Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2013

Open to Public Inspection

OMB No. 1545-0047

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30,20 14 D Employer identification number C Name of organization B Check if applicable: THE KENYON REVIEW Doing Business As 31-1443804 Number and street (or P.O. box if mail is not delivered to street address) Е Telephone number Room/suite Name change EATON CENTER KENYON COLLEGE (740) 427 - 5181Initial return City or town, state or province, country, and ZIP or foreign postal code Amended GAMBIER, OH 43022 G Gross receipts \$ 1,890,275. return Application pending F Name and address of principal officer: DAVID LYNN H(a) Is this a group return for Yes X Nο subordinates' KENYON COLLEGE EATON CENTER GAMBIER, OH 43022 Yes No H(b) Are all subordinates included? X | 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. (see instructions) Website: ► WWW.KENYONREVIEW.ORG H(c) Group exemption number Form of organization: X | Corporation Other > L Year of formation: 1995 M State of legal domicile: OH Summary 1 Briefly describe the organization's mission or most significant activities: TO KEEP THE FLAME OF LITERATURE ALIVE BY PUBLISHING A PREMIER LITERARY JOURNAL, PROVIDING SEMINARS, AND BEING A Governance LEADER IN DEVELOPING NEW LITERARY MEDIA TO ENGAGE A GLOBAL AUDIENCE. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 28. Activities & Number of independent voting members of the governing body (Part VI, line 1b) 27. 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 58. 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) 1,218,660 691,378. Revenue **COPY FOR** Program service revenue (Part VIII, line 2g) 640,895. 593,830. **PUBLIC INSPECTION** Investment income (Part VIII, column (A), lines 3, 4, and 7d) 462,562 512,302. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -109,554. 11 -118,081 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,156,971. 1,735,021. 12 164,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 164,801 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 634,580 643,877. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ _____ 512,359 574,093. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,311,740 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,381,970. 18 353,051. 845,231. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** 6,148,612 6,807,210. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 10,842 22 6,148,612. 6,796,368. Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid self-employed CHRISTOPHER B ANDERSON P00226559 Preparer Firm's name ► MALONEY + NOVOTNY LLC Firm's EIN ▶ 34-0677006 Use Only 216-363-0100 Firm's address > 1111 SUPERIOR AVENUE, SUITE 700 CLEVELAND, OH 44114 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

JSA 3E1065 2.000

00997T A23R

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2013) Page 2 Part | Statement of Program Service Accomplishments

	Check if Schedule O contains a respon	se or note to any line in this Part III .		X
1	Briefly describe the organization's mission:			
	ATTACHMENT 1			
2	Did the organization undertake any significant	program services during the year wl	nich were not listed on the	
				X No
	If "Yes," describe these new services on Schedu			
3	Did the organization cease conducting, or r		it conducts, any program	
	services?			X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service a		ree largest program services, as meas	sured by
	expenses. Section 501(c)(3) and 501(c)(4) organization	ganizations are required to report the	ne amount of grants and allocations to	o others,
	the total expenses, and revenue, if any, for each	program service reported.		
4a	(Code:) (Expenses \$ 1.332.619	including grants of \$ 164.	000.) (Revenue \$ 640,895.)
	THE KENYON REVIEW, A JOURNAL OF I		· · · · · · · · · · · · · · · · · · ·	
	THE ARTS, WAS PUBLISHED FOUR TIME	ES DURING THE FISCAL YEAR		
	IN PROMOTING THE EDUCATIONAL AND	CULTURAL OBJECTIVES OF		
	KENYON COLLEGE.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				,
40	(Code:) (Expenses \$	including grants of \$) (Revenue \$	`
40	(Code) (Expenses \$	including grants of \$) (Neverlue \$,
	0.1			
4d	Other program services (Describe in Schedule O			
_	(Expenses \$ including grants of)	
46	Total program service expenses > 1	332 619		

4e Tot JSA 3E1020 2.000

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Part IV Page 3

Part	t IV 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		X
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,"			3.5
_	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	9		Х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Λ
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	21	
• •	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,"			
u	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		37	
4.0	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	144		21
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part IV **Checklist of Required Schedules** (continued) No 21 Did the organization report more than \$5.000 of grants or other assistance to any domestic organization or 21 Χ government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States Х 22 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 Χ 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 24a Χ 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Χ 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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 Χ 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): Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28b Χ c 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 Χ Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 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 Χ related organization? If "Yes," complete Schedule R, Part V, line 2 36 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, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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Part V Statements Regarding Other IRS Filings and Tax Compliance 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ________1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a 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 Χ **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. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a 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? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х 7a and services provided to the payor? Χ b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X Х 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? Χ

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Scredule O contains a response of note to any line in this Part VI				X
Sect	ion A. Governing Body and Management				
		2 0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 28			
	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	Enter the number of voting members included in line 1a, above, who are independent	1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation or a business relationship or a business relation business relationship or a business relation business relationship or a business rela				
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or un				
	supervision of officers, directors, or trustees, or key employees to a management company or other	-	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5	37	X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to ele		_	3.7	
	one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval			3.7	
	stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:			37	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				Х
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Inte		9 Code	- 1	Λ
Secu	on B. Folicies (This Section B requests information about policies not required by the link	erriai Neveriue	Code	7.) Yes	No
	Dild.		100	103	X
10a	Did the organization have local chapters, branches, or affiliates?		10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of s	-	10b		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	-	11a		Х
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill	ing the form?	па		21
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		120		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t		12b	Х	
_	rise to conflicts?		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the podescribe in Schedule O how this was done	•	12c	Х	
12	Did the organization have a written whistleblower policy?		13	X	
13 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 an				
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation	• • • • • •			
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement			
	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				
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	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 ▶_OH,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	501(0	:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Sch		,-	, (·) ·	,,
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of inte	erest	policy	, 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 th	ie		

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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.

