Return of Organization Exempt From Income Tax

OMB No. 1545-0047

6

Open to F

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

		of the Treas enue Service	ury 🕨 🕨 The	e organization			•	of this retur		,	repoi	rting requireme	ents.		en to r specti	on
AF	or th	e 2012	calendar year, or t	ax year beg	inning		07/	01,2012	2, and	ending			06/	′30, 20) ₁₃	
_		С	Name of organization									D Employer ide	entifica	ation num	ber	
B c	heck if ap	oplicable:	THE KENYON RI	EVIEW												
	Addre		Doing Business As									31-1443	804			
	-	e change	Number and street (or I	P.O. box if mail i	s not delivered	to street a	address	3)	Room	/suite		E Telephone n	umber			
	Initial	return	EATON CENTER	KENYON (COLLEGE							(740) 42	7-51	L81		
	Termi	inated	City or town, state or co	untry, and ZIP +	4							. ,				
	Amen		GAMBIER, OH	43022								G Gross receip	ts \$	2,	339	,372.
	return Applic	cation	F Name and address	of principal of	ficer:DAVI	D LYN	N				-	H(a) Is this a grou	up returr		Yes	XNO
	_ pendi	ing	KENYON COLLE					он 430)22			affiliates? H(b) Are all affilia	tes inclu	ided?	Yes	No
ī	Tax-ex	empt statu		501(c) (nsert no.)		4947(a)(1)		527		If "No," attac			,	
J	Websi	ite: Þ W	WW.KENYONREVI		, , ,		_ _					H(c) Group exem				
		of organiza		Trust	Association	Ot	her 🕨		L	. Year of for		on: 1995 M			micile:	OH
	rt I	Sum														
			lescribe the organization	ion's mission	or most signi	ficant ac	tivitios									
	'		EP THE FLAME													
nce			AL, PROVIDING													
mai			ARY MEDIA TO													
Governance	2		his box 🕨 🗌 if the									of its net asset				
Ŏ			of voting members of	-									3			28.
ŝ			of independent voting	•				/l line 1h)			• •		4			27.
viti	5	Total nu	mber of individuals er	mploved in ca	lendar vear 2	012 (Pa	rt V lir	(1, 1110 10) <u></u> 10 29)		• • • • •			5			(
Activities &			mber of volunteers (es										6			60.
<			oss unrelated busines					40					о 7а			
		Ũ	elated business taxabl													(
		Net unit			11 0111 330-1	, 1110 34						Prior Year	10	Curr	rent Y	
	8	Contribu	itions and grants (Parl	t \/III line 1h)			_			⊢		944,59	91			,660.
Revenue			n service revenue (Part	· · ·			· ·	COPY	y for			539,61		± ,		<u>,830.</u>
vel			ent income (Part VIII,					PUBLIC IN	ISPEC [®]	TION 🛛 🛏		203,72				, <u>562</u> .
å			evenue (Part VIII, colu									-77,31				,081.
			venue - add lines 8 th									1,610,61				<u>,001.</u> ,971.
												159,06		ر 4 ₁		<u>,9,1.</u> ,801.
			and similar amounts paid to or for membe			4						155,00	0		TOT	,001.
	4.5		, other compensation					inos 5 10)				457,23			634	,580.
xpenses	16 -											IJ7,23	0		031	, 500.
ben	IO a	Total fue	onal fundraising fees (ndraising expenses (Pa		(D) line 25)	e)		45,45		· · ·						
Ĕ								<u> </u>				482,12			512	,359.
	10	Tatal av	kpenses (Part IX, colu		Dort IV. col	241) <u> </u>	line (• • •	· · ·		1,098,42		1		,339. ,740.
			penses. Add lines 13-											,		
- S	19	Revenue	e less expenses. Subt	ract line 18 fro	m line 12 .						oginn	512,18 ing of Current \		Enc	d of Ye	,231. ar
Net Assets or Fund Balances	20	Total as	acta (Dart V, lina 16)								egiiii	5,303,38				,612.
Asse Bala	20	Total lia	sets (Part X, line 16)							· · ·		5,505,50	, <u> </u>	0,	140	,012.
nud /	22		bilities (Part X, line 26) ets or fund balances.							•••		5,303,38	21	6	1/0	,612.
	rt II		ature Block	Subtract line 2								5,505,50) <u> </u>	0,	110	,012.
Un	der per	nalties of p	erjury, I declare that I hav	e examined this	return, includ	ing accor	npanyir	ng schedules	s and sta	atements, ar	nd to	the best of my k	nowled	lge and be	elief, it i	is true,
cor	rect, ar	nd comple	te. Declaration of prepare	er (other than off	icer) is based	on all info	ormatio	n of which p	reparer	has any kno	owled	lge.		-		
S	ign															
	ere	Si	gnature of officer									Date				
		🕨 Ту	pe or print name and title	•												
		Print/Ty	pe preparer's name		Preparer's	signature			Da	ate		Check if		PTIN		
Paio	k	CHRIS	STOPHER B. ANI	DERSON								self-		P002	2265	59
	parer	Firm's n		NEY + NOV	, OTNY LL	С						,	34-0	67700		
Use	Only			JPERIOR AVEN			ELAND	. OH 44114	4					-363-0		
May	/ the II		iss this return with the											XY		No
			eduction Act Notice,						-		-) (2012)
JSA	065 1.00		,	•											-	. ,
"			A23R 5/7/201	4 10:0)1:05 AM	V 1	2-7.	12								PAGE

THE	KENYON	REVIEW

Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	X
	efly describe the organization's mission:	
	TTACHMENT 1	
_		
	the organization undertake any cignificant program convises during the year which were not listed on the	
р	d the organization undertake any significant program services during the year which were not listed on the or Form 990 or 990-EZ? Yes," describe these new services on Schedule O.	Yes X
D Se	d the organization cease conducting, or make significant changes in how it conducts, any program vices?	Yes X
D e	Yes," describe these changes on Schedule O. escribe the organization's program service accomplishments for each of its three largest program services, a penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca e total expenses, and revenue, if any, for each program service reported.	
	ode:) (Expenses \$1,266,285. including grants of \$164,801.) (Revenue \$593	, _{830.})
_	E KENYON REVIEW, A JOURNAL OF LITERATURE, CULTURE, AND E ARTS, WAS PUBLISHED FOUR TIMES DURING THE FISCAL YEAR	
_	PROMOTING THE EDUCATIONAL AND CULTURAL OBJECTIVES OF	
K	NYON COLLEGE.	
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	her program services (Describe in Schedule O.)	
d C	xpenses \$ including grants of \$) (Revenue \$)	
(E	tal program service expenses ► 1,266,285.	

THE KENYON REVIEW

Form 990 (2012)

Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		X
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		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	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,"			37
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	114		x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	TTe		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	x	
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i>		А	
12 a	complete Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<u> </u>		
	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 assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? 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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
	Part VIII, lines 1 c 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		х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>			X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2012)

JSA

THE KENYON REVIEW

Form 9	990 (2012)		I	Page 4
Par	t IV Checklist of Required Schedules (continued)			
		_	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	X	
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			37
_	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	244		
	to defease any tax-exempt bonds?	24c 24d		
d 25 o	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a discussified person during the year? If "Yea" complete Schedule I. Part I.	25a		x
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		х
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		х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV and Part V line 1	34	Х	
35 a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	Λ	X
зэа b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			<u> </u>
55	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	

THE	KENYON	REVIEW

Form 990 (2012)

Page 5

Par				
	Check if Schedule O contains a response to any question in this Part V	<u></u>	Yes	No
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Tes	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
24	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
	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		Х
b	If "Yes," enter the name of the foreign country: ►			
	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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	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	Х	
	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		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
•	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	30		
10	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
-	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		

Form 9	90 (2012) THE KENYON REVIEW 31-1443	804		Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in	struci	ions.	"No"
	Check if Schedule O contains a response to any question in this Part VI		• •	X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	,		
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	5	37	
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Code	.)	А
0000		0000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	v	
a	The organization's CEO, Executive Director, or top management official	15a	X X	
b	Other officers or key employees of the organization	15b	17	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)	(3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inter	rest p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► SHIRLEY OBRIEN EATON CENTER KENYON COLLEGE GAMBIER, OH 43022 740-427-5181	ne		
JSA	Organization: ► SHIRLEY OBRIEN EATON CENTER KENYON COLLEGE GAMBIER, OH 43022 740-427-5181	Form	990	(2012)
				/

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest Com	pensated Employees,	and
	Independent Contractors				_	

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete 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.

