T T	COMPENSALION	Or	TUD	$r \perp v r$	UIGUEDI	PAID	IND.	CONTRACTORS	

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SHROCK PREMIER CUSTOM CONSTRUCTION LLC 234 WEST MAIN STREET LOUDONVILLE, OH 44842	CONSTRUCTION	835,786.
ALBERT M HIGLEY CO 2926 CHESTER AVENUE CLEVELAND, OH 44114	CONSTR CONTRACTING	1,746,775.
AVI FOODSYSTEMS INC 2590 ELM ROAD NE WARREN, OH 44483	FOOD SERVICES	5,450,028.
MESSER CONSTRUCTION COMPANY 5158 FISHWICK DRIVE CINCINNATI, OH 45216	CONSTR CONTRACTING	5,463,121.

Name of the organization
KENYON COLLEGE

Employer identification number

31-4379507

ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

AMERESCO, INC.

111 SPEEN STREET, 4TH FLOOR FARMINGHAM, MA 01701

ENER.EFF.CONTR.SVCS

722,352.

KENYON COLLEGE

31-4379507

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

KENYON COLLEGE

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

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

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

OMB No. 1545-0047	2013	Open to Public	Inspection	Employer identification number
				Employer ide

OMB No. 1545-0047

Employer identification

31-4379507

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax vear. (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II (<u>C</u> 4 (5) (6) (2) (3)

סווס סו וווסום ופומופת ומע-נ	one of more refaced tax-exempt organizations during the	ng me tax year.						
(a) Name, address, and EIN of related organization	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	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled
							Yes	٩
	GAMBIER, OH 43022	PUBLICATIONS	ОН	501(C)(3)	7	KENYON COLL	>	
(2) PHILANDER CHASE CORPORATION	31-1711213						4	
209 CHASE AVE EATON CENTER	GAMBIER, OH 43022	LAND PRESERV.	ОН	501 (C) (3)	11A	KENYON COLL	>	
(3) THE FIVE COLLEGES OF OHIO	31-1440434						4	
INTER	GAMBIER, OH 43022	EDUC. CONSORT.	НО	501(C)(3)	112	a/N		>
(4) GREAT LAKES COLLEGES ASSOCIATION, INC.	INC. 38-1678376					77 / 77		4
535 WEST WILLIAM	ANN ARBOR, MI 48103	EDUC. CONSORT.	MI	501(C)(3)	112	Z/N		>
(5) GRAHAM GUND GALLERY	46-3140140	Annual Control of the	***************************************			** / **		4
TON CENTER	GAMBIER, OH 43022	ART GALLERY	ОН	501(C)(3)	11A	KENYON COLL	×	
(6)						•	4	
(7)								

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JSA 3E1307 1.000

Schedule R (Form 990) 2013

Page 2 (i) Section 512(b)(13) controlled entity? (k) Percentage × ownership 100.0000 ownership (h) Percen-tage (I) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (g) Share of end-of-year assets 329, 333. (i)
Code V-UBI
amount in box 20
of Schedule K-1
(Form 1065) 70,518 (f) Share of total (h) Disproportionate allocations? ŝ income Yes (g) Share of end-of-year assets (e)
Type of entity
(C copp, S corp, or trust) TRUST TRUST (f) Share of total income (d)
Direct controlling
entity KENYON COLLEGE KENYON COLLEGE KENYON COLLEGE KENYON COLLEGE (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign 땅 핑 딥 핑 CHARITABLE TRUSTS CHARITABLE TRUST (b) Primary activity POOLED INC. FUND HOTEL MGMT SV Direct controlling of entity 31-1646746 (c) Legal domicile (state or foreign country) (a)Name, address, and EIN of related organization (b) Primary activity 209 CHASE AVE EATON CENTER GAMBIER, OH 43022 CHARITABLE REMAINDER TRUSTS (8) CHARITABLE REMAINDER TRUST (1) EATON CENTER GAMBIER, OH 43022 EATON CENTER GAMBIER, OH 43022 KENYON INN MANAGEMENT CO. (a)
Name, address, and EIN of related organization POOLED INCOME FUND (1) Schedule R (Form 990) 2013 Part IV Part III 4 Ξ (2) <u>ල</u> 2 ପ୍ର 9 9 5 (S) <u>4</u>

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Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

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Note Complete line 1 if any entity is listed in Dorte II III or IV of this solecular			<u> </u>
	4.1		Yes No
a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity	siated organizations list	ed in Parts II-1V?	>
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			×
e Loans or loan guarantees by related organization(s).			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			< ×
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			1j X
k Lease of facilities, equipment, or other assets from related organization(s)			7
			×
			# E
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
p Reimbursement paid to related organization(s) for expenses.			
4 Individual serification by related organization(s) for expenses			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cover	covered relationships and transaction thresholds	ction thresholds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PHILANDER CHASE CORPORATION	Ж	839,467.	FMV
(2) THE KENYON REVIEW	K	112,056.	FMV
(3) GRAHAM GUND GALLERY	_α	599,855.	FMV
(4)			Address of the second s
(5)		100	
(9)			
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Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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) (b) (b) Legal domicile Name, address, and EIN of entity Primary activity (state or foreign (state or foreign country) Country) (c) (d) (e) (e) (e) (e) (e) Freadly	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
(1)			section 512-514)	Ves No		, the second sec	Yes	٥ <u>٧</u>		Yes	8	
(2)	The state of the s											
(<u>3</u>)			The state of the s									
(4)												
(5)												
(9)												
(7)		And the second s	T \$111 pulp. "Tolky to your and to you are a second to you are a s		a little property of the second							1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(8)	The state of the s	A T T T T T T T T T T T T T T T T T T T										
			The state of the s			The state of the s						
(1 <u>0</u>)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)						1711						
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Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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