						•				
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	eck s pe	more rson	e than contract Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						ed				
_(1)MARCI_BARR_ABBOTTSECRETARY	1.00	x		Х					0	(
(2)JOHN ADAMS	1.00	Λ							0	
TRUSTEE		X							0	(
(3)BETSY ASHTON	1.00	21							, ,	`
TRUSTEE		Х							0	
(4)JAMES H. BRANDI	1.00									
TREASURER		Х		Х					0	(
(5)MARY ELIZABETH BUNZEL	1.00									
CO-CHAIR		Х		Х					0	(
(6)ROXANNE COADY	1.00									
TRUSTEE		Х						C	0	(
(7)CHRIS DOROBEK	1.00									
TRUSTEE		Х						C	0	(
_(8)JAMES P. FINN	1.00									
CO-CHAIR		Х		X				С	0	(
(9)PETER FLAHERTY	1.00									
TRUSTEE	1 00	Х						C	0	(
(10)NINA P. FREEDMAN	1.00									,
TRUSTEE	1.00	Х	\vdash					C	0	(
(11)ERICK GORDON TRUSTEE		X							0	
(12)KIMIKO HAHN	1.00								0	
TRUSTEE		X							0	
(13)ROBERT E. HALLINAN	1.00									
TRUSTEE		Х							0	(
(14)PAUL B. HEALY	1.00									
TRUSTEE		Х						C	0	(

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continue	ed)	
(A)) (B) (C) (D) (E)								(F)			
Name and title	Average	(4) = 11	4 1		sition			Reportable	Reportable		stimated	
	hours per week (list any	,				e than o is both		compensation from	compensation from related	amount of other		ſ
	hours for	office	er and	d a d	lirect	tor/trust	ee)	the	organizations		pensati	ion
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Forme	organization	(W-2/1099-MISC)		om the anization	
	organizations below dotted	/idua	tutic	ĕ	emp	lest	ner	(W-2/1099-MISC)		_	d relate	
	line)	al tro	mal		loye	ecom				orga	anizatio	ns
		Istee	trust		Ď	pens						
			ee			Highest compensated employee						
15) PAMELA FEITLER HOEHN-SARIC	1.00											
TRUSTEE		Х							0			0
16) GRACE KEEFE HUEBSCHER	1.00											
TRUSTEE		Х							0			0
17) JOAN KAYE	1.00											
TRUSTEE		Х						C	0			0
18) TORY DOUGLASS KINGDON	1.00											
TRUSTEE		X						C	0			0
19) DANIEL KRAMER	1.00											
TRUSTEE		X						C	0			0
20) BONNIE G. LEVINSON	1.00											
TRUSTEE		X						C	0			0
21) BILL LOWRY	1.00											
TRUSTEE		X						C	0			0
22) BETTY B. ROBBINS	1.00											
TRUSTEE		X						C	0			0
23) R. ALASTAIR SHORT	1.00											
TRUSTEE	1 00	X						(0			0
24) GEORGE D. SMITH	1.00											0
TRUSTEE	1 00	X							0			0
25) KAREN UHLMANN	1.00											0
TRUSTEE		X							0			0
1b Sub-total								103,963.	811,429.	2	17,5	
c Total from continuation sheets to Part VII, S	-		• •	• •	• •			103,963.	811,429.		117,5	
d Total (add lines 1b and 1c)					hov/	o) who					11/,	02.
reportable compensation from the organization		11056		u ai	DUV	e) wiic	וכ	ceived more man	\$100,000 01			
	· ·										Yes	No
3 Did the organization list any former offic	er directo	ır or	tri	ıcta	۵	kev e	mr	Novee or highes	t compensated			110
employee on line 1a? If "Yes," complete Schedu										3	Х	
4 For any individual listed on line 1a, is the												
organization and related organizations gre	eater than	\$15	50,0	00?	. It	"Yes	,"	complete Schedu	le J for such	4	X	
										-		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo										5		Х
Section B. Independent Contractors	is, comple	.5 501			01	54011	1001				1	
1 Complete this table for your five highest com												
compensation from the organization. Report c	ompensati	on for	the	ca	iend	ar yea	ar e	enaing with or with	nın the organizatio	n'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 listed above) who received more than \$100,000 in compensation from the organization ▶ 0

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Emplo	yees (c	continued)			
(A) Name and title	(B) Average hours per week (list any hours for	rage Position (do not check more than one box, unless person is both an officer and a director/trustee			age Position (do not check more than one box, unless person is both ar officer and a director/trustee			ition Reportable compensation from		compensation	(E) Reportable compensation from related organizations	able ion from ed	(F) Estimated amount o other compensati	nated unt of ner nsation
	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	9-MISC)	from organi and re organiz	zation elated		
26) MATTHEW A. WINKLER TRUSTEE	1.00	X						0		0		0		
27) SEAN DECATUR EX OFFICIO TRUSTEE/PRESIDENT	1.00	Х		Х				C	166	,474.	3	5,661.		
28) DAVID H. LYNN EX OFFICIO TRUSTEE/EDITOR	40.00			Х				103,963.	60	,634.	2	0,986.		
29) S. GEORGIA NUGENT FORMER TRUSTEE/PRESIDENT	40.00						Х	C	584	,321.	16	0,855.		
to Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A				· ·		> >							
Total number of individuals (including but not reportable compensation from the organization)		hose 1		d a	bov	e) who	o re	eceived more than	\$100,000	of	1			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched												Y No		
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?) If	"Yes	3, "				4	x		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on i	fron	n any	un				5	Х		
Section B. Independent Contractors									.,					
 Complete this table for your five highest com- compensation from the organization. Report of year. 														
(A)								(B)			(C)			