				(0	C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per week (list any					is both or/trust		compensation from	compensation from related	amount of other
	hours for							the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	organization	(W-2/1099-MISC)	from the
	organizations	idua recto	tutio	ë,	due	est o	ler	(W-2/1099-MISC)		organization and related
	below dotted line)	or tru	nal t		loye	°m				organizations
	,	stee	rust		œ	bens				
			ee			Highest compensated employee				
(1) MARCI BARR ABBOTT	1.00									
SECRETARY		Х		Х				0	0	0
(2) JOHN ADAMS	1.00									
TRUSTEE		Х						0	0	0
(3) BETSY ASHTON	1.00									
TRUSTEE		X						0	0	0
(4) JAMES H. BRANDI	1.00									
TREASURER		Х		Х				0	0	0
(5) MARY ELIZABETH BUNZEL	1.00									
CO-CHAIR		Х		Х				0	0	0
(6) ROXANNE COADY	1.00									
TRUSTEE		Х						0	0	0
(7) CHRIS DOROBEK	1.00									
TRUSTEE		X						0	0	0
(8) JAMES P. FINN	1.00									
CO-CHAIR		X		Х				0	0	0
(9) PETER FLAHERTY	1.00							_	_	_
TRUSTEE	1	X						0	0	0
(10) ERICK GORDON	1.00									2
TRUSTEE	1 00	X						0	0	0
(11) ALVA G. GREENBERG	1.00									0
TRUSTEE	1 00	X						0	0	0
(12) KIMIKO HAHN	1.00	37								0
TRUSTEE	1 00	X						0	0	0
(13) ROBERT E. HALLINAN	1.00	v						_		0
TRUSTEE	1 00	Х						0	0	0
(14) PAUL B. HEALY	1.00	v						0	0	0
TRUSTEE		Х						0	0	0

JSA

Form 990 (2012)

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	ition more rson	e than c is both or/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) PAMELA FEITLER HOEHN-SARIC TRUSTEE	1.00	X						0	0	
16) GRACE KEEFE HUEBSCHER TRUSTEE	1.00	X						0	0	
17) JOAN KAYE	1.00	А						0	0	
TRUSTEE		х						0	0	
18) TORY DOUGLASS KINGDON TRUSTEE	1.00	X						0	0	
19) DANIEL KRAMER	1.00									
TRUSTEE		Х						0	0	
20) BONNIE G. LEVINSON TRUSTEE	1.00	Х						0	0	
21) BILL LOWRY TRUSTEE	1.00	Х						0	0	
22) BETTY B. ROBBINS TRUSTEE	1.00	x						0	0	
23) TODD RUPPERT TRUSTEE	1.00	x						0	0	
24) R. ALASTAIR SHORT	1.00									
TRUSTEE		Х						0	0	
25) GEORGE D. SMITH TRUSTEE	1.00	Х						0	0	
1b Sub-total								0	0	
c Total from continuation sheets to Part VII,							►	101,922.	426,956.	195,56
d Total (add lines 1b and 1c)								101,922.	426,956.	195,56

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) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 0	e listed above) who received	

Х

Х

3

4

5

Х

Form	990	(2012)

art VII Section A. Officers, Directors, Tru (A)	(B)	<u>, </u>)) ()				(D)	(E)		(F)
Name and title	Average hours per week (list any	box,	not ch unles	Pos neck is pe	ition more rson	e than c is both or/trust	an	Reportable compensation from	Reportable compensation from related	n ar	stimated mount of other opensation
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer		Highest compensated employee	Former	- the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fi org an	rom the ganization of related anizations
) ABBY WENDER TRUSTEE	1.00	х						0		0	
TRUSTEE A. WINKLER	1.00									0	
) S. GEORGIA NUGENT	1.00	X						0			
EX OFFICIO TRUSTEE/PRESIDENT D) DAVID H. LYNN EX OFFICIO TRUSTEE/EDITOR	40.00	X		x x				101,922.	367,571 59,385		175,00 20,5
										-	
b Sub-total c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)											
Total number of individuals (including but not l reportable compensation from the organization			liste	d at	000	e) who	o re	eceived more than	\$100,000 of		
Did the organization list any former office											Yes
employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the s organization and related organizations gre	um of rep	ortab	le c	om	pen	satio	n ai	nd other compens	sation from the	3	
<i>individual</i> . Did any person listed on line 1a receive or a	accrue cor	mpen	satio	on f	ron	n any	un	related organization	on or individual	4	X
for services rendered to the organization? If "Ye section B. Independent Contractors	s," complet	te Sch	nedu	le J	for	such	per	son	<u></u>	5	
Complete this table for your five highest component compensation from the organization. Report convert.											
(A) Name and business add	ress							(B) Description of se	ervices	(C) Compen	

Par	't VII	Statement of Revenue Check if Schedule O contains a res	ponse to any ques	tion in this Part VIII	I		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
irants ounts	1a	Federated campaigns 1a	a				
	b	Membership dues	b				
Am S	c	Fundraising events	210,355.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations .					
	e	Government grants (contributions)	28,149.				
	f	All other contributions, gifts, grants,					
đ		and similar amounts not included above . 11	891,282.				
ont	g	Noncash contributions included in lines 1a-1f: \$	262,597.				
	h	Total. Add lines 1a-1f	<u> </u>	1,218,660.			
nue			Business Code				
eve	2a	SUBSCRIPTIONS, ROYALTIES, WORKSHOPS	900099	593,830.	593,830.		
e R	b		_				
Program Service Revenue	с						
Se	d		_				
ram	е		_				
rogi	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f		593,830.			
	3	Investment income (including dividends, in					
		other similar amounts).		462,562.			462,562.
	4	Income from investment of tax-exempt bo	•	0			
	5	Royalties (i) Real	(ii) Personal	0			
			(
	6a	Gross rents					
	b	Less: rental expenses					
	c d	Rental income or (loss)		0			
		(i) Securitie		5			
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis					
	-	and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	<u></u>	0			
e	8a	Gross income from fundraising					
ent		events (not including \$210,355.					
éč		of contributions reported on line 1c).					
Ř		See Part IV, line 18	a 64,320.				
Other Revenue	b	Less: direct expenses					
ō	с	Net income or (loss) from fundraising even	ts	-118,081.			-118,081.
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
	b	Less: direct expenses Net income or (loss) from gaming activities					
	C			0			
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	C	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	с						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions		2,156,971.	593,830.		344,481.

