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DLN: 93493133009473

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Interna	l Revenue	Service	► The organization may have to use a copy	of this return to satisfy	state reporting	requiren	nents	Inspection
A Fo	or the 2	2011 ca	lendar year, or tax year beginning 07-01-2011	and ending 06-30-20	012			
B Ch	neck if a	pplicable	C Name of organization KENYON COLLEGE			D Emplo	yer ide	entification number
— Ad	dress ch	ange					37950	
_ Na	me chai	nge	Doing Business As			E Teleph	ione ni	Imper
— _{Ini}	ıtıal retui	rn	Number and street (or P O box if mail is not delivere	ed to street address) Room,	/suite		427-	
— Те	rmınated	d	EATON CENTER			G Gross	receipts	\$ 160,222,519
— _{An}	nended i	return	City or town, state or country, and ZIP + 4	_				
— _{Ар}	plication	pending	GAMBIER, OH 43022					
			F Name and address of principal officer		H(a) Is thi	s a grour	retur	for
			S GEORGIA NUGENT PRESIDENT		affilia		recuii	┌ Yes
			EATON CENTER GAMBIER,OH 43022		11/15			
			,		H(b) Are all			ed? Yes No (see instructions)
I Ta	ax-exem	pt status	▼ 501(c)(3)	4947(a)(1) or 527		p exemp		
J W	/ebsite	:⊫ ww	W KENYON EDU		7 ` ′			
V Eor	m of ore	a pization	✓ Corporation Trust Association Other ►		L Year of for	mation 19	224 N	State of legal domicile OH
	in of oig art I		mary		L feat of for	mation 10	524 I	State of legal dofficile. On
- F &			escribe the organization's mission or most sign					
Governance	- -	AND 200	OCLLEGE IS A PRIVATE LIBERAL ARTS EED PROFESSORS THE COLLEGE HAS 18 DEP	ARTMENTS AND 13 I	INTERDISCIPLI	NARY P	ROGRA	AMS
ე თ			of voting members of the governing body (Part			I	з	40
ž			of independent voting members of the governing				4	39
Activities &	5 7	Total nur	mber of individuals employed in calendar year	2011 (Part V, line 2a)			5	1,818
<u> </u>	6 7	Fotal nur	mber of volunteers (estimate if necessary) .				6	1,081
•	7a 7	Fotal unr	elated business revenue from Part VIII, colur	mn (C), line 12			7a	-1,083,180
	l d	Net unre	lated business taxable income from Form 990	-T, line 34			7b	-1,137,963
						r Year		Current Year
g _i	8		butions and grants (Part VIII, line 1h)		19,640,		15,916,148	
Ĭ.	9	_	m service revenue (Part VIII, line 2g)			84,372,670		89,117,799
Revenue	10		ment income (Part VIII, column (A), lines 3,4		-	23,899,		13,627,367
_	11 12		revenue (Part VIII, column (A), lines 5, 6d, 80 evenue—add lines 8 through 11 (must equal P		ıne	1,460,	540	2,232,869
	12					29,373,	312	120,894,183
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1-3)	-	24,368,	259	25,357,057
	14		ts paid to or for members (Part IX, column (A)			0		0
8	15	Salarıe 5-10)	es, other compensation, employee benefits (Pa	art IX, column (A), line:	s	46,123,	293	48,907,899
₩ 8	16a	Profes	sional fundraising fees (Part IX, column (A), li	ne 11e)			0	0
Expenses	b	Total fu	ndraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{2,43}{}$	5,328	-			
	17	Other	expenses (Part IX, column (A), lines 11a-11c	d,11f-24e)		39,346,	516	48,157,296
	18		expenses Add lines 13–17 (must equal Part I			09,838,		122,422,252
2=	19	Reven	ue less expenses Subtract line 18 from line 1	2		19,535,		-1,528,069
Net Assets or Fund Balances					Beginning Y	of Curre ear	ent	End of Year
988 888	20	Total a	ssets (Part X, line 16)		6	39,158,	214	641,361,192
₹ <u>₹</u>	21	Total I	nabilities (Part X, line 26)		2	19,353,	685	222,741,857
	22		sets or fund balances Subtract line 21 from li	ne 20	. 4	19,804,	529	418,619,335
	rt II	_	ature Block			_		
know	rledge a rledge.	**** Signa	ture of officer		icer) is based on a	all informa		
		Туре	L BLANCHARD ASSOC VP FOR FINANCE or print name and title	Date	Check If	Preparer	's taxna	yer identification number
Paid		Preparer signature	CHRISTOPHER B ANDERSON		self- employed	(see inst		
	arer's Only	ıf self-en	mme (or yours ployed), and ZIP + 4 MALONEY NOVOTNY LLC 1111 SUPERIOR AVENUE SUITE 700			EIN Þ		

CLEVELAND, OH 44114

May the IRS discuss this return with the preparer shown above? (see instructions) $\, \cdot \, \cdot \, \cdot \, \cdot \,$

Phone no 🕨 (216) 363-0100

01111	990 (2011)				Page 2
Part		ment of Program Service of Schedule O contains a respons	Accomplishments e to any question in this Part III		৮
1	Briefly descri	be the organization's mission			
PURP ACAE JNIV BUT T KNOV ACAE DERI'	OSE AMONG DEMIC MODE ERSAL IT EN TO ASSERT TH WING KENYON DEMIC WILL B VE FROM THO IRY DIFFER F	INSTITUTIONS OF HIGHER LE IS THAT IT DEALS NOT WITH I ABLES ONE TO ESCAPE THE L: HE PRIMACY OF THE ACADEMI N'S ACADEMIC PURPOSE WILL E OPEN TO RECURRENT QUES PSE EXPRESSED CENTURIES APROM THOSE OF THAT FIRST "L	LEGE HAS DEVELOPED A DISTING ARNING KENYON IS AN ACADEM PRIVATE AND PARTICULAR TRUTIMITS OF PRIVATE EXPERIENCE ACTION OF THE VALUE OF PERMEATE ALL THAT THE COLLETIONING KENYON'S LARGER PURGO IN PLATO'S ACADEMY, ALTHOUS IN PLATO'S ACADEMY, ALTHOUS ORGANISM RESPONDS TO ITS EN	IC INSTITUTION THE VIRT HS, BUT WITH THE GENERAL AND THE TYRANNY OF THE FEXPERIENCE OR OF OTHE FEXPERIENCE OR OF OTHE FEXPERIENCE OR OF OTHE POSES AS A LIBERAL ARTS OUGH OUR DISCIPLINES AN TE ALTERED OUR CURRICUL	UE OF THE LAND THE PRESENT MOMENT R WAYS OF TON OF THE INSTITUTION D MODES OF
	the prior Form	990 or 990-EZ?	program services during the year wh		es 🗸 No
		ribe these new services on Sched			
	services? .	= -	e significant changes in how it condu · · · · · · · · · · · · · · · · · · ·		es 🔽 No
4	Describe the o	organization's program service ac action 501(c)(3) and 501(c)(4) or	complishments for each of its three ganizations and section 4947(a)(1) nses, and revenue, if any, for each p	trusts are required to report th	
4a	concentrations, programs involv ARTS GROUPS,	FFERS 26 MAJORS LEADING TO A BACHE pre-professional advising for graduate o ing other institutions STUDENT LIFE IS A	05,337,840 including grants of \$ ELOR'S DEGREE WITH A STUDENT-TO-FACUL r professional school in business, education, ACTIVE AND MULTIFACETED INCLUDING INTE DUCATIONAL OPPORTUNITIES IN SEVERAL FO	engineering, law, and medicine, and ERCOLLEGIATE AND INTRAMURAL ATH	a number of cooperative ILETICS, PERFORMING
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)