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to ar	ny line in this Part \	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, Grants	1a b	Federated campaigns 1a Membership dues 1b Fundraising events 1c	132,825.				
, Gifts nilar A	d	Fundraising events 1c Related organizations 1d	112,056.				
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above . 1f	59,304. 387,193.				
Sont and (g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	Business Code	691,378.			
Program Service Revenue	2a b	SUBSCRIPTIONS, ROYALTIES, WORKSHOPS	900099	640,895.	640,895.		
ım Servic	c d e						
Progra	f g	All other program service revenue Total. Add lines 2a-2f		640,895.			
	3	Investment income (including dividends, inter other similar amounts)		512,302.			512,302.
	4	Income from investment of tax-exempt bond		0			,
	5	Royalties (i) Real	(ii) Personal	0			
	6a	Gross rents					
	b c	Less: rental expenses Rental income or (loss)					
	d	Net rental income or (loss)	(ii) Other	0			
	7a	Gross amount from sales of assets other than inventory	(II) Guioi				
	b	Less: cost or other basis and sales expenses					
	С	Gain or (loss)					
4	d	Net gain or (loss)		0			
Other Revenue	8a	Gross income from fundraising events (not including \$132,825. of contributions reported on line 1c).					
F. Re		See Part IV, line 18 a					
the	b c	Less: direct expenses b Net income or (loss) from fundraising events		-109,554.			-109,554.
0		Gross income from gaming activities. See Part IV, line 19		-109,334.			-109,554.
	b	Less: direct expenses b Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less		U			
	b	returns and allowances a Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory. Miscellaneous Revenue	Business Code	0			
	11a						
	b						
	С						
	d	All other revenue					
	е 12	Total. Add lines 11a-11d		1.735.021.	640.895.		402.748.

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response				
	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	164,000.	164,000.		
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	187,365.	174,249.		13,116.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	329,155.	306,114.		23,041.
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	25,135.	23,376.		1,759.
9	Other employee benefits	66,474.	61,821.		4,653.
10	Payroll taxes	35,748.	33,246.		2,502.
11	Fees for services (non-employees):				
а	Management	0			
	Legal	0			
	Accounting	0			
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	0			
	Investment management fees	U			
g	Other. (If line 11g amount exceeds 10% of line 25, column	95,373.	95,373.		
40	(A) amount, list line 11g expenses on Schedule O.)	15,597.	15,597.		
	Advertising and promotion	26,238.	26,238.		
13 14	Office expenses	0	20,230.		
15	Royalties	0			
16	Occupancy	0			
17	Travel	73,883.	73,883.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	242 224	242 224		
	HONORARIA&OTHER PROG.EXP.	243,034.	243,034.		
	POSTAGE	27,883.	27,368.		515.
	MINOR EQUIPMENT	15,029.	15,029.		2 [10
	PRINTING	55,652.	52,133.		3,519.
	All other expenses	21,404.	21,158.		49,351.
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,301,9/0.	1,332,019.		43,331.
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
JSA	following SOP 98-2 (ASC 958-720)	0			F 000 (0040)

JSA 3E1052 1.000

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Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning 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	(B) End of year 178,301. 0 630,096.
2 Savings and temporary cash investments 0 2	0
2 Savings and temporary cash investments 0 2	630,096.
3 Pledges and grants receivable, net	630,096.
4 Accounts receivable, net 0 4	0
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 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 5	0
7 Notes and loans receivable, net	0
7 Notes and loans receivable, net 0 7 8 Inventories for sale or use 0 8	0
9 Prepaid expenses and deferred charges 0 9	0
10a Land, buildings, and equipment: cost or	
other basis. Complete Part VI of Schedule D 10a	
b Less: accumulated depreciation	0
11 Investments - publicly traded securities 6,148,612. 11	5,998,813.
12 Investments - other securities. See Part IV, line 11 0 12	0
13 Investments - program-related. See Part IV, line 11 0 13	0
14 Intangible assets	0
15 Other assets. See Part IV, line 11	0
16 Total assets. Add lines 1 through 15 (must equal line 34) 6,148,612. 16	6,807,210.
17 Accounts payable and accrued expenses 0 17	10,842.
18 Grants payable 0 18	0
19 Deferred revenue 0 19	0
20 Tax-exempt bond liabilities 0 20	0
21 Escrow or custodial account liability. Complete Part IV of Schedule D	0
22 Loans and other payables to current and former officers, directors,	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified paragraphs. Complete Part II of Schedule I.	0
disqualified persons. Complete Fart if of Schedule L	0
23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 24	0
25 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
26 Total liabilities. Add lines 17 through 25	10,842.
Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	
Complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	599,722.
28 Temporarily restricted net assets 269,678. 28	575,716.
29 Permanently restricted net assets	5,620,930.
Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34.	
30 Capital stock or trust principal, or current funds	
31 Paid-in or capital surplus, or land, building, or equipment fund	
32 Retained earnings, endowment, accumulated income, or other funds 32	
33 Total net assets or fund balances 6,148,612. 33	6,796,368.
34 Total liabilities and net assets/fund balances	6,807,210.