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THE KENYON REVIEW Part IX Statement of Functional Expenses

Check if Schedule O contains a response to any question in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	0							
2	Grants and other assistance to individuals in								
_	the United States. See Part IV, line 22	164,801.	164,801.						
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
_	United States. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	111,077.	103,302.		7,775				
6	Compensation not included above, to disqualified	,0,,,.	105,502.		,,,,,				
Ů	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	376,061.	349,737.		26,324				
8	Pension plan accruals and contributions (include section								
	401(k) and 403(b) employer contributions)	36,400.	33,852.		2,548				
9	Other employee benefits	77,972.	72,514.		5,458				
0	Payroll taxes	33,070.	30,755.		2,315				
1	Fees for services (non-employees):	0							
	Management	0							
	Legal	0							
	Accounting	0							
	Lobbying	0							
	Professional fundraising services. See Part IV, line 17 Investment management fees	0							
	Other. (If line 11g amount exceeds 10% of line 25, column								
э	(A) amount, list line 11g expenses on Schedule O.)	64,506.	64,506.						
2	Advertising and promotion	7,704.	7,704.						
3	Office expenses	46,938.	46,938.						
4	Information technology	0							
5	Royalties	0							
6	Occupancy	0							
7	Travel	81,955.	81,955.						
8	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0							
9	Conferences, conventions, and meetings	0							
0		0							
1 2	Payments to affiliates	0							
2 3	Depreciation, depletion, and amortization	0							
3 4	Insurance	0							
-	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	HONORARIA&OTHER_PROG.EXP.	239,103.	239,103.						
	POSTAGE	24,073.	24,073.						
с	MINOR EQUIPMENT	22,025.	22,025.						
	PRINTING	15,004.	13,969.		1,035				
е	All other expenses	11,051.	11,051.						
25	Total functional expenses. Add lines 1 through 24e	1,311,740.	1,266,285.		45,455				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if								
	following SOP 98-2 (ASC 958-720)	0							

JSA 2E1052 1.000

THE KENYON REVIEW

Form 990 (2012)

Page	1	1
i aye		

Part	X Balance Sheet		Fage I
	Check if Schedule O contains a response to any question in this Par		
		(A) Beginning of year	(B) End of year
	1 Cash - non-interest-bearing	0 1	(
	2 Savings and temporary cash investments	0 2	
	3 Pledges and grants receivable, net	0 3	
	4 Accounts receivable, net	0 4	
	5 Loans and other receivables from current and former officers, directors,		
	trustees, key employees, and highest compensated employees.		
	Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section	0 5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0 6	
ets	7 Notes and loans receivable, net	0 7	
ŝ	8 Inventories for sale or use	0 8	(
-	9 Prepaid expenses and deferred charges	9	
	Da Land, buildings, and equipment: cost or		
	other basis. Complete Part VI of Schedule D 10a		
	b Less: accumulated depreciation	0 10c	(
1		5,303,381. 11	6,148,612.
1:		0 12	(
1:		0 13	
1			
1			
1		5,303,381. 16	6,148,612
1		0 17	
1		0 18	
1		0 19	
2		0 20	
ທ 2 [.]	1 Escrow or custodial account liability. Complete Part IV of Schedule D	0 21	
Liabilities			
abi	trustees, key employees, highest compensated employees, and		
	disqualified persons. Complete Part II of Schedule L	0 22	
2		0 23	(
2	4 Unsecured notes and loans payable to unrelated third parties	0 24	
2	5 Other liabilities (including federal income tax, payables to related third		
	parties, and other liabilities not included on lines 17-24). Complete Part X		
	of Schedule D	0 25	(
2		0 26	(
Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ►		
ŭ 2		433,267. 27	533,700.
28 Ba	B Temporarily restricted net assets	294,567. 28	269,678.
밑 29		4,575,547. 29	5,345,234.
or Fu	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		
	0 Capital stock or trust principal, or current funds	30	
ss 3.	1 Paid-in or capital surplus, or land, building, or equipment fund	31	
Net Assets	2 Retained earnings, endowment, accumulated income, or other funds	32	
S Set		5,303,381. 33	6,148,612.
3	4 Total liabilities and net assets/fund balances	5,303,381. 34	6,148,612.

THE KENYON	REVIEW
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Form 9	90 (2012)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,1	56,9	971.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,3	11,7	740.
3	3 Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O).	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		6,1	48,6	512.
Part						
	Check if Schedule O contains a response to any question in this Part XII			• •		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule 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 cor	npiled	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 aud					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	siaht				
Ū	of the audit, review, or compilation of its financial statements and selection of an independent accou	-		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	npiun				
30	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	nin			
54	the Single Audit Act and OMB Circular A-133?	. IOII		3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	lerao	the			
D D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

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

2012 Open to Public Inspection

of the organization
tment of the Treasury al Revenue Service

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

Name of	lame of the organization Employer identification number										
THE K	THE KENYON REVIEW							31-1443804			
Part I	Reason for Pub	lic Charity Status	s (All organizations mu	ist con	nplete	this pa	rt.) Se	e instru	uctions		
The org	anization is not a priv	ate foundation bec	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)			
1	A church, convention	on of churches, or	association of churches of	describ	ed in s	ection '	170(b)(1)(A)(i)			
2	A school described	in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)							
3	A hospital or a coo	perative hospital s	ervice organization descri	ibed in	sectio	n 170(b)(1)(A)	(iii).			
4	A medical researc	h organization op	erated in conjunction wi	th a h	nospita	l descri	bed in	sectio	n 170(k	b)(1)(A)(iii). Enter the	
	hospital's name, city, and state:										
5	An organization op	erated for the bei	nefit of a college or univ	ersity	owned	l or ope	erated b	oy a go	vernme	ental unit described in	
	section 170(b)(1)(/	A)(iv). (Complete F	Part II.)								
6	A federal, state, or	local government	or governmental unit des	cribed	in sect	ion 170	(b)(1)(/	A)(v).			
7 X	An organization the	at normally receive	es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	om the general public	
	described in sectio	n 170(b)(1)(A)(vi).	(Complete Part II.)								
8	A community trust	described in secti	on 170(b)(1)(A)(vi). (Com	plete F	Part II.)						
9	An organization that	at normally receive	es: (1) more than 331/3%	6 of its	suppo	rt from	contrib	outions,	memb	ership fees, and gross	
	receipts from activ	ities related to its	exempt functions - subj	ject to	certai	n excep	otions,	and (2)	no mo	ore than 331/3% of its	
	support from gros	s investment inco	ome and unrelated busi	ness t	axable	income	e (less	section	n 511	tax) from businesses	
	acquired by the org	anization after Jur	e 30, 1975. See section	509(a)(2). (C	Complete	e Part I	II.)			
10	An organization org	anized and opera	ted exclusively to test for	public	safety.	See se	ction 5	09(a)(4).		
11	An organization of	rganized and oper	rated exclusively for the	bene	fit of,	to perfe	orm the	e funct	ions of	, or to carry out the	
	purposes of one o	r more publicly su	pported organizations de	escribe	d in s	ection 5	509(a)(⁻	1) or se	ection 5	09(a)(2). See section	
	509(a)(3). Check th	ne box that describ	es the type of supporting	organ	ization	and cor	mplete	lines 1'	le throu	ugh 11h.	
	a 🗌 Type I	b 🗌 Type II	c Type III-Function	nally in	tegrate	ed o	d 🗌	Type II	I-Non-fu	unctionally integrated	
e	By checking this	box, I certify that	the organization is not	contr	olled o	directly	or ind	irectly	by one	or more disqualified	
	persons other than	foundation mana	gers and other than one	or mo	re pub	licly su	pportec	d organ	izations	described in section	
	509(a)(1) or section	n 509(a)(2).									
f	If the organization	received a writte	n determination from the	e IRS	that it	is a Ty	/pe I, T	⁻ype II,	or Typ	e III supporting	
	organization, check	this box									
g	Since August 17, 2	006, has the organ	nization accepted any gift	t or co	ntributi	on from	any of	the			
	following persons?										
	(i) A person who	directly or indire	ectly controls, either alor	ne or t	ogethe	er with	person	s desc	ribed in	i (ii) Yes No	
	and (iii) below,	the governing boo	by of the supported organ	ization	?					11g(i) X	
	(ii) A family memb	per of a person des	scribed in (i) above?							11g(ii) X	
	(iii) A 35% control	ed entity of a pers	on described in (i) or (ii) a	bove?						11g(iii) X	
h	Provide the following	ng information abo	ut the supported organiza	ation(s)).						
(i) N	lame of supported	(ii) EIN	(iii) Type of organization		ls the	(v) Did y			s the	(vii) Amount of monetary	
	organization		(described on lines 1-9 above or IRC section	col. (i)	zation in Iisted in	the orga in col.			zation in rganized	support	
			(see instructions))	your go docu	overning ment?	your su			U.S.?		
				Yes	No	Yes	No	Yes	No		
(A)											
(~)											
(B)											
(8)											
(C)											
(D)											
(-)											
(E)											