Other program services (Describe in Schedule O) 4d

4e

(Expenses \$ including grants of \$

105,337,840 Total program service expenses►\$

) (Revenue \$

Dart TV	Checklist	of Peguire	d 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
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		Νo
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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	Yes	
C	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part III and IV	16	Yes	
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	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check in Schedule O contains a response to any question in this Part V	•	• 1	
	Estantia manifesta da Rea 2 de Estant 1996. Estantia de Astronologia de la constantia della		Yes	No
La	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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	ı		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	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?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
la	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 or securities account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country IT, UK			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ā	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Instruction food and capital contributions included on Part VIII. line 1.2			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," optor the amount of tax-exempt interest received or assigned during the	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate 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 aggregate amount of reserves on hand 13c			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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 arrangement with a	160		N.o.
h	taxable entity during the year?	16a		No
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	_00		<u> </u>
17				
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization SHIRLEY O'BRIEN EATON CENTER
 GAMBIER, OH 43022
 (740) 427-5181

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

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, and **current** key employees 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, or 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

See Additional Data Table See Additional Data T		(A) Name and Tıtle	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Rep comp fro organi	(D) portable pensation om the zation (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of other compensation from the organization and	
See Additional Data Table			for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former			MISC			
Total from continuation sheets to Part VII, Section A . ▶ 3,820,422 0 891,772 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 38 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 38 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual	See A	dditional Data Table													
Total from continuation sheets to Part VII, Section A . ▶ 3,820,422 0 891,772 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 38 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 38 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual													\top		
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d Total (add lines 1b and 1c) .	1b	Sub-Total				•	٠.		<u> </u>						
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶38 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a² If *Yes,** complete Schedule J for such individual									•						
\$100,000 of reportable compensation from the organization > 38 Yes No) wh	0 5050114	, ,	ın.	0		891,772
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual	2	•	_					above) vv iiv	o receiv	eu more me	111			
on line 1a? If "Yes," complete Schedule J for such Individual														Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3						eye	mploy •	ee,	or highes	st compens	ated employee	2		No.
Section B. Independent Contractors Complete this table for your five highest compensation from the organization for the calendar year ending with or within the organization's tax year CADESTREET CADESTREET CAMBRIDGE, MA 02141 ARCHITECTS B87,337	4	organization and related organiza												Yes	140
Section B. Independent Contractors 1	5											or individual for			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation GUND PARTNERSHIP INC 47 THORNDIKE STREET CAMBRIDGE, MA 02141 ALBERT M HIGLEY CO 2926 CHESTER AVENUE CLEVELAND, OH 44114 AVI FOODSYSTEMS INC 2590 ELM ROAD NE WARREN, OH 44483 MESSER CONSTRUCTION COMPANY 5158 FISHWICK DRIVE CINCINNATI, OH 45216 SPEER MECHANICAL INC PO BOX 931307 CONSTR CONTRACTING 611,402 CLEVELAND, OH 44193		services rendered to the organiz	ation it res, o	compiei	е эспе	eaui	елт	or suci	n per	son .		•	5		No
\$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address GUND PARTNERSHIP INC 47 THORNDIKE STREET 47 THORNDIKE STREET 50 ARCHITECTS 50 ARCHITECTS 50 ARCHITECTS 50 ELEVELAND, OH 44114 ALBERT M HIGLEY CO 5296 CHESTER AVENUE 5158 FISHWICK DRIVE									_ L	- 414		- Lb			
(A) Name and business address GUND PARTNERSHIP INC 47 THORNDIKE STREET CAMBRIDGE, MA 02141 ALBERT M HIGLEY CO 2926 CHESTER AVENUE CLEVELAND, OH 44114 AVI FOODSYSTEMS INC 2590 ELM ROAD NE WARREN, OH 44483 MESSER CONSTRUCTION COMPANY 5158 FISHWICK DRIVE CINCINNATI, OH 45216 SPEER MECHANICAL INC PO BOX 931307 CLEVELAND, OH 44193 (C) Compensation ARCHITECTS ARCHITECTS 887,337 CONSTR CONTRACTING CONSTR CONTRACTING 4,783,733 CONSTR CONTRACTING 4,195,214 611,402 CLEVELAND, OH 44193	•	\$100,000 of compensation from	the organizatio												
GUND PARTNERSHIP INC 47 THORNDIKE STREET CAMBRIDGE, MA 02141 ALBERT M HIGLEY CO 2926 CHESTER AVENUE CLEVELIAND, OH 44114 AVI FOODSYSTEMS INC 2590 ELM ROAD NE WARREN, OH 44483 MESSER CONSTRUCTION COMPANY 5158 FISHWICK DRIVE CINCINNATI, OH 45216 SPEER MECHANICAL INC PO BOX 931307 CLEVELAND, OH 44193 ARCHITECTS 887,337 CONSTR CONTRACTING 12,357,399 CONSTR CONTRACTING 4,783,733 CONSTR CONTRACTING 4,195,214 CONSTR CONTRACTING 611,402		·	(A)	drace							Desc				
ALBERT M HIGLEY CO 2926 CHESTER AVENUE CLEVELAND, OH 44114 AVI FOODSYSTEMS INC 2590 ELM ROAD NE WARREN, OH 44483 MESSER CONSTRUCTION COMPANY 5158 FISHWICK DRIVE CINCINNATI, OH 45216 SPEER MECHANICAL INC PO BOX 931307 CLEVELAND, OH 44193 CONSTR CONTRACTING 12,357,399 12,357,399		PARTNERSHIP INC	ic and business add	11033								•		Сопрс	
CLEVELAND, OH 44114 AVI FOODSYSTEMS INC 2590 ELM ROAD NE WARREN, OH 44483 MESSER CONSTRUCTION COMPANY 5158 FISHWICK DRIVE CINCINNATI, OH 45216 SPEER MECHANICAL INC PO BOX 931307 CLEVELAND, OH 44193 FOOD SERVICES 4,783,733 CONSTR CONTRACTING 4,195,214 CONSTR CONTRACTING 611,402	ALBER	CAMBRIDGE, MA 02141													
2590 ELM ROAD NE WARREN, OH 44483 MESSER CONSTRUCTION COMPANY 5158 FISHWICK DRIVE CINCINNATI, OH 45216 SPEER MECHANICAL INC PO BOX 931307 CLEVELAND, OH 44193 FOOD SERVICES 4,783,733 CONSTR CONTRACTING 4,195,214 CONSTR CONTRACTING 611,402	CLEVELAND, OH 44114									12	2,357,399 				
5158 FISHWICK DRIVE CINCINNATI, OH 45216 SPEER MECHANICAL INC PO BOX 931307 CLEVELAND, OH 44193 CONSTR CONTRACTING 4,195,214 CONSTR CONTRACTING 611,402	CLEVE				2590 ELM ROAD NE FOOD SERVICES										
SPEER MECHANICAL INC PO BOX 931307 CLEVELAND, OH 44193 CONSTR CONTRACTING 611,402	AVI FO 2590 WARR	ELM ROAD NE EN, OH 44483								_	FOOD SERVI	CES		4	1,783,733
CLEVELAND, OH 44193	AVI FO 2590 WARR MESSI 5158	ELM ROAD NE LEN, OH 44483 ER CONSTRUCTION COMPANY FISHWICK DRIVE													
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►17	CLEVE AVI FO 2590 WARR MESSI 5158 CINCI SPEER PO BO	ELM ROAD NE LEN, OH 44483 ER CONSTRUCTION COMPANY FISHWICK DRIVE INNATI, OH 45216 R MECHANICAL INC DX 931307									CONSTR CO	NTRACTING			1,195,214