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Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,7	35,0	21.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,3	81,9	70.	
3	Revenue less expenses. Subtract line 2 from line 1	3		353,051.			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	5 Net unrealized gains (losses) on investments						
6							
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		6,7	96,3	868.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII	• • •		• • •			
	Assessful with a factor of the Francisco Control V Assessful Control		1		Yes	No	
1	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.						
20				2-		Х	
Za	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were completed in the complete of the property of the complete of the c	مانما		2a			
	reviewed on a separate basis, consolidated basis, or both:	ipiieu	0				
	Separate basis Consolidated basis Both consolidated and separate basis						
	·			2b	х		
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit			20	21		
	separate basis, consolidated basis, or both:	.eu o	II a				
	Separate basis X Consolidated basis Both consolidated and separate basis						
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	iaht					
C	of the audit, review, or compilation of its financial statements and selection of an independent accour	_	,	2c		Х	
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.	Apian					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in				
Ju	the Single Audit Act and OMB Circular A-133?			3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b			

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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.

2013

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

THE KENYON REVIEW

Employer identification number
31-1443804

Pa	rt I	Reason for Pub	lic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions				
The	orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)					
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).													
2		A school described	in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	П	A hospital or a coo	perative hospital s	ervice organization descri	bed in	sectio	n 170(k)(1)(A)	(iii).					
4	П	A medical researc	h organization op	erated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(b)(1)(<i>A</i>	A)(iii).	Enter	the
		hospital's name, cit	- :	-		-				-				
5				nefit of a college or univ	ersitv	owned	or ope	erated b	ov a go	vernme	ntal u	nit des	cribe	ed in
	ш	section 170(b)(1)(A		-					,					
6				or governmental unit des	cribed	in sect	ion 170)(b)(1)(Δ)(v).					
7	X		-	es a substantial part of it						it or fro	om the	e dene	ral n	uhlic
•		described in sectio		•	o oupp	011 110	ııı a ge	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	inai ai	01 110	J C	gono	iai p	u D 110
8				on 170(b)(1)(A)(vi). (Com	nlete F	Part II \								
9	\vdash	-		es: (1) more than 331/3%	-			contrib	utions	mamh	archin	foos s	and c	rnee
3		_	-	exempt functions - subj									_	
		· ·		ome and unrelated busi			-							
		· · ·		ne 30, 1975. See section						1 311	ian, i	10111 0	usiiic	3363
10		-								`				
11	\vdash		-	ted exclusively to test for rated exclusively for the	-	_				-	or t	o corn	, out	tho
		•	•	•			•					•		
				ipported organizations de					-				e sec	tion
				es the type of supporting										ادیا
		a Type I		c Type III-Function	-	_		d				-	_	
е				e organization is not con			-	-	-				-	
			-	other than one or more p	oublici	y supp	ortea o	rganiza	tions d	escribe	a in s	ection	509(a)(1)
		or section 509(a)(2	,		ıno					_				
f		_		n determination from the					ype II,	or Type	e III s	upport	ıng	_
		organization, check	this box					,						
g			006, has the orga	nization accepted any gift	or co	ntributi	on from	n any of	the					
		following persons?												
				tly controls, either alone									Yes	No
				the supported organization	on?							11g(i)		Х
				scribed in (i) above?								11g(ii)		Х
		• •	• •	on described in (i) or (ii) a								11g(iii)		X
h		Provide the following	ng information abo	ut the supported organiza	ation(s)						1			
		ame of supported	(ii) EIN	(iii) Type of organization	(iv)	Is the		ou notify		s the	(vii) A	mount o		etary
		organization		(described on lines 1-9 above or IRC section	organization in col. (i) listed in			anization i) of your		zation in rganized		suppo	ort	
				(see instructions))	docu	overning ment?	sup	port?	in the	Ŭ.S.?				
					Yes	No	Yes	No	Yes	No				
(A)														
(^,														
(B)														
(C)														
(D)														
(E)														
Tota	al													

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	611,610.	1,715,047.	944,591.	1,218,660.	691,378.	5,181,286.
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	611,610.	1,715,047.	944,591.	1,218,660.	691,378.	5,181,286.
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)						881,887.
6	Public support. Subtract line 5 from line 4.						4,299,399.
	tion B. Total Support	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	611,610.	1,715,047.	944,591.	1,218,660.	691,378.	5,181,286.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	171,854.	233,876.	203,722.	462,562.	512,302.	1,584,316.
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.	45,700.	381,685.
11	Total support. Add lines 7 through 10					42	7,147,287.
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is f organization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea		
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2013 (li	ne 6, column (f)	divided by line	11, column (f))		14	60.15%
15	Public support percentage from 2012	Schedule A, Pa	rt II, line 14			15	59.54%
16a	331/3% support test - 2013. If the o						
b	this box and stop here . The organization qualifies as a publicly supported organization						
17a	check this box and stop here. The organization qualifies as a publicly supported organization						
b	organization	2012. If the organization meets	ganization did no	ot check a box I-circumstances	on line 13, 16	a, 16b, or 17a, nis box and st o	and line op here.
46	Explain in Part IV how the organizati supported organization						▶□
18	Private foundation. If the organization instructions						