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	163,357.	611,610.	1,715,047.	944,591.	1,218,660.	4,653,265.
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						0
4	Total. Add lines 1 through 3	163,357.	611,610.	1,715,047.	944,591.	1,218,660.	4,653,265.
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).						956,931.
6	Public support. Subtract line 5 from line 4.						3,696,334.
	tion B. Total Support						5,000,001.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	163,357.	611,610.	1,715,047.	944,591.	1,218,660.	4,653,265.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	146,979.	171,854.	233,876.	203,722.	462,562.	1,218,993.
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.) ATCH 1		146,905.	64,260.	60,500.	64,320.	335,985.
11	Total support. Add lines 7 through 10						6,208,243.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	2,962,291.
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14 15	Public support percentage for 2012 (lin Public support percentage from 2011					14 15	59.54% 59.13%
-	331/3% support test - 2012. If the o						
Tua	this box and stop here. The organization						
h	331/3% support test - 2011. If the o						
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2	.012. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization						
	Part IV how the organization meets t	he "facts-and-c	ircumstances" te	est. The organiz	zation qualifies	as a publicly s	upported
	organization						▶□
b	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the orga	nization meets	the "facts-and	l-circumstances'	' test, check tl	nis box and st	op here.
	Explain in Part IV how the organization						•
	supported organization				•	•	
18	Private foundation. If the organization						
	instructions	<u></u> .	<u></u>	<u></u> .	<u></u> .	<u></u> .	<u></u> ▶∟

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

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

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

	tion A. Public Support	(2) 2009	(b) 2000	(c) 2010	(d) 2011	(a) 20	12 /4\ 7	Total
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12 (1)	Total
1	Gifts, grants, contributions, and membership fees							
•	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
_	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
_	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid							
_	to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3							
h	received from disqualified persons Amounts included on lines 2 and 3							
U	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from							
	line 6.)							
	tion B. Total Support	() 0000	"	() 00 (0	()) 0.0 ()	() 00		-
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12 (t) I	Total
9	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar							
h	sources Unrelated business taxable income (less							
0	section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
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							
12	loss from the sale of capital assets							
			1					
	-							
	(Explain in Part IV.)							
	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11,							
13	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)	the organizatio	n's first, second,	third, fourth, or	fifth tax year a	s a sectio	n. 501(c)(3)	
	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	-			-			•
13 14	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here				-			•
13 14 Sec	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	port Percent	age		<u></u>			
13 14 <u>Sec</u> 15	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8	p ort Percent , column (f) divid	age ed by line 13, colun	nn (f))	·····	15		%
13 14 <u>Sec</u> 15 16	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Schere	p ort Percent , column (f) divid edule A, Part III, lin	age ed by line 13, colur ne 15	nn (f))	·····			%
13 14 <u>Sec</u> 15 16 Sec	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche tion D. Computation of Investment	pport Percenta , column (f) divid edule A, Part III, lin nt Income Per	age ed by line 13, colun ne 15 centage	nn (f))	· · · · · · · · · · · · · · · · · · ·	15 16		%
13 14 <u>Sec</u> 15 16 <u>Sec</u> 17	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche tion D. Computation of Investment Investment income percentage for 2012 (li	port Percenta , column (f) divid edule A, Part III, lin nt Income Per ne 10c, column (age ed by line 13, colur ne 15 ccentage (f) divided by line 1	nn (f)) 3, column (f))	· · · · · · · · · · · · · · · · · · ·	15 16 17		%
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche tion D. Computation of Investment Investment income percentage for 2012 (li Investment income percentage from 2011	port Percenta , column (f) divid edule A, Part III, lii nt Income Per ne 10c, column (Schedule A, Part	age ed by line 13, colun ne 15 centage (f) divided by line 1 III, line 17	nn (f)) 3, column (f))	· · · · · · · · · · · · · · · · · · ·	15 16 17 18		% %
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Scher tion D. Computation of Investment Investment income percentage for 2012 (li Investment income percentage from 2011 331/3% support tests - 2012. If the org	pport Percenta , column (f) divid edule A, Part III, lin nt Income Per ne 10c, column (Schedule A, Part ganization did n	age ed by line 13, colum ne 15 ccentage (f) divided by line 1 III, line 17 ot check the box	nn (f)) 3, column (f)) on line 14, and	d line 15 is more	15 16 17 18 e than 33	1/3%, and line	% % %
13 14 <u>Sec</u> 16 <u>Sec</u> 17 18 19 a	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Scher tion D. Computation of Investment Investment income percentage for 2012 (li Investment income percentage from 2011 331/3% support tests - 2012. If the or 17 is not more than 331/3%, check th	pport Percenta , column (f) divided adule A, Part III, lim nt Income Per ne 10c, column (Schedule A, Part ganization did n is box and sto	age ed by line 13, colum ne 15 centage (f) divided by line 1 III, line 17 ot check the box p here. The orga	nn (f)) 3, column (f)) on line 14, and anization qualifies	l line 15 is more a s a publicly	15 16 17 18 e than 33 supported	1/3 %, and line organization	% % %
13 14 <u>Sec</u> 16 <u>Sec</u> 17 18 19 a	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche tion D. Computation of Investment Investment income percentage for 2012 (li Investment income percentage from 2011 331/3% support tests - 2012. If the organization 17 is not more than 331/3%, check th 331/3% support tests - 2011. If the organization of the organization of the organization of the organization 17 is not more than 331/3%, check th 331/3% support tests - 2011. If the organization 17 is not more than 331/3% support tests - 2011. If the organization 17 is not more than 331/3% support tests - 2011. If the organization 17 is not more than 331/3% support tests - 2011. If the organization 17 is not more than 331/3% support tests - 2011. If the organization 17 is not more than 331/3% support tests - 2011. If the organization 17 is not more than 331/3% support tests - 2011. If the organization 17 is not more than 331/3% support tests - 2011. If the organization 17 is not more than 331/3% support tests - 2011. If the organization 17 is not more than 331/3% support tests - 2011. If the organization 17 is not more than 331/3% support tests - 2011. If the organization test - 2013 support tes	port Percenta , column (f) divided adule A, Part III, liment Int Income Per ne 10c, column (Schedule A, Part ganization did not anization did not	age ed by line 13, columne 15 ccentage (f) divided by line 1 III, line 17 ot check the box p here. The orgatic check a box on 1	nn (f)) 3, column (f)) on line 14, and anization qualifies ine 14 or line 19	l line 15 is more s as a publicly a, and line 16 is	15 16 17 18 e than 33 supported more than	1/3 %, and line organization n 331/3 %, and	% % %
13 14 <u>Sec</u> 16 <u>Sec</u> 17 18 19 a	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Scher tion D. Computation of Investment Investment income percentage for 2012 (li Investment income percentage from 2011 331/3% support tests - 2012. If the or 17 is not more than 331/3%, check th	port Percenta , column (f) divide edule A, Part III, lim nt Income Per ne 10c, column (Schedule A, Part ganization did n is box and sto anization did not this box and s	age ed by line 13, colum ne 15 centage (f) divided by line 1 III, line 17 ot check the box p here. The orga check a box on I top here. The orga	nn (f)) 3, column (f)) on line 14, and anization qualifies ine 14 or line 19 ganization qualifie	l line 15 is more as a publicly a, and line 16 is as as a publicly	15 16 17 18 2 than 33° supported more than supported	1/3 %, and line organization n 331/3 %, and organization	% % % ₽ ►

Page 3

Page 4

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

SCHEDULE A, PART II -	OTHER INCOM	E			ATTACHMENT 1	
DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
SPECIAL EVENTS		146,905.	64,260.	60,500.	64,320.	335,985.
TOTALS		146,905.	64,260.	60,500.	64,320	335,985.