Part v		Statement o	i kevenue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated camp	paigns 1a					
医草	ь	Membership du	es 1b					
ಕ್	c	Fundraising eve	ents 1c					
£ेल £		_						
<u>ਰਿਵ</u>	d		ations 1d					
હૃં≣	e	Government grants	s (contributions) 1e	897,475				
호조	f		ons, gifts, grants, and 1f	15,018,673				
돌		similar amounts no						
置る	g	lines 1a-1f $\$ \frac{2}{4}$	butions included in 989,753					
Contributions, gifts, grants and other similar amounts	<u> </u>	Total Add lines	:1a-1f	<u>.</u>	15,916,148			
ပဏ	h	Total. Add lilles	, Id-II		13,510,110			
<u> </u>				Business Code				
릁	2a	TUITION AND FEES		900099	69,278,703	69,278,703		
% 92	ь	TRUST FUNDS		900099	78,818	78,818		
α E	c	AUXILIARY ENTERP	DISES	900099	18,886,886	18,886,886		
Š	_		- KISES					
Š	d	BOOKSTORE		451211	873,392	873,392		
Ξ	e							
Program Serwce Revenue	f	All other progra	m service revenue					
۶		T-1. 1 6 111	. 2 - 26					
	g		2a-2f		89,117,799			
	3		ome (ıncludıng dıvıdend	. F				
			aramounts)		13,053,414		-1,260,857	14,314,271
	4	Income from invest	tment of tax-exempt bond p	proceeds •	0			
	5	Royalties			0			
			(ı) Real	(11) Personal				
	6a	Gross rents	48,366					
	ь	Less rental	96,225					
	c	expenses Rental income	-47,859					
	_	or (loss)			47.050		47.050	
	d	Net rental incor	me or (loss)		-47,859		-47,859	
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	39,806,034	0				
		assets other						
	ь	than inventory Less cost or	39,057,938	174,173				
		other basıs and	, ,	,				
	c	sales expenses Gain or (loss)	748,096	-174,173				
	d	· · · L	s)		573,953			573,953
	8a	Gross income fr	1	· · · · ·	0.0,500			0.0,500
Other Revenue		events (not incl						
é		See Part IV, lın						
<u></u>			a					
the	b		penses b					
Ö	С	Net income or (loss) from fundraising	events 🕨	0			
	9a	Gross income fr See Part IV, lin	rom gaming activities e 19 a					
	ь	Less direct exi	penses b					
	С		loss) from gaming activ	vities►	0			
	10a	Gross sales of i returns and allo	nventory, less wances					
	b c		a oods sold b loss) from sales of inve	entory 🏲	0			
	- ا	Miscellaneous		Business Code				
	11a			721110	387,302	161,766	225,536	
	_	CONFERENCES		812300	69,568	69,568		
	b	LAUNDRY/VEN	IDING			·		
	С	FINES		900099	29,035	29,035		
	d	All other revenu	ue [1,794,823	1,794,823		
	е	Total. Add lines	:11a-11d		2,280,728			
	12	Total revenue.	See Instructions	▶	120,894,183	91,172,991	-1,083,180	14,888,224