Schedule A (Form 990 or 990-EZ) 2013

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

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

	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
•	Gifts, grants, contributions, and membership fees	(.,	()	(0) = 0 + 1	(.,,	(-,	(7 : 5 : 5 : 5
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	' '						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
ı a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8							
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(4) 2000	(2) 20 : 0	(0) = 0	(4) 2012	(0) 20 10	(1) 10101
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
h	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
r	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
46	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second	third, fourth, or	fifth tax vear	as a section 501	(c)(3)
• •	organization, check this box and stop here .	ŭ	·		•		` ` ` `
Sec	ction C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8,			nn (f))		15	%
16	Public support percentage from 2012 Sche					16	%
	ction D. Computation of Investmen			<u> </u>		- 1	,3
	Investment income percentage for 2013 (lin			3, column (f))		17	%
17	Investment income percentage from 2012 S					18	%
17 18							
18		anization did n	ot check the ho	Off line 14. and		e man aana m	and line
18	331/3% support tests - 2013. If the org						. \square
18 19 a	331/3% support tests - 2013. If the org 17 is not more than 331/3%, check this	s box and sto	p here. The org	anization qualifie	s as a publicly	supported organi	zation 🕨 🗌
18 19 a	331/3% support tests - 2013. If the org	s box and sto nization did not	p here. The orgonal check a box on	anization qualifie line 14 or line 19	s as a publicly 9a, and line 16 i	supported organi s more than 331/3	zation

JSA 3E1221 1.000 Schedule A (Form 990 or 990-EZ) 2013

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

SCHEDULE A, PART II -	OTHER INCOME	:			ATTACHMENT 1	
DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
SPECIAL EVENTS	146,905.	64,260.	60,500.	64,320.	45,700.	381,685.
TOTALS	146,905.	64,260.	60,500.	64,320.	45,700.	381,685.

Schedule A (Form 990 or 990-EZ) 2013

Page 4

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

Schedule of Contributors

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

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

THE KENYON REVIEW		31-1443804			
Organization type (check one) ;				
Filers of:	Section:				
Form 990 or 990-EZ					
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion			
	501(c)(3) taxable private foundation				
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a second content of the cont	Special Rule. See			
	y, (o), or (10) organization can oncor boxes for both the Conoral rate and a v	opodiai redio. Oco			
General Rule					
_	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II.	or more (in money or			
Special Rules					
under sections 509	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support (a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during th 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form d II.	e year, a contribution of			
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.					
during the year, con not total to more th year for an <i>exclusiv</i> applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from intributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the an \$1,000. If this box is checked, enter here the total contributions that werely religious, charitable, etc., purpose. Do not complete any of the parts unle nization because it received <i>nonexclusively</i> religious, charitable, etc., contributions	ese contributions did e received during the ss the General Rule utions of \$5,000 or			
_	is not covered by the General Rule and/or the Special Rules does not file S st answer "No" on Part IV, line 2, of its Form 990; or check the box on line I				

Form 990-PF, Part I, line 2, 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.

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

Name of organization THE KENYON REVIEW

Employer identification number 31-1443804

Part I	Contributors ((see instructions).	Use duplicate cop	pies of Part I if addition	nal space is needed.
--------	----------------	---------------------	-------------------	----------------------------	----------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$35,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$16,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$15,750.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _		\$16,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$16,500. (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	(b) Name, address, and ZIP + 4	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization THE KENYON REVIEW

Employer identification number 31-1443804

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _		\$14,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 10 _		\$112,056.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE KENYON REVIEW

Employer identification number

31-1443804

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is ne	eded.
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B	(Form 990, 990-EZ, or 990-PF) (2013)			Page 4				
Name of o	rganization THE KENYON REVIEW			Employer identification number				
				31-1443804				
Part III	Exclusively religious, charitable, etc. that total more than \$1,000 for the y							
	For organizations completing Part III, contributions of \$1,000 or less for the	enter the total of <i>exclus</i> . e year. (Enter this inforr	<i>ively</i> religious, cha nation once. See i	ritable, etc., nstructions.) ▶\$				
	Use duplicate copies of Part III if additi	onal space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ft	(d) Description of how gift is held				
		(a) Transfer of	a iff					
		(e) Transfer of	giit					
	Transferee's name, address, ar	nd ZIP + 4	Relationshi	p of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ft	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relations			p of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ft	(d) Description of how gift is held				

from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	

(0)

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee					

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

► 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.

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

2013
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Information about Name of the organization

Employer identification number

THE	E KENYON REVIEW	31-1443804
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Funds or Other Funds or Oth	ccounts.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	()
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in c	donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any of	
	conferring impermissible private benefit?	
Pai	Conservation Easements. Complete if the organization answered "Yes" to Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of	an historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	3	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ted by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, han	_
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	e during the year
'		s during the year
8	▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)
Ü	(i) and section 170(h)(4)(B)(ii)?	` ' ' ' '
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educations, and the similar assets held for public exhibition, educations, and the similar assets held for public exhibition, educations, and the similar assets held for public exhibition, educations, and the similar assets held for public exhibition, educations, and the similar assets held for public exhibition, educations are similar assets.	evenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educing public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	ation, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
b	works of art, historical treasures, or other similar assets held for public exhibition, educations and the organization elected, as permitted under StrAS 110 (ASC 930), to report in its few works of art, historical treasures, or other similar assets held for public exhibition, educations are supported in its few works.	
	public service, provide the following amounts relating to these items:	,
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	 ▶ \$
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	