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.

OMB No. 1545-0047

2012

Employer identification number

THE	KENYON	REVIEW
T T T T T T	TUDINI OIN	

Organization type (check one):

2	1	_	1	Δ	Δ	2	Q	Λ	4
5	т	-	т	4	4	3	Ο.	υ	4

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

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

General Rule

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

Special Rules

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

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

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

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

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

Name of organization THE KENYON REVIEW

(-)	(1)	()	4.5
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ 270,649.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$ \$ \$ \$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>88,874.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

	\$
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)

(b)

Description of noncash property given

		31-14438
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	space is needed.

(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
		\$	

PAGE 21

(d)

Date received

(c)

FMV (or estimate)

(see instructions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization THE KENYON REVIEW

(a) No.

from

Part I

_ _ _ _

_ _ _ ___ ___

chedule B (F	Form 990, 990-EZ, or 990-PF) (2012)			Page			
lame of org	ganization THE KENYON REVIEW			Employer identification number 31-1443804			
t F	Exclusively religious, charitable, etc., hat total more than \$1,000 for the ye For organizations completing Part III, e contributions of \$1,000 or less for the	ear. Complete colur enter the total of excl	nns (a) through <i>Iusively</i> religious	501(c)(7), (8), or (10) organizations (e) and the following line entry. , charitable, etc.,			
	Jse duplicate copies of Part III if addition	-		, · ·			
(a) No. from Part I	(b) Purpose of gift	· · · · · · · · · · · · · · · · · · ·		(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relat	ionship 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, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relat	ionship 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, ar	nd ZIP + 4	Relationship of transferor to transferee				

JSA

SCHEE	DULE	D
(Form	990)	

Department of the Treasury

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.
 ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public

	nal Revenue Service	Attach to	Form 990. See separate instruction	
Nam	e of the organization			Employer identification number
THE	E KENYON REVIE			31-1443804
Pa		tions Maintaining Donor Advi ion answered "Yes" to Form 9	sed Funds or Other Similar Funds 90, Part IV, line 6.	or Accounts. Complete if the
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at e	nd of year		
2		utions to (during year)		
3		from (during year)		
4		at end of year		
5			advisors in writing that the assets held	in donor advised
	-		organization's exclusive legal control?	
6	-		nd donor advisors in writing that grant f	
	only for charitable	purposes and not for the benefi	t of the donor or donor advisor, or for a	iny other purpose
	conferring imperm	issible private benefit?		Yes No
Ра	rt II Conserva	tion Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of con	servation easements held by the	organization (check all that apply).	
	Preservation	of land for public use (e.g., recre	eation or education) Preservatio	n of an historically important land area
	Protection of	f natural habitat		n of a certified historic structure
	Preservation	of open space		
2			eld a qualified conservation contribution	in the form of a conservation
	easement on the l	last day of the tax year.		
				Held at the End of the Tax Year
а	Total number of c	onservation easements		_ 2a
b	Total acreage res	tricted by conservation easements	;	_ 2b
С	Number of conser	vation easements on a certified	historic structure included in (a)	_ 2c
d			acquired after 8/17/06, and not on a	
		-		
3	Number of conser	vation easements modified, tran	sferred, released, extinguished, or tern	ninated by the organization during the
	-			
4			rvation easement is located \blacktriangleright	
5	-		ing the periodic monitoring, inspection,	-
_			sements it holds?	
6	Staff and voluntee	r hours devoted to monitoring, in	specting, and enforcing conservation e	asements during the year
-			the second s	
7			ting, and enforcing conservation easen	nents during the year
•	►\$		2(d) chave esticity the requirements of	a_{a} and a_{A}
ð			e 2(d) above satisfy the requirements of	
9	(I) and section 170	((1)(4)(D)(1)?	conservation easements in its revenue	
3		u	f the footnote to the organization's fina	•
		counting for conservation easeme		
Pa	-	-	of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete	if the organization answered	"Yes" to Form 990, Part IV, line 8.	
1a	If the organization	elected, as permitted under SF	AS 116 (ASC 958), not to report in it	ts revenue statement and balance sheet
·u	works of art, hist	orical treasures, or other simila	ar assets held for public exhibition, e	ts revenue statement and balance sheet ducation, or research in furtherance of lescribes these items.
b				s revenue statement and balance sheet ducation, or research in furtherance of
		vide the following amounts relati		
		•		▶\$
2	• •			ar assets for financial gain, provide the
-	-		FAS 116 (ASC 958) relating to these ite	
а				▶\$
b	Assets included in	Form 990, Part X		
For	Paperwork Reduction	n Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2012
JSA				

THE KENYON REVIEW

Schee	dule D (Form 990) 2012					Page) Z
Par	t III Organizations Maintain	ing Collections o	f Art, Historical	Treasures, or O	ther Similar Ass	ets (continued	1)
3	Using the organization's acquisitic collection items (check all that app		other records, chec	c any of the follo	wing that are a sig	nificant use of it	ts
а	Public exhibition		d 🗌 Loan o	or exchange progra	ams		
b	Scholarly research		e Other	• • •			
C	Preservation for future gene	rations					-
4	Provide a description of the organ		and explain how t	hev further the o	rganization's exemp	t purpose in Pa	art
•	XIII.				gamzanen e ekemp	· paipeee in . a	
5	During the year, did the organization	on solicit or receive o	donations of art, hist	orical treasures, or	other similar		
-	assets to be sold to raise funds rath					Yes N	ю
Par	t IV Escrow and Custodial	Arrangements. C	omplete if the org	-		n 990, Part IV	<i>ï</i> ,
	line 9, or reported an am	ount on Form 990), Part X, line 21.				
1a	Is the organization an agent, truste	e, custodian or othe	r intermediary for co	ontributions or othe	er assets not		
	included on Form 990, Part X?		•		_	Yes N	lo
b	If "Yes," explain the arrangement in	Part XIII and compl	ete the following tab	ole:			
		·	C C		Amount		
С	Beginning balance			· · · · 1c			
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance			•••• 1f			
2a	Did the organization include an am	ount on Form 990,	Part X, line 21?		[Yes N	ю
	If "Yes," explain the arrangement in						
Par	t V Endowment Funds. Con	nplete if the orgar	ization answered	"Yes" to Form 99	0, Part IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years bacl	;k
1a	Beginning of year balance	5,303,381.	4,791,199.	3,461,054.			
b	Contributions	1,194,106.	944,591.	1,715,047.			
С	Net investment earnings, gains,						
	and losses	462,562.	203,722.	233,876			
	Grants or scholarships	164,801.	159,065.	148,709			
е	Other expenditures for facilities						
	and programs	646,636.	477,066.	470,069			
f	Administrative expenses						
g	End of year balance	6,148,612.	5,303,381.				
2	Provide the estimated percentage			column (a)) held a	S:		
а	Board designated or quasi-endown		_%				
	Permanent endowment 86.9						
С	Temporarily restricted endowment						
-	The percentages in lines 2a, 2b, ar						
3a	Are there endowment funds not in	the possession of the	ne organization that	are held and adm	inistered for the		
	organization by:					Yes No	
	(i) unrelated organizations						X
	(ii) related organizations					3a(ii) X	
b	If "Yes" to 3a(ii), are the related org		•			3b X	
4 Dor	Describe in Part XIII the intended u t VI Land, Buildings, and Equ	-					
Fai						N	
	Description of property				ccumulated (e	d) Book value	
1a	Land						
b	Buildings						
С	Leasehold improvements	[
d	Equipment						
	Other						
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part X, columi	n (B), line 10(c).)	>		