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) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	heck if Schedule O contains a response to any question in this Part IX		(B))	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	23,806,352	23,806,352		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	1,550,705	1,550,705		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,454,294	368,144	1,644,377	441,773
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	33,633,329	30,346,814	2,380,622	905,893
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,385,884	2,953,754	348,917	83,213
9	Other employee benefits	6,847,633	5,973,699	690,903	183,031
10	Payroll taxes	2,586,759	1,917,362	595,424	73,973
11	Fees for services (non-employees)	·	•		-
а	Management	0			_
ь	Legal	127,457		127,457	-
С	Accounting	190,857		190,857	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	2,562,722		2,562,722	
g g	Other	87,260	26,595	59,216	1,449
12	Advertising and promotion	58,772	13,494	12,283	32,995
13	Office expenses	1,439,338	1,358,052	73,125	8,161
14	Information technology	1,165,319	291,330	873,989	0,101
15	Royalties	1,103,319	271,330	073,303	
16	.	3,785,709	3,784,302	1,407	
	Occupancy			· · · · · · · · · · · · · · · · · · ·	141.010
17	Travel	1,939,012	1,526,333	270,761	141,918
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0	5 000 000		
20	Interest	5,903,300	5,903,300		
21	Payments to affiliates	0 210 726	0.745.446	422.520	72.050
22	Depreciation, depletion, and amortization	9,219,726	8,715,146	432,530	72,050
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of	408,165	209,185	198,980	
а	line 25, column (A) amount, list line 24f expenses on Schedule O) FOOD SERVICE	3,802,656	3,802,656		
a b	INSTITUTIONAL SUPPORT	3,802,636	3,002,030	3,828,136	
C	INSTRUCTIONAL SUPPORT	2,194,511	2,194,511	3,020,130	
d	ENERGY MANAGEMENT PROJECT	3,601,642	3,601,642		
e •	All other expenses	7 040 744	6 004 461	257 270	400.073
f 25	All other expenses Total functional expenses Add lines 1 through 24f	7,842,714	6,994,464	357,378	490,872
25	Total functional expenses. Add lines 1 through 24f	122,422,252	105,337,840	14,649,084	2,435,328
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				m 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year ol 0 1 1 20.791.881 9.246.892 2 3 30,335,545 26,053,852 1.542.157 1.713.023 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of ol 0 6 0 0 7 550.305 8 568.401 o 9 9 0 Prepaid expenses and deferred charges 10a 316,721,199 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 101,110,843 b Less accumulated depreciation 188,768,355 10c 215,610,356 162,056,752 11 151,738,626 11 191,254,011 203,817,770 12 12 Investments—other securities See Part IV, line 11 13 5,529,776 13 5,470,502 Investments—program-related See Part IV, line 11 . . 14 Intangible assets 14 38,329,432 15 27,141,770 15 639,158,214 641,361,192 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 12,866,552 17 15,703,349 17 Accounts payable and accrued expenses . 18 18 0 19 19 0 20 188.217.970 20 187.518.457 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 ol 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 ol 24 Unsecured notes and loans payable to unrelated third parties 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 18,269,163 25 19,520,051 D 26 219,353,685 26 222,741,857 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 248,091,178 **27** 245,783,928 Unrestricted net assets 36,260,500 28 31,166,454 28 Temporarily restricted net assets Fund 29 135,452,851 29 141,668,953 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 419.804.529 33 418.619.335 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 639.158.214 641.361.192

-(-	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)			100	
2	Total expenses (must equal Part IX, column (A), line 25)	2			394,183 122,252
3	Revenue less expenses Subtract line 2 from line 1	3			28,069
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		419,8	304,529
5	Other changes in net assets or fund balances (explain in Schedule O)	5		3	342,875
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		418,6	519,335
Par	The Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

KENYON COLLEGE

Name of the organization

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

Public Charity Status and Public Support

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

Employer identification number

									31-4379	507		
	rt I			blic Charity Sta						nstructions	5	
he	organiz	zation is i	not a privat	e foundation becaus	eitis (Forl	lınes 1 thro	ugh 11, checl	k only one b	oox)			
1	Г	A churc	h, conventi	on of churches, or as	ssociation of	fchurches	section 170(b	o)(1)(A)(i).				
2	<u>~</u>	A schoo	school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	\sqcap	A hospit	hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state										
5	Γ	_	n organization operated for the benefit of a college or university owned or operated by a governmental unit described in ection 170(b)(1)(A)(iv). (Complete Part II)									
_	_				•	tal wait daa	awbad in aaat	ian 170(h)(1)(A)()			
6	<u> </u>			local government or								
7	1	describe	ed in	at normally receives (A)(vi) (Complete P		ai part or its	s support from	i a governm	ental unit or	rrom tne ger	ierai public	C
8	\vdash	A comm	unity trust	described in section	170(b)(1)(A)(vi) (Co	mplete Part I	I)				
A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpos one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). the box that describes the type of supporting organization and complete lines 11e through 11h a								ses of .Check her ons 1) or				
		-	g persons? rson who di	rectly or indirectly c	ontrols eith	er alone or	together with	nersons de	scribed in (ii	١	Yes	No
				governing body of th			=	persons 40	5011504 III (III		g(i)	110
		. ,	•	er of a person descri		•					g(ii)	\vdash
		• •	•	led entity of a perso	, ,		ahove?				(iii)	\vdash
h				ng information about						III	<u>(()</u>	
(i) Name o support organizat		of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organızatı col (ı) lıst your gove	(iv) Is the organization in col (i) listed in your governing document?		tify the ion in your rt?	(vi Is the organiza col (i) org in the l	ne tion in ganized	A mo	/ii) unt of port?
				(see instructions))	Yes	No	Yes	No	Yes	No		
				,,								
ot a	1											

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493133009473

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization Employer identification number KENYON COLLEGE 31-4379507 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 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 pleasure)	Γ	Preservation of an historically importantly land area							
	Protection of natural habitat	\vdash	Preservation of a certified historic structure							
	☐ Preservation of open space									
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation									

- easement on the last day of the tax year
- Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c
- Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_
- Number of states where property subject to conservation easement is located ▶_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, 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 financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- - Revenues included in Form 990, Part VIII, line 1
- Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Par	Organizations Maintaining Colle	ections of Art, H	ISTO	ric	<u>ai ireas</u>	ures, or Otn	<u>er Similai</u>	ASS	ets (co	ntinued)
3	Using the organization's accession and other ritems (check all that apply)	ecords, check any of	the f	follo	wing that a	ire a significant	use of its co	llectio	on	
а	Public exhibition	d	ı ſ	_	Loan or ex	change program	ıs			
b	Scholarly research	e	· 「	_	Other					
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain h	now th	hev	further the	organization's	exempt purp	ose in		
Ī	Part XIV					_				
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						mılar	Г	Yes	□ No
Pai	rt IV Escrow and Custodial Arranger Part IV, line 9, or reported an amo	ments. Complete	ıf th	e o	rganızatıc		Yes" to Fo			1 110
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	•				or other assets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the foll	owing	g tal	ole		T			
						<u> </u>		Amo	ount	
C	Beginning balance					10				
d	Additions during the year					1d				
e	Distributions during the year					1e				
Ť	Ending balance					1f	1	_	<u> </u>	
2a	Did the organization include an amount on Forr	n 990, Part X, line 2:	1?						Yes	│ No
	If "Yes," explain the arrangement in Part XIV	 			1 1157 11 1			10		
Рa	rt V Endowment Funds. Complete if		NSW6 (b)Pri				art IV, line (d)Three Years		(e)Four	ears Back
1a	Beginning of year balance	177,070,652			97,863	151,055,850		17,651	(-).	
b	Contributions	7,466,658		5,9	01,304	7,608,719	6,8	32,900		
С	Investment earnings or losses	5,915,017		18,6	59,411	8,402,185	-31,9	42,747		
d	Grants or scholarships	7,979,435		2,8	40,752	3,348,977	3,1	04,469		
e	Other expenditures for facilities and programs			5,0	147,174	3,319,914	10,4	47,485		
f	Administrative expenses									
g	End of year balance	182,472,892	1	177,0	70,652	160,397,863	151,0	55,850		
2	Provide the estimated percentage of the year e	nd balance held as								
а	Board designated or quasi-endowment 🕨 2	9 302 %								
b	Permanent endowment 🕨 65 601 %									
С	Term endowment ► 5 097 %									
3a	Are there endowment funds not in the possess	on of the organizatio	n tha	at ar	e held and	administered fo	r the			
	organization by							2-(:)	Yes	No
	(i) unrelated organizations		•	•				3a(i) 3a(ii)		No No
ь	(ii) related organizations							3b	<u>' </u>	100
4	Describe in Part XIV the intended uses of the	•								<u> </u>
Pai	rt VI Land, Buildings, and Equipmen	t. See Form 990,	Part	Χ,	lıne 10.					
	Description of property				ost or other (investment)	(b) Cost or other basis (other)	(c) Accumu depreciat		(d) Bo	ok value
1a	Land		\top			1,012,10	0			1,012,100
ь	Buildings					267,331,53	8 72,72	24,592	19	4,606,946
С	Leasehold improvements									
d	Equipment					28,003,81	7 18,10	7,012		9,896,805
e	Other					20,373,74	10,27	9,239	1	0,094,505
	II. Add lines 1a-1e <i>(Column (d) should equal Forn</i>	990, Part X, column ((B), II	ne 1	(0(c).) .				21	5,610,356