▶ \$

Page 2

Schedule D (Form 990) 2013

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	t III Organizations Maintainir	ig Collections of	Art, Historical T	reasure	s, or Ot	her Similar Ass	ets (co	ntınu	ied)
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3			ther records, check	c any of	the follo	wing that are a sig	ınificant	use	of its
Perservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition		d Loan o	or excha	nge progra	ams			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection?	b	Scholarly research		e Other						
Sull Sull During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future gener	ations							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organ	nization's collections	and explain how t	hey furt	her the o	rganization's exem	ot purpo	se in	n Part
assets to be sold to raise funds rather than to be maintained as part of the organization collection?.		XIII.								
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.	5	During the year, did the organization	n solicit or receive de	onations of art, histo	orical tre	asures, or	other similar			
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d Amount		assets to be sold to raise funds rath	er than to be mainta	ined as part of the o	organiza	tion's colle	ection?	Yes	;	No
If "Yes," explain the arrangement in Part XIII and complete the following table:	Par				ization a	answered	I "Yes" to Form 99	90, Part	IV, li	ine 9,
C Beginning balance 1c d d d d d d d d d		included on Form 990, Part X?						Yes	; <u> </u>	No
d Additions during the year							Amount			
E Distributions during the year	С					1c				
Ending balance Temporari	d					1d				
2a Did the organization include an amount on Form 990, Part X, line 21? Yes No Mi "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No No Mi "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No No No No No No No N	е	9 ,			<u> </u>					
b f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.						1f				
Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Courterly tear (b) Prior year (c) Two years back (d) Three years back (d) Four years back (•							;	_ No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four years back (d) F										
1a Beginning of year balance 6,148,612. 5,303,381. 4,791,199. 3,461,054. b Contributions 691,378. 1,194,106. 944,591. 1,715,047. c Net investment earnings, gains, and losses 625,741. 462,562. 203,722. 233,876. d Grants or scholarships 164,000. 164,801. 159,065. 148,709. e Other expenditures for facilities and programs 686,629. 646,636. 477,066. 470,069. f Administrative expenses 6,615,102. 6,148,612. 5,303,381. 4,791,199. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	Par	tV Endowment Funds. Com					<u> </u>			
b Contributions	4.	De signing of year balance							ır years	s back
c Net investment earnings, gains, and losses										
and losses		L	691,378.	1,194,106.	9	44,591	1,/15,04/.			
d Grants or scholarships	С		605 541	460 560		00 500	022 086			
e Other expenditures for facilities and programs		L								
and programs			164,000.	164,801.		59,065.	148,709.			
f Administrative expenses	е		505 500	646 636			450.000			
g End of year balance. 6,615,102. 6,148,612. 5,303,381. 4,791,199. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ 6,3258 % b Permanent endowment ▶ 84,9711 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation			686,629.	646,636.	4	77,066	470,069.			
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 6.3258 % b Permanent endowment ▶ 84.9711 % c Temporarily restricted endowment ▶ 8.7031 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations			6 615 100			00 001	4 501 100			
a Board designated or quasi-endowment	_	- L								
b Permanent endowment ▶ 84.9711 % c Temporarily restricted endowment ▶ 8.7031 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations .			=		column	(a)) held a	S:			
c Temporarily restricted endowment ▶ 8.7031 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations				- % -						
The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) realted organizations (iii) related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation b Buildings c Leasehold improvements c Leasehold improvements d Equipment Other Other Other Other										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations. (iii) related organizations. (iii) related organizations. (iv) the related organizations. (vi) related organizations. (vii) related organizations. (viii) vestre v	С		-	2007						
organization by: (i) unrelated organizations. (ii) related organizations. (iii) related organizations. (iii) related organizations (iii) related organizations (iv)	•									
(ii) unrelated organizations	зa		the possession of the	e organization that	are neid	and adm	inistered for the			
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment e Other Other		· ·						0 - (1)	Yes	+
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (other) (other) (other) (d) Book value (d) B										<u>X</u>
Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation (d) Book value c Leasehold improvements c Leasehold improvements d Equipment o Other										
Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Equipment (b) Cost or other basis (other) (other)				•				30	X	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Buildings				on's endowment fur	ius.					
Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Equipment (b) Cost or other basis (other) (other) (other) (d) Book value	Par	Complete if the organiza	tion answered "Yes	s" to Form 990, Pa	art IV, lii	ne 11a. S	See Form 990, Pa	rt X, line	e 10.	
1a Land			(a) Cost or o	other basis (b) Cost of	or other bas	is (c) Ad	cumulated			
b Buildings	1a	Land	,	(0	uiei)	aep	neciation			
c Leasehold improvements										
d Equipment		_								
e Other		-				+				
				990 Part X column	n (B) line	10(c))				

Schedule D (Form 990) 2013

00997T A23R PAGE 24

Schedule D (Form 990) 2013 Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	I "Yes" to Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Dook value	Cost or end-of-year market value
(1) Financia	al derivatives		
	held equity interests		
(C)			
<u>(D)</u>			
_'/ (E)			
(F)			
(G)			
(H)			
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII			
		l "Yes" to Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
rartix		I "Yes" to Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	· · · · · · · · · · · · · · · · · · ·	Description	(b) Book value
(1)	``	·	
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	man (h) mayot agyol Forms 000 Pont V and (D) I	ino 15)	
	umn (b) must equal Form 990, Part X, col. (B) l	irie 15.)	· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities. Complete if the organization answered	l "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability	(b) Book valu	le
	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	on (h) must assual Forms 000 Part V I (P) II of 1		
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	tand of the fact of the first	a considerate flags statement of the statement of
 Liability fo 	or uncortain tay pocitions. In Part VIII, provide the f	rour of the tecthote to th	a presentation of tinopolol etatomonte that reporte the