Schedule D (Form 990) 2012

Part VI Investments - Other Securities. See Form 990, Part X, line 12. (e) Method of valuation: Cost or end-of-year market value (i) Financial directives	Schedule D (F	form 990) 2012			Page 3
(including name of security) Cost or and-drynar market value (2) Closely-hold equity interests	Part VII	Investments - Other Securities. See F	orm 990, Part X, lin	e 12.	
(2) Closely-held equily interests		(a) Description of security or category		(c) Method of valuation	on: et value
(2) Closely-held equily interests	(1) Financia	al derivatives			
(3) Other	(2) Closely-	held equity interests			
(A)					
(G)	(A)				
(D)	(B)				
(b) (c) (f) ((C)				
(F)	(D)				
(i)	(E)				
(h) (h) (h) (
()					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) (c) Method of valuation: Cost or end-of-year market value (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (2) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (3) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (4) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (10) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (10) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (d) Method of Valuation: Cost or end-of-year market value (d) Method of Valuation: Cost or end-of-year market value (1) (d) Method of Valuation: Cost or end-of-year market value (d) Method of Valuation: Cost or end-of-year market value (1) (d) Method of Valuation: Cost or end-of-year market value (b) Book value (1) (d) Method of Valuation: Cost or en					
Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: Cost or and-of-year market value (1) (a) Book value (c) Method of valuation: Cost or and-of-year market value (1) (b) Book value (c) Method of valuation: Cost or and-of-year market value (2) (a) (b) Book value (c) Method of valuation: Cost or and-of-year market value (3) (c) (c) (c) (c) (4) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (c) (9) (c) Must equal form 990, Part X, col. (l) line 13.) (c) Book value (c) (c) (c) (1) (c) Description (c) Book value (c) (c) (c) (c) (3) (c) Description of line 13.) (c) Book value (c) (c) (c) (c) (6) (c) Description (c) Book value (c) (c) (c) (c) (6) (c) Description (c) De					
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(2)		(a) Description of investment type	(b) Book value		
[3]					
[4]					
(5) (6) (6) (7) (8) (9) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part1X Other Assets. See Form 990, Part X, line 15. (1) (a) Description (b) Book value (6) (b) Book value (c) (7) (c) (c) (8) (c) (c) (9) (c) Description of liability (b) Book value (1) (c) Description of liability (c) Book value (1) (c) Description of liability<					
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1. (a) Description of liability (b) Book value (1) Federal income taxes				<u></u> ▶	
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				Je	
(2) (3) (3) (4) (5) (5) (6) (6) (7) (7) (8) (10) (11) (11)	(1) Feder				
(3) (4) (4) (5) (5) (6) (6) (7) (7) (7) (8) (10) (10) (11)					
(4) (5) (5) (6) (7) (7) (8) (10) (10) (11)					
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(7) (8) (9) (10) (11)	(5)				
(8) (9) (10) (11)	(6)				
(9) (10) (11) (11)	(7)				
(10) (11)	(8)				
(11)	(9)				
	(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	(11)				
	Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)			

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

THE KENYON REVIEW

Schedu	le D (Form 990) 2012		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
		4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	5	
Part		-	
1	Total expenses and leases per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
a			
b			
c	Other leases	1	
d		1	
	Other (Describe in Part XIII.) 2d Add lines 2a through 2d	2.	
e	*	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part		(a 4 h a sa d 0 h :
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I' , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		
inform		viue e	
-			
SE	E PAGE 5		

Schedule D (Form 990) 2012

FIN 48 (ASC 740) FOOTNOTE,

PART X, LINE 2:

THE FOLLOWING FOOTNOTE APPEARS IN THE CONSOLIDATED FINANCIAL STATEMENTS OF KENYON COLLEGE, THE KENYON REVIEW, AND OTHER RELATED ENTITIES. THE FOOTNOTE USES THE TERM "COLLEGE" TO REFER TO ALL ENTITIES INCLUDED IN THE FINANCIAL STATEMENTS: FEDERAL INCOME TAXES - THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS A PUBLIC CHARITY DESCRIBED IN SECTION 501(C)(3); ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THERE WERE NO UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2013.

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

INTENDED USE OF ENDOWMENT FUNDS,

PART V, LINE 4:

THE KENYON REVIEW USES ITS ENDOWMENT FUNDS TO PRODUCE A JOURNAL OF LITERATURE, CULTURE, AND THE ARTS AND TO PROVIDE WRITING WORKSHOPS FOR STUDENTS.

SCH	EDU	LE G
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(Form	990	or	990-EZ)
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Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047
2012
Open to Public
Inspection

Name o	of the organization				Employer Identification	on number
THE	KENYON REVIEW				31-1443804	1
Devit	Fundraising Activities. Com	plete if the organ	ization answered	'Yes" to Form 9	90, Part IV, line	17.
Part	Form 990-EZ filers are not i	required to compl	ete this part.			
1	Indicate whether the organization rais	sed funds through a	any of the following	activities. Check a	Il that apply.	
а	Mail solicitations	е	Solicitation of r	non-government g	rants	
b	Internet and email solicitations	f	Solicitation of g	overnment grants	3	
С	Phone solicitations	g	Special fundrai	sing events		
d	In-person solicitations					
	Did the organization have a written or or key employees listed in Form 990,					Yes No
b	If "Yes," list the ten highest paid indicompensated at least \$5,000 by the compensated		(fundraisers) pursua	nt to agreements	under which the	fundraiser is to be
	(i) Name and address of individual	(ii) Activity	(iii) Did fundraiser have custody or control of	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)

	or entity (fundraiser)	(ii) Activity	custody or control of contributions?		from activity	fundraiser listed in col. (i)	(or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Total

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Sch	adule	THE KEN e G (Form 990 or 990-EZ) 2012	NYON REVIEW		31-	1443804 Page 2
	rt l		nt contributions and gros			eported more
			(a) Event #1 ANNUAL DINNER	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	274,675.			274,675
К		Less: Contributions	210,355.			210,355
	3	Gross income (line 1 minus line 2).	64,320.			64,320
	4	Cash prizes	10,000.			10,000
	5	Noncash prizes				
səsue	6	Rent/facility costs	44,383.			44,383
Direct Expenses	7	Food and beverages	106,341.			106,341
Dire	8	Entertainment				
	9	Other direct expenses	21,677.			21,677
		Direct expense summary. Add lines 4 Net income summary. Combine line 3				(<u> 182,401.)</u> -118,081.
	rt I		anization answered "Y			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)		►	()
	8	Net gaming income summary. Comb	ine line 1. column d. and	l line 7		
	ı İs	nter the state(s) in which the organizat the organization licensed to operate o "No," explain:		of these states?		YesNo
10 a		/ere any of the organization's gaming I				Yes No

Schedule G (Form 990 or 990-EZ) 2012

b If "Yes," explain:

	THE KENYON REVIEW	31-14438	804	
Sched	ule G (Form 990 or 990-EZ) 2012			Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti	ty		
	formed to administer charitable gaming?	Г	Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book			/0
•••	records:			
	Name 🕨			
	Name ▶			
	Address 🕨			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	aamina		
u	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
	amount of gaming revenue retained by the third party \blacktriangleright \$			
c	If "Yes," enter name and address of the third party:			
U				
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro-	oceeds to		
	retain the state gaming license?	[Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	anizations		
	or spent in the organization's own exempt activities during the tax year > \$			
Part		art I, line 2	b,	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable			s
	part to provide any additional information (see instructions).			