Part VII Investments—Other Securities. See F (a) Description of security or category		2. (c) Method of valuation	
(including name of security)	(b)Book value	Cost or end-of-year market value	
(1) Financial derivatives			
(2)Closely-held equity interests (3)Other			
(A) HEDGE & ALTERN EQUITY FUNDS	83,736,891		F
(B) PRIVATE EQUITY FUNDS	68,726,034		F
(C) REAL ESTATE FUNDS	30,589,726		F
(D) COMMODITIES FUNDS	10,861,185		F
(E) FIXED INCOME ALTERNATIVE FDS	9,903,934		<u>F_</u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	203,817,770		
Part VIII Investments—Program Related. See	Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	<u> </u>
			<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin	<u> </u> e 15		
(a) Descrip		(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)		
Part X Other Liabilities. See Form 990, Part X		· ·	
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
FAIR VALUE OF INT RATE SWAPS	5,815,125		
DEPOSITS AND ADVANCES	2,686,824		
LIAB FOR POST-RETIREMENT BENEFIT	5,610,007		
ANNUITIES AND OTHER FUNDS PAYABLE GOVERNMENT LOAN FUNDS	3,485,095 1,923,000		
	=7- = -7		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	19,520,051		

Sched	fule D (Form 990) 2011		Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	120,894,183
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	122,422,252
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,528,069
4	Net unrealized gains (losses) on investments	4	520,080
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-177,205
9	Total adjustments (net) Add lines 4 - 8	9	342,875
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,185,194
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Reti	ırn
1	Total revenue, gains, and other support per audited financial statements	1	97,781,922
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 2,770,292		
e	Add lines 2a through 2d	2e	3,290,372
3	Subtract line 2e from line 1	3	94,491,550
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 2,562,722	1	
b	Other (Describe in Part XIV) 4b 23,839,911	1	
C	Add lines 4a and 4b	4c	26,402,633
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	120,894,183
	Reconciliation of Expenses per Audited Financial Statements With Expense	s per Re	
1	Total expenses and losses per audited financial statements	1	98,559,373
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	7	
d	Other (Describe in Part XIV)	i	
e	Add lines 2a through 2d	2e	2,539,754
3	Subtract line 2e from line 1	3	96,019,619
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,562,722	2	
b	Other (Describe in Part XIV)	.	
c	Add lines 4a and 4b	4c	26,402,633
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	122,422,252

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Identifier	Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS,	PART V, LINE 4	FOR THE COLLEGE'S ENDOWMENT FUNDS, THE INVESTMENT OBJECTIVE IS TO ACHIEVE SUPERIOR LONG-TERM TOTAL RETURNS SUCH THAT THE REQUIREMENTS OF THE ANNUAL BUDGET ARE MET WHILE ALLOWING FOR SIGNIFICANT GROWTH, ALL WITHIN THE CONFINES OF REASONABLE RISK EXPENDITURES FROM THE ENDOWMENT FUND ARE USED EXCLUSIVELY TO FURTHER THE EXEMPT EDUCATIONAL PURPOSES OF THE COLLEGE
OTHER CHANGES IN NET ASSETS,	PART XII, LINE 8	CHANGE IN INTEREST RATE SWAP OBLIGATION (\$172,205)
OTHER CHANGES IN REVENUE,	PART XII, LINE 2D	BOOKSTORE COST OF GOODS SOLD, WHICH WAS NETTED WITH REVENUE ON LINE 2D OF PART VIII OF FORM 990 BUT SHOWN AS AN EXPENSE ON FINANCIAL STATEMENTS \$1,378,947, CHANGE IN INTEREST RATE SWAP OBLIGATION (\$172,205), ADJUSTMENT FOR REVENUE OF RELATED ORGANIZATIONS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS \$1,563,550, TOTAL ADJUSTMENT \$2,770,292
OTHER CHANGES IN REVENUE,	PART XII, LINE 4B	FINANCIAL AID EXPENSE, WHICH WAS NETTED WITH TUITION INCOME ON FINANCIAL STATEMENTS BUT SHOWN AS AN EXPENSE IN PART IX OF FORM 990 \$23,839,911
OTHER CHANGES IN EXPENSES,	PART XIII, LINE 2D	BOOKSTORE COST OF GOODS SOLD, WHICH WAS NETTED WITH REVENUE ON LINE 2D OF PART VIII OF FORM 990 BUT SHOWN AS AN EXPENSE ON FINANCIAL STATEMENTS \$1,378,947, ADJUSTMENT FOR EXPENSES OF RELATED ORGANIZATIONS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS \$1,160,807, TOTAL ADJUSTMENT \$2,539,754
OTHER CHANGES IN EXPENSES,	PART XIII, LINE 4B	FINANCIAL AID EXPENSE, WHICH WAS NETTED WITH TUITION INCOME ON FINANCIAL STATEMENTS BUT SHOWN AS AN EXPENSE IN PART IX OF FORM 990 \$23,839,911
FIN 48 (ASC 740) FOOTNOTE,	PART X, LINE 2	FEDERAL INCOME TAXES - THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(a) OF THE INTERNAL REVENUE CODE AS A PUBLIC CHARITY DESCRIBED IN SECTION 501(c)(3), ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS THERE WERE NO UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2012 AS OF JUNE 30, 2012, THE COLLEGE'S INCOME TAX RETURNS FROM 2008 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, AS WELL AS VARIOUS STATE AND LOCAL TAXING AUTHORITIES