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

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Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	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:	•	
a	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c	1	
d		-	
	·	2-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	
4			
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) Add lines 45 and 45	4.	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines za tillough zu	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
с _5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
5 Part Provid	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>). XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 1b	5 art V, I	
5 Part Provid	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>). XIII Supplemental Information.	5 art V, I	
5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>). XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 1b	5 art V, I	
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5 Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
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JSA 3E1271 1.000 Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 THE KENYON REVIEW 31-1443804 Page **5**

Part XIII Supplemental Information (continued)

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: FEDERAL
INCOME TAXES - THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE
COLLEGE, THE KENYON REVIEW, THE PHILANDER CHASE CORPORATION, AND THE GUND
GALLERY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE
INTERNAL REVENUE CODE AS PUBLIC CHARITIES DESCRIBED IN SECTION 501(C)(3);
ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN MADE IN THE
CONSOLIDATED FINANCIAL STATEMENTS. THERE WERE NO UNRECOGNIZED TAX
BENEFITS AS OF JUNE 30, 2014.

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

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.

SCHEDULE G

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number**

Inspection

THE	KENYON REVIEW					31-1443804	
Par	Fundraising Activities. Com Form 990-EZ filers are not r				"Yes" to Form 9	90, Part IV, line	17.
1	Indicate whether the organization rais	<u> </u>			activities Check	all that apply	
-	Mail solicitations	_		_			
a		е			non-government g		
b	□ <u>-</u>	f			government grant	S	
C		g	Spec	ciai fundra	ising events		
d	In-person solicitations						
	Did the organization have a written or or key employees listed in Form 990, If "Yes," list the ten highest paid indiv compensated at least \$5,000 by the or	Part VII) or entity viduals or entities	in connec	ction with p	orofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tota				.		has been a comme	1
3	List all states in which the organizat registration or licensing.	ion is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2013

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,0	00.			
			(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	178,525.			178,525.
Ľ	2	Less: Contributions	132,825.			132,825.
		Gross income (line 1 minus line 2).				45,700.
	4	Cash prizes	10,000.			10,000.
	5	Noncash prizes				
enses	6	Rent/facility costs	24,381.			24,381.
Direct Expenses	7	Food and beverages	84,997.			84,997.
Direc	8	Entertainment				
	9	Other direct expenses	35,876.			35,876.
	10	Direct expense summary. Add lines 4	1 through 9 in column (d)			155,254.
	11	Net income summary. Subtract line 1	(d)			-109,554.
	rt l		anization answered "Ye			
		·	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			() (bingo/progressive bingo		col. (a) through col. (c))
Re	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, colu	ımn (d)	>	
9	_	nter the state(s) in which the organizat	tion operates gaming acti	vitios:		
a	ı İs	the organization licensed to operate of		of these states?		. Yes No
	_					
		/ere any of the organization's gaming "Yes," explain:	licenses revoked, susper			. Yes No

THE KENYON REVIEW 31-1443804 Schedule G (Form 990 or 990-EZ) 2013 Page 3 Does the organization operate gaming activities with nonmembers? 11 No 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? No Indicate the percentage of gaming activity operated in: 13 a The organization's facility _________13a % %_ An outside facility _________13b Enter the name and address of the person who prepares the organization's gaming/special events books and 14 records: Name ►_____ Address ►_____ 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes **b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____. c If "Yes," enter name and address of the third party: Name ► ______ Address
______ 16 Gaming manager information: Name ▶_____ Gaming manager compensation ► \$ ______ Description of services provided > _____ Director/officer **Employee** Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations

Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and

Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any

or spent in the organization's own exempt activities during the tax year ▶ \$

additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2013

Part IV

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

THE KENYON REVIEW						31-1443804	
Part I General Information on Grants and	d Assistance)					
1 Does the organization maintain records to su							
the selection criteria used to award the grant	s or assistance	e?					X Yes No
2 Describe in Part IV the organization's proced							
Part II Grants and Other Assistance to C Part IV, line 21, for any recipient the	Sovernments nat received	s and Organiz more than \$5,	ations in the Uni 000. Part II can b	ted States. Com e duplicated if a	plete if the organiz dditional space is n	ation answered "Y eeded.	es" to Form 990,
(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)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and	government o	rganizations lis	ted in the line 1 tab	le	<u> </u>	•	
3 Enter total number of other organizations list	ted in the line	1 table	<u> </u>	<u> </u>	<u> </u>	<u></u>	
For Paperwork Reduction Act Notice, see the Ir	nstructions fo	or Form 990.					ule I (Form 990) (2013)

Schedule I (Form 990) (2013)

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	75.	138,575.			
2 FELLOWSHIPS-WRITING WORKSHOPS	13.	25,425.			
3					
4					
5					
6					
7					

Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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.

00997T A23R PAGE 32

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, Part IV, line 23.