Schedule G (Form 990 or 990-EZ) 2012

SCHEDUL	ΕI
(Form 990))

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

20**12** Open to Public Inspection

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization

THE KENYON REVIEW

Employer identification number 31-1443804

Part I General Information on Grants and Assistance

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
_(1) _		-								
_(2) _		-								
_(3) _		-								
_(4) _		-								
_(5) _		-								
_(6) _		-								
_(7) _		-								
_(8) _		-								
_(9) _		-								
(10)		-								
(11)_		-								
(12)		-								
2 E	nter total number of section 501(c)(3) and g	overnment o	anizations list	ed in the line 1 tabl	e		▶			
3 E	nter total number of other organizations liste	d in the line	1 table		<u> </u>		· · · · · · · · · · · · · · · · · · ·			
	For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2012)									

Schedule I (Form 990) (2012)

31-1443804

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS-WRITING WORKSHOPS	76.	137,951.			
2 FELLOWSHIPS-WRITING WORKSHOPS	10.	26,850.			
•					
3					
4					
5					
5					
6					
7					
art IV Supplemental Information. Comp	lete this part to prov	vide the informa	tion required in	Part I. line 2. Part III.	column (b), and any other additiona

information. MONITORING USE OF GRANTS,

PART I, LINE 2:

FINANCIAL AID IS GIVEN TO STUDENTS TO PARTICIPATE IN THE WRITING

WORKSHOPS. THE AID IS CREDITED DIRECTLY TO THE STUDENTS' ACCOUNT, THUS

ENSURING THAT THE GRANT IS SPENT FOR ITS INTENDED PURPOSE.

SCHEDULE J (Form 990)		Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" to Form 990,					047
	nent of the Treasury	Attach to Form	Part IV, line 23. 990. ► See separate instructions.		Open to Inspo		
	Revenue Service of the organization			Employer identification			
	KENYON RE	VIEW		31-144380		•	
Part		ns Regarding Compensation		01 11100	-		
						Yes	No
1a	990, Part VII, First-cla Travel fo Tax inde	Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments	ovided any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for Payments for business use of perso X Health or social club dues or initiation	g these items. personal use nal residence on fees			
b	If any of the or reimburse		Personal services (e.g., maid, chauff ne organization follow a written policy re spenses described above? If "No," com	egarding payment			x
2	Did the organ	nization require substantiation prior to	reimbursing or allowing expenses incurr				
	directors, trus	tees, and the CEO/Executive Director,	regarding the items checked in line 1a?		2	Х	
3 4 a	organization's related organ Comper Indepen Form 99 During the yes organization of	s CEO/Executive Director. Check all that ization to establish compensation of the sation committee dent compensation consultant 00 of other organizations ar, did any person listed in Form 990, for a related organization:	hization used to establish the compensation at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P Written employment contract Compensation survey or study Approval by the board or compensation Part VII, Section A, line 1a, with respect to ayment?	ds used by a art III. tion committee the filing	4a		x
b	Participate in	or receive payment from a suppleme	ntal nonqualified retirement plan?		4b	x	
	Participate in,	, or receive payment from, an equity-ba	ased compensation arrangement? rovide the applicable amounts for each it		40 4c		X
5	For persons li	501(c)(3) and 501(c)(4) organizations isted in Form 990, Part VII, Section A, in contingent on the revenues of:	must complete lines 5-9. line 1a, did the organization pay or accrue a	any			
а		5			5a		Х
b	Any related of	rganization? e 5a or 5b, describe in Part III.			5b		Х
6	For persons li compensatior	isted in Form 990, Part VII, Section A, n contingent on the net earnings of:	line 1a, did the organization pay or accrue a	-			
а	The organizat	ion?			6a		X
b	Any related of	rganization?			6b		X
		e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization provi				37
8	Were any am to the initial	nounts reported in Form 990, Part VII	escribe in Part III , paid or accrued pursuant to a contract Regulations section 53.4958-4(a)(3)? If	that was subject "Yes," describe			x
9	If "Yes" to li	ine 8, did the organization also foll	low the rebuttable presumption proced	ure described in			
For Pa		ection 53.4958-6(c)?	orm 990.		9 Jule J (Fo	orm 990	0) 2012

Page 2

Schedule J (Form 990) 2012

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
S. GEORGIA NUGENT	(i)	0	0	0	0	0	C	
1 EX OFFICIO TRUSTEE/PRESIDENT	(ii)	356,466.	Q0	11,105.	133,438.	41,627.	542,636.	
DAVID H. LYNN	(i)	101,202.	C	720.	9,766.	3,153.	114,841.	
2 EX OFFICIO TRUSTEE/EDITOR	(ii)	59,385.	0	0	5,731.	1,851.	66,967.	
	(i)							
3	(ii)							
	(i)							
4	(ii)							[
	(i)							
5	(ii)							[
	(i)							
6	(ii)							[
	(i)							
7	(ii)							[
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
-	(i)							
14	(ii)							
	(i)							
15	(ii)		+		+			
-	(i)							
16	(ii)		+		+			

Schedule J (Form 990) 2012

JSA 2E1291 1.000 Schedule J (Form 990) 2012

Part III Supplemental Information

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

BENEFITS PROVIDED TO OFFICERS,

PART I, LINE 1A:

KENYON REVIEW PROVIDED SOCIAL CLUB DUES FOR ITS EDITOR, DAVID LYNN, TO

THE CENTURY ASSOCIATION AND THE YALE CLUB. KENYON REVIEW DID NOT TREAT

THE VALUE OF THESE BENEFITS AS TAXABLE INCOME AS THE CLUBS WERE USED

EXCLUSIVELY FOR BUSINESS PURPOSES.

WRITTEN POLICY FOR REIMBURSEMENT OF EXPENSES,

PART I, LINE 1B:

S. GEORGIA NUGENT, PRESIDENT OF KENYON COLLEGE (A RELATED SECTION

501(C)(3) ORGANIZATION), APPROVES BENEFITS FOR CERTAIN EXECUTIVES ON A

CASE-BY-CASE BASIS.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN,

PART I, LINE 4B:

KENYON COLLEGE, A RELATED SECTION 501(C)(3) ORGANIZATION, PROVIDED S.

GEORGIA NUGENT WITH A CONTRIBUTION OF \$100,000 TO A SECTION 457(F) PLAN

AND A CONTRIBUTION OF \$9,688 TO A SECTION 457(B) PLAN.