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133009473

OMB No 1545-0047

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schools

Employer identification number

ENY	ON COLLEGE	0.7		
Pa	31-43795		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, other governing instrument, or in a resolution of its governing body?	bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media the period of solicitation for students, or during the registration period if it has no solicitation program, in a vithat makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No please explain If you need more space use Part II	vay	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
t	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminal basis?	ınatory 4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
C	d Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5	If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to			
a	a Students' rights or privileges?	5a		No
ŧ	b Admissions policies?	5b		No
ď	Employment of faculty or administrative staff?	5c		Νo
c	d Scholarships or other financial assistance?	<u>5d</u>		No
•	e Educational policies?	5e		No
f	f Use of facilities?	5f		Νo
ç	g Athletic programs?	<u>5g</u>		No
ł	h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
	Does the organization receive any financial aid or assistance from a governmental agency? B Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	۷۵۵	I

Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY,	PART I, LINE 3	ALL APPLICATIONS, COURSE CATALOGS, AND THE STUDENT HANDBOOK PUBLICIZE OUR NONDISCRIMINATORY POLICY THE PUBLICATIONS ARE PROVIDED TO ALL PROSPECTIVE AND ENROLLED STUDENTS
GOVERNMENT FINANCIAL AID,	PART I, LINE 6A	KENYON COLLEGE RECEIVES STUDENT FINANCIAL ASSISTANCE FROM THE U.S. DEPARTMENT OF EDUCATION. THE ASSISTANCE CONSISTS OF THE FOLLOWING FEDERAL PROGRAMS NATIONAL DIRECT STUDENT LOANS, PELL GRANTS, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, AND COLLEGE WORK STUDY PROGRAMS. THE COLLEGE ALSO RECEIVES SOME RESEARCH GRANTS AND EQUIPMENT GRANTS FROM VARIOUS GOVERNMENTAL AGENCIES.

Schedule E (Form 990 or 990-EZ) 2011

DLN: 93493133009473

OMB No 1545-0047

Open to Public Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

	AON COLÍFCE				1 . ,							
.⊏ INI `	YON COLLEGE				31-4379507							
Pa	rt I General Information "Yes" to Form 990 Pa			ne United States. Co		zation answered						
1	"Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?											
2	For grantmakers. Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside t	he						
3	Activites per Region (Use Part	V ıf addıtıonal sı	pace is needed)									
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region						
	See Add'l Data											
_	Cult habel					2662445						
	Sub-total	0	2			3,663,115						
D	Total from continuation sheets to Part I	0	o			49,197,686						

c Totals (add lines 3a and 3b)

52,860,801

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

Part IIII Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

	I				I		Т
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
EDUCATION ASSISTANCE	Cent A merica/Caribbean	2	37,727				
EDUCATION ASSISTANCE	East Asia/Pacific	6	110,692				
EDUCATION ASSISTANCE	Europe/Iceland/Greenland	66	1,149,944				
EDUCATION ASSISTANCE	Mıddle East/North Afrıca	2	15,013				
EDUCATION ASSISTANCE	Russia	6	85,019				
EDUCATION ASSISTANCE	South America	5	69,379				
EDUCATION ASSISTANCE	South Asia	3	45,016				
EDUCATION ASSISTANCE	Sub-Saharan Africa	5	37,915				
_			•				-l- F (F 000) 2011

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	⊽	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	ত	Yes	Г	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	F	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	ল	Νo

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Page **5**

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
MONITORING USE OF GRANT FUNDS,	PART I, LINE 2	FINANCIAL AID IS PROVIDED TO STUDENTS FOR EDUCATIONAL STUDIES ABROAD THESE OFF-CAMPUS PROGRAMS ARE APPROVED BY THE COLLEGE. THE COLLEGE ENSURES THAT THE GRANTS ARE USED FOR EDUCATIONAL PURPOSES THROUGH ITS FINANCIAL AID COMPLIANCE PROCEDURES

Schedule F (Form 990) 2010

Software ID: Software Version:

EIN: 31-4379507

Name: KENYON COLLEGE

Form 990 Schedule F Part I - Activities Outside The United States

Form 990 Schedule F	art I - Activit	<u>iles Outside I</u>	ne United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	EDUCATIONAL SERVICES	34,655
East Asia and the Pacific	0	0	Program Services	EDUCATIONAL SERVICES	153,247
Europe (Including Iceland and Greenland)	0	2	Program Services	EDUCATIONAL SERVICES	2,968,515
Middle East and North Africa	0	0	Program Services	EDUCATIONAL SERVICES	16,352
Russia and the Newly Independent States	0	0	Program Services	EDUCATIONAL SERVICES	117,600
South America	0	0	Program Services	EDUCATIONAL SERVICES	89,827
South Asia	0	0	Program Services	EDUCATIONAL SERVICES	73,862
Sub-Saharan Africa	0	0	Program Services	EDUCATIONAL SERVICES	70,200
Central America and the Caribbean	0	0	Program Services	EDUCATIONAL RESEARCH	15,878
East Asia and the Pacific	0	0	Program Services	EDUCATIONAL RESEARCH	13,566
Europe (Including Iceland and Greenland)	0	0	Program Services	EDUCATIONAL RESEARCH	64,682
Middle East and North Africa	0	0	Program Services	EDUCATIONAL RESEARCH	1,639
North America	0	0	Program Services	EDUCATIONAL RESEARCH	14,310
South America	0	0	Program Services	EDUCATIONAL RESEARCH	200
South Asia	0	0	Program Services	EDUCATIONAL RESEARCH	9,854
Sub-Saharan Africa	0	0	Program Services	EDUCATIONAL RESEARCH	15,240
East Asia and the Pacific	0	0	Program Services	STUDENT RECRUITMENT	3,488
Europe (Including Iceland and Greenland)	0	0	Program Services	STUDENT RECRUITMENT	805
North America	0	0	Program Services	STUDENT RECRUITMENT	56
Central America and the Caribbean	0	0	Investments		48,877,912
Europe (Including Iceland and Greenland)	0	0	Investments		318,913

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

OMB No 1545-0047

DLN: 93493133009473

Inspection

Internal Revenue Service Name of the organization KENYON COLLEGE

Schedule I

(Form 990)

Department of the Treasury

Employer identification number 31-4379507

Part I	General Information	on Grants and	Assistance					
the s	the organization maintain re election criteria used to awa ribe in Part IV the organizat	ird the grants or ass	ıstance?					Ves □ ا
Part II		sistance to Gov 21 for any recipie	ernments and Onent that received m	rganizations in the nore than \$5,000. Ch	United States. Con eck this box if no one	recipient receive	d more than \$5,000.	Use
0	ne and address of rganization government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grader or assistance
	r total number of section 50: r total number of other organ						· · · · · • <u>-</u>	

Part III 🦸	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pe	art IV, line 22.
l	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
MONITORING USE OF GRANT FUNDS,	1	SCHOLARSHIPS, FELLOWSHIPS, AND OTHER EDUCATIONAL PROGRAM GRANTS ARE MONITORED THROUGH THE COLLEGE'S FINANCIAL AID COMPLIANCE PROCEDURES PRIZES TO STUDENTS ARE AWARDED FOR ACADEMIC MERIT

Software ID: Software Version:

EIN: 31-4379507

Name: KENYON COLLEGE

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	922	22,289,206			
LEGAL FELLO WSHIPS	4	14,210			
EXTERNSHIPS	10	18,000			
EDUCATIONAL ENRICHMENT PROGRAM	46	94,504			
OEFFA FELLOWSHIPS	3	9,645			
PRIZES TO STUDENTS	86	26,523			
TUITION REMISSION	28	1,187,043			
DALTON FELLOWSHIP	1	12,000			
RESEARCH FELLOWSHIPS	42	155,221			

DLN: 93493133009473

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

The state of the s	F Attach to form 330. F See separate histractions.		
Name of the organization		Employer ident if	fication number
KENYON COLLEGE			
		31-4379507	

Pa	tt I Questions Regarding Compensat	ion				
					Yes	Νo
1a			ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	▽	Health or social club dues or initiation fees			
	Discretionary spending account	<u>~</u>	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses de			1b	Yes	
2	Did the organization require substantiation prior officers, directors, trustees, and the CEO/Execut			2	Yes	
3	Indicate which, if any, of the following the organiz organization's CEO/Executive Director Check at Compensation committee					
	Independent compensation consultant	, [구	Compensation survey or study			
	Form 990 of other organizations	기 고	Approval by the board or compensation committee			
	1 offin 990 of other organizations	l _A	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 99 or a related organization	0, Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?					Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c	Participate in, or receive payment from, an equity-based compensation arrangement?					Νο
	If "Yes" to any of lines 4a-c, list the persons and					
	,					
_	Only 501(c)(3) and 501(c)(4) organizations only					
5	For persons listed in form 990, Part VII, Section compensation contingent on the revenues of \ensuremath{E}	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section compensation contingent on the net earnings of $% \left\{ 1,2,3,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4$	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes			7		No
8	Were any amounts reported in Form 990, Part VI subject to the initial contract exception describe in Part III			8		No
9	If "Yes" to line 8, did the organization also follow section 53 4958-6(c)?	the rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns		
		(i) Base (ii) Bonus & Incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) S Georgia Nugent	(I) (II)	349,537 0	0 0	768,193 0	132,704 0	42,185 0	1,292,619 0	550,000	
(2) Sarah Kahrl	(I) (II)	209,525 0	0 0	151,440 0	120,401 0	21,020 0	502,386 0		
(3) Joseph Nelson	(I) (II)	210,307 0	0 0	1,182 0	70,629 0	21,055 0	303,173 0		
(4) Nayef Samhat	(I) (II)	169,139 0	0	6,745 0	16,227 0	3,810 0	195,921 0	(
(5) Terı L Blanchard	(I) (II)	151,081 0	0 0	1,176 0	14,886 0	18,684 0	185,827		
(6) Mark Kohlman	(I) (II)	145,710 0	0	600 0	14,248 0	14,248 0	174,806 0	(
(7) Jennifer Britz	(I) (II)	165,710 0	0	237,248 0	216,339 0	17,634 0	636,931 0	200,000	
(8) Henry Toutain	(I) (II)	128,349 0	0	47,509 0	12,785 0	24,301	212,944	(
(9) Ronald Griggs	(I) (II)	144,252 0	0	0	14,262 0	23,620	182,134 0	(
(10) Peter Rutkoff	(I) (II)	148,944 0	0	34,931 0	14,085 0	56 4 0	198,524	(
(11) David Lynn	(I) (II)	158,704 0	0	730 0	15,193 0	3,544 0	178,171 0	(
(12) Gregory Spaid	(I) (II)	149,704 0	0	300 0	14,422 0	8,822	173,248	(
(13) Howard Sacks	(I) (II)	146,301 0	0	2,050 0	14,648 0	20,876	183,875	(
(14) William Scott	(I) (II)	120,438 0	0	16,125 0	11,645 0	5,908 0	154,116 0	(

Part III Supplemental Information

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

Identifier	Return Reference	Explanation							
BENEFITS PROVIDED TO OFFICERS,	1	THE COLLEGE PROVIDED THE FOLLOWING BENEFITS TO ITS PRESIDENT, S GEORGIA NUGENT SPOUSAL TRAVEL, PAYMENT OF MEMBERSHIP DUES FOR THE MOUNT VERNON ROTARY CLUB AND THE UNIVERSITY CLUB, RESIDENCE ON CAMPUS FOR PERSONAL USE AS WELL AS JOB-RELATED ACTIVITIES, MAID SERVICE FOR THE PRESIDENT'S ON-CAMPUS HOME, AND A DISCRETIONARY SPENDING ACCOUNT TO FURTHER THE COLLEGE'S MISSION WITH THE EXCEPTION OF SPOUSAL TRAVEL, THE COLLEGE DID NOT TREAT THE VALUE OF THE REMAINING BENEFITS AS TAXABLE INCOME FOR THE PRESIDENT AS THE EXPENSES WERE INCURRED FOR COLLEGE-RELATED PURPOSES ALSO, THE PRESIDENT'S HOME IS SUBSTANTIALLY USED FOR COLLEGE PURPOSES SINCE THE PRESIDENT HOSTS MANY FUNCTIONS AT HER RESIDENCE ADDITIONALLY, THE COLLEGE PROVIDED GROSSED UP TUITION BENEFIT PAYMENTS TO NAYEF SAMHAT AND HENRY TOUTAIN ON BEHALF OF THEIR DEPENDENT CHILDREN IN THE AMOUNT OF \$5,906 AND \$46,430, RESPECTIVELY							
	4B	SECTION 457(F) CONTRIBUTION FOR S GEORGIA NUGENT \$100,000, EMPLOYER CONTRIBUTION TO SECTION 457(B) PLAN FOR S GEORGIA NUGENT \$9,429 SECTION 457(F) CONTRIBUTION FOR SARAH KAHRL \$100,000, SECTION 457(f) CONTRIBUTION FOR SARAH KAHRL							
ADDITIONAL INFORMATION REGARDING COMPENSATION,		KENYON COLLEGE CONTRIBUTED \$100,000 TO THE SECTION 457(f) PLAN FOR ITS PRESIDENT, S GEORGIA NUGENT, AS PART OF HER RETIREMENT PACKAGE HER FORM W-2 FOR CALENDAR YEAR 2011 INCLUDED \$758,739 OF VESTED DEFERRED COMPENSATION, \$550,000 OF WHICH HAD BEEN REPORTED ON PRIOR YEARS' FORMS 990 WHEN THE COMPENSATION WAS NOT YET VESTED THESE PAYMENTS WERE APPROVED BY THE BOARD OF TRUSTEES WHO WERE INDEPENDENT OF DR NUGENT SIMILARLY, THE COLLEGE CONTRIBUTED \$200,000 TO THE SECTION 457(f) PLAN FOR JENNIFER BRITZ, DEAN OF ADMISSIONS HER FORM W-2 FOR CALENDAR YEAR 2011 INCLUDED \$235,788 OF VESTED DEFERRED COMPENSATION, \$200,000 OF WHICH HAD BEEN REPORTED ON PRIOR YEARS' FORMS 990 WHEN THE COMPENSATION WAS NOT YET VESTED THESE PAYMENTS WERE APPROVED BY PEOPLE WHO WERE INDEPENDENT OF MS BRITZ							

Schedule J (Form 990) 2011

Schedule K

Supplemental Information on Tax Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047

2011

DLN: 93493133009473

Open to Public Inspection

Internal Revenue Service
Name of the organization
KENYON COLLEGE

Department of the Treasury

(Form 990)

Employer identification number

31-4379507

	31-4379507														
Part I Bond Issues															
	(a) Issuer Name	(b) Issuer EIN) Issuer EIN (c) CUSIP #		(e) Issue Price		(f) Description of Purpose			(g) Defeased Be		Beh) On nalf of suer (i) Po financi		
										Yes	No	Yes	No	Yes	No
A	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756BKB5	10-15-2003	6,33	0,072	EDUCATIONAL FACILITIES			x		X		Х	
В	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756BHK9	08-09-2006	42,82	2,636	EDUCATIONAL FACILITIES			Х		х		х	
c	OHIO HIGHER EDUCATIONAL FACILITIES COMMISSION	34-6849674	67756AR46	02-11-2010	100,18	9,867	EDUCATIONAL FACILITI		FACILITIES		X		х		х
Pa	Part II Proceeds														
						4	В		С			D			
1	A mount of bonds retired						0 0		0						
2	A mount of bonds defeased					0 0		0							
3	Total proceeds of issue					6,330,072		42,822,636		100,189,867					
4	Gross proceeds in reserve funds						0 0		0						
5	5 Capitalized interest from proceeds						0 3,923,296		3,923,296	8,442,992					
6	6 Proceeds in refunding escrow						0		0	0					
7	Issuance costs from proceeds					129,053		372,995		956,478					
8	8 Credit enhancement from proceeds					0		0				,			
9	Working capital expenditures from proceeds					0			0		C		1		
10	Capital expenditures from proceeds				0		0 33,778,081		0						
11	O ther spent proceeds				6,201,019				89,273,505						
12	O ther unspent proceeds						0			1,794,186					
13	Year of substantial completion				2003		2006		2010						
-				Yes	No	<u>, </u>	Yes	No	Yes		No	Yes		No	
14	14 Were the bonds issued as part of a current refunding issue?				Х				Х	Х					
						Х		Х		X					
16								X		X					
17								Х		Х					
Part III Private Business Use															
						Ą			В		С			D	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

No

Χ

Yes

Χ

No

Χ

Yes

Χ

Yes

Χ

Yes

No

No

Х

Pai	t IIII Private Business Use (Continued)								
			Α		В		С		D
	· ·	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		х		×		X		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		х		х		х		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	Х		Х		х			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		1 000 %		
6	Total of lines 4 and 5		0 %		0 %		1 000 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х			
Pa	t IV Arbitrage								

		Α		В		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and								
	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
	bollu issue'		×		X		X		
2	Is the bond issue a variable rate issue?		×		X		Х		
	Has the organization or the governmental issuer entered								
	into a hedge with respect to the bond issue?								
			X		X		X		
		1_		1_		_			
ь	Name of provider	0		0		0			
	Term of hedge								
	Was the hedge superintegrated?				1		T		
a	was the heage superintegrated.								
е	Was a hedge terminated?								
	Were gross proceeds invested in a GIC?	-		 			<u> </u>		
4a	were gross proceeds invested in a GIC?		Х		Х		Х		
b	Name of provider	0		0		0			
	Term of GIC								
					I		<u> </u>		
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary								
	period?		X		X		X		
6	Did the bond issue qualify for an exception to rebate?	l x		X			l x		
				''			1		

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

Part VI **Supplemental Information**

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

Identifier Return Reference Explanation efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133009473

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

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

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number KENYON COLLEGE Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)Original default? by board or (d)Balance due agreement? organization? principal amount purpose committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c) A mount of grant or type of assistance and the organization

Part IV	Business	Transactions	Involvina	Interested	Persons

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

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) MARLA KOHLMAN	SPOUSE OF OFFICER		SALARY PAID TO SPOUSE OF OFF		No
			_		

Part V Supplemental Information

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

Identifier F	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493133009473

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Name of the organization KENYON COLLEGE

Employer identification number

					31-4379507			
Pā	Types of Property	(a) Check	(b) Number of Contributions	(c) Contribution amounts	(d Method of de		nına	
		ıf applicable	or items contributed	reported on Form 990, Part VIII, line 1g	contribution		_	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests				1			
4	Books and publications	Х		6	\$1 EACH FOR TRA	CKING		
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	109	2,989,741	FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	structures							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts	X	2	2	\$1 EACH FOR TRA	CKING	3	
	Scientific specimens				+			
	Archeological artifacts							
	PAPERS AND							