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

2013
Open to Public Inspection

31-1443804

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

THE KENYON REVIEW

Employer identification number

Par	Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form						
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees						
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment						
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to						
	explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b		X			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all						
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line						
	1a?	2	X				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the						
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a						
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant Form 990 of other organizations Compensation survey or study Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing						
2	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		Х			
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	21			
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х			
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	The root to any or miles have, not the percent and provide the applicable amounts for each form in rank in						
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.						
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the revenues of:						
а	The organization?	5a		Х			
b	Any related organization?	5b		Х			
	If "Yes" to line 5a or 5b, describe in Part III.						
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the net earnings of:						
а	The organization?	6a		Х			
b	Any related organization?	6b		X			
	If "Yes" to line 6a or 6b, describe in Part III.						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed						
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
	in Part III	8		Х			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 Page 2

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
SEAN DECATUR	(i)	0	(0	Q	0	C	0
1 EX OFFICIO TRUSTEE/PRESIDENT	(ii)	166,474.	(0	15,912.	19,749.	202,135.	0
DAVID H. LYNN	(i)	103,243.		720.	9,959.	3,263.	117,185.	0
2 EX OFFICIO TRUSTEE/EDITOR	(ii)	60,634.	C	0	5,849.	1,915.	68,398.	0
S. GEORGIA NUGENT	(i)	0	<u> </u>	0	d	0		0
3 FORMER TRUSTEE/PRESIDENT	(ii)	359,610.	C	224,711.	133,630.	27,225.	745,176.	100,000.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)		<u> </u>					
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)		 	 				
15	(ii)							
	(i)			 				
16	(ii)							

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Schedule J (Form 990) 2013

Part | 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:

SEAN DECATUR, 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 \$9,880 TO A SECTION 457(B) PLAN AND

A CONTRIBUTION OF \$100,000 TO A SECTION 457(F) PLAN.

Schedule J (Form 990) 2013

Part | Supplemental Information

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

ADDITIONAL INFORMATION REGARDING COMPENSATION - PART II:

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

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

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

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

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

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

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization Employer identification number
THE KENYON REVIEW 31-1443804

MEMBERS OF THE ORGANIZATION - FORM 990, PART VI, LINE 6:
THE KENYON REVIEW'S SOLE MEMBER IS KENYON COLLEGE.

MEMBER'S POWER TO ELECT TRUSTEES - FORM 990, 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 - FORM 990, 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 IS REVIEWED BY THE CONTROLLER OF KENYON COLLEGE AND CERTAIN BOARD MEMBERS OF THE KENYON REVIEW.

FORM 990 REVIEW - FORM 990, PART VI, LINE 11B:

MONITORING AND ENFORCEMENT OF CONFLICT POLICY - FORM 990, 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
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 - FORM 990, PART VI, LINE 15:

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 - FORM 990, 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 - FORM 990, 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"

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.

ATTACHMENT 1

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

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.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

THE KENYON REVIEW

➤ See separate instructions.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization THE KENYON REVIEW Employer identification number 31-1443804

	(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)						
(2)						
(3)						
(4)						
(5)						
(6)						

one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN	organization (b) (c) Primary activity Legal domicil or foreign or			(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?	
							Yes	No
(1) KENYON COLLEGE	31-4379507							
209 CHASE AVENUE	GAMBIER, OH 43022	COLLEGE	OH	501(C)(3)	2	N/A		X
(2) PHILANDER CHASE CORPORATION	31-1711213							
209 CHASE AVENUE	GAMBIER, OH 43022	LAND PRESERV.	ОН	501(C)(3)	11A	KENYON COLL.		X
(3) GRAHAM GUND GALLERY	46-3140140							
209 CHASE AVENUE	GAMBIER, OH 43022	ART GALLERY	ОН	501(C)(3)	11A	KENYON COLL.		X
_(5)								
<u></u>								
<u></u>								

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

Schedule R (Form 990) 2013

JSA 3E1307 1.000 Schedule R (Form 990) 2013

Part II	Identification of Relate because it had one or r						swered "Yes" o	on F	orm	990, Part IV, I	ine 3	34	
	(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	Dispro	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging	(k) Percentage ownership
			Country)					Yes	No		Yes	No	
(1)													
(2)_													
(3)													
<u>(4)</u>													
(5)													
(6)													
<u>(7)</u>													

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

(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) Percentage ownership	(i) Section 512(b)(13 controlled entity?
							Yes No
_(1)	_						
(2)							
<u>(3)</u>							
<u>(4)</u>	_						
<u>(5)</u>							
<u>(6)</u>							
<u>(7)</u>							

JSA

3E1308 1.000

Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013

Pa	rt V Transactions With Related Organizations Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
No	e. 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						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
•							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ï	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m					1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	
0	Sharing of paid employees with related organization(s)				10	X	
Ū	onaling of paid employees with related organization(s)				10		
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1g		X
ч	Treimbursement paid by related organization(s) for expenses				14		71
r	Other transfer of each or property to related organization(c)				1r		Х
S	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t				_	<u> </u>	
	(a)	(b)	(c)		(d)	·.	
	Name of related organization	Transaction	Amount involved	Method	of dete		ıg
		type (a-s)		amou	ınt inv	olved	
(1)							
(')							
(2)							
(-)							
(3)							
(0)							
(4)				1			
\''							
(5)				1			
15)				†			
(6)							
<u> </u>							-

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Schedule R (Form 990) 2013

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)		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
				section 512-514)	Yes	No			Yes	No	(Form 1065)	Yes	No		
(1)															
(2)															
<u>(3)</u>															
<u>(4)</u>															
<u>(5)</u>															
<u>(6)</u>															
<u>(7)</u>															
(8)															
<u>(9)</u>															
(10)															
(11)															
<u>(12)</u>															
(13)															
(14)															
<u>(15)</u>															
<u>(16)</u>															

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Schedule R (Form 990) 2013

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Part VII

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

Schedule R (Form 990) 2013