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

Employer identification number

31-1443804

Name of the organization THE KENYON REVIEW

Department of the Treasury Internal Revenue Service

a,					
		Type	- 6	D	
	Dort				

Fai	Types of Property		1	1			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(c Method of c noncash contri	determinin	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
•	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	3.	262,597.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
••	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
10	contribution - Historic						
	structures						
14	Qualified conservation						
14	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
2 . 25	Other \blacktriangleright ()						
26	Other ►()						
27	Other ►()						
28	Other ►()						
-	Number of Forms 8283 received	by the orac	prization during the tax ve	ar for contributions for			
29	which the organization completed F				29		
	which the organization completed i	0111 0203,	Fait IV, Donee Acknowledg			Yes	No
30 a	During the year, did the organizat	ion receive	by contribution any prope	erty reported in Part I. line	es 1-28 that	100	
	it must hold for at least three year						
	used for exempt purposes for the en					30a	X
b	If "Yes," describe the arrangement i		, , , , , , , , , , , , , , , , , , , ,		•••••	, vu	
31	Does the organization have a		tance policy that require	s the review of any r	on-standard		
	contributions?			-		31	x
32 a	Does the organization hire or use	e third part	ies or related organization	is to solicit, process or s	sell noncash		
01 U	5	•	0			32a X	
h	contributions? If "Yes," describe in Part II.				•••••		
33	If the organization did not report an	amount in	column (c) for a type of pro	perty for which column (a) is checked		
	describe in Part II.	. amount m			,		
For P	aperwork Reduction Act Notice, see th	e Instruction	s for Form 990.		Schedule M	(Form 990) (2012)

JSA

OMB No. 1545-0047 2012

Open To Public Inspection

Page 2

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 ORGANIZATION USES A SECURITIES BROKER TO SELL DONATED SECURITIES. THE

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



MEMBERS OF THE ORGANIZATION,

PART VI, LINE 6:

THE KENYON REVIEW'S SOLE MEMBER IS KENYON COLLEGE.

MEMBER'S POWER TO ELECT TRUSTEES,

PART VI, LINE 7A:

AS THE SOLE MEMBER, KENYON COLLEGE HAS THE POWER TO APPOINT ALL OF THE

BOARD MEMBERS OF THE KENYON REVIEW.

APPROVAL OF DECISIONS OF GOVERNING BODY,

PART VI, LINE 7B:

AS THE SOLE MEMBER, KENYON COLLEGE HAS APPROVAL RIGHTS OVER THE DECISIONS

OF THE BOARD OF TRUSTEES OF THE KENYON REVIEW.

FORM 990 REVIEW,

PART VI, LINE 11B:

FORM 990 IS REVIEWED BY THE CONTROLLER OF KENYON COLLEGE AND CERTAIN BOARD MEMBERS OF THE KENYON REVIEW.

MONITORING AND ENFORCEMENT OF CONFLICT POLICY,

PART VI, LINE 12C:

THE ORGANIZATION'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

Page 2

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.

COMPENSATION REVIEW AND APPROVAL,

PART VI, LINE 15:

THERE IS NO STANDING BOARD COMMITTEE FOR COMPENSATION FOR THE OFFICERS AND OTHER EMPLOYEES OF KENYON REVIEW. KENYON REVIEW MIRRORS THE STANDARD PERCENTAGE COST OF LIVING INCREASES FROM KENYON COLLEGE, THE SOLE MEMBER OF KENYON REVIEW. THE BOARD OF KENYON REVIEW APPROVES ANY ADJUSTMENT TO BASE SALARIES ABOVE THIS STANDARD PERCENTAGE IN A GIVEN YEAR DURING AN EXECUTIVE SESSION OF A BOARD MEETING.

AVAILABILITY OF DOCUMENTS,

PART VI, LINE 19:

THE ORGANIZATION DOES NOT MAKE ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS OR CONFLICT POLICY AVAILABLE TO THE PUBLIC.

FORM 990 PROVIDED TO THE GOVERNING BODY,

PART VI, LINE 11A:

THE ORGANIZATION 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 SUBCOMITTEE OF KENYON COLLEGE, THE SOLE MEMBER OF THE KENYON REVIEW. AS SUCH, WE ARE REQUIRED TO ANSWER "NO"

Employer identification number 31-1443804

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.

DOCUMENT RETENTION AND DESTRUCTION POLICY.

PART VI, LINE 14:

THE FINANCE OFFICE OF KENYON COLLEGE, THE SOLE MEMBER OF THE KENYON REVIEW, HAS A DOCUMENT RETENTION AND DESTRUCTION POLICY THAT WAS DEVELOPED AND IMPLEMENTED BY MANAGEMENT. THIS POLICY HAS NOT BEEN APPROVED BY THE BOARD OF TRUSTEES OF THE COLLEGE OR THE BOARDS OF THE COLLEGE'S AFFILIATES. CURRENTLY, A CAMPUS-WIDE COMMITTEE IS INVESTIGATING DOCUMENT RETENTION ISSUES AND IS DEVELOPING A POLICY THAT WILL BE IMPLEMENTED BY THE COLLEGE AND ALL AFFILIATES IN THE NEAR FUTURE. FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ATTACHMENT 1

TO KEEP THE FLAME OF LITERATURE ALIVE BY PUBLISHING A PREMIER LITERARY JOURNAL FEATURING WORK BY EMERGING AUTHORS AS WELL AS DISTINGUISHED VOICES; BY PROVIDING INTENSIVE SEMINARS TO NURTURE READERS AND WRITERS OF ALL AGES; AND BY BEING A LEADER IN DEVELOPING NEW LITERARY MEDIA TO ENGAGE A GLOBAL AUDIENCE.

PAGE 40

31-1443804

SCHEDULE R (Form 990)	Related Organizations		OMB No. 1545-0047 20 12			
Department of the Treasury Internal Revenue Service	 Complete if the organization answered Attach to Form 990. 	"Yes" to Form 990, Par ▶ See separa		Open to Public Inspection		
Name of the organization	·				Employer id	dentification number
THE KENYON REV	IEW				31-144	3804
Part I Identific	ation of Disregarded Entities (Complete if the organization	answered "Yes" to	Form 990, Part IV	/, line 33.)		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						

_(1)			
_(2)			
_(3)			
_(4)			
_(6)			

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

Name, address, an	(a) nd EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
							Yes	No
(1) KENYON COLLEGE	31-4379507							
EATON CENTER	GAMBIER, OH 43022	COLLEGE	OH	501(C)(3)	2	N/A		Х
_(2)								
_(3)								
_(4)								
(5)								
_(6)								
_(7)								

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

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

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

	nore related orga	1			, tax year.)		-		1			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ner?	(k) Percentage ownership
		,,		,			Yes	No		Yes	No	
(1)												
(2)												
(3)												
<u>(4)</u>												
_(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?
							Yes No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2012

JSA 2E1308 3.000

31-1443804

Schedule R (Form 990) 2012

	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lig	tod in Porte II IV/2	1		103	
-	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		x
a b	Gift, grant, or capital contribution to related organization/s)		•••••	• • • • •	1b		X
	Gift, grant, or capital contribution to related organization(s)	• • • • • • • • • • • • • •			1c		X
c d	Gift, grant, or capital contribution from related organization(s)	• • • • • • • • • • • • • •			1d		X
e	Loans or loan guarantees to or for related organization(s)	• • • • • • • • • • • • • •			1e		X
C	Loans or loan guarantees by related organization(s)				IE		21
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
ο	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)	<u></u>	<u></u>		1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete			action thres			
	(a) Name of other organization	(b) Transaction	(c) Amount involved	Method o	(d)	rminin	a
		type (a-s)		amou			9
(1)							
(1)							
(2)							
(2)							
(3)							
(3)							
(3) (4)							
(3) (4) (5)							
(3) (4) (5) (6)				Schedule R	(Form	1 990)	2012
(3) (4) (5)				Schedule R	(Form	1 990)	2012

Page 3

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501	e) partners tion c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No	(1 0111 1000)	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2012

JSA 2E1310 1.000

Page 5

Schedule R (Form 990) 2012	
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Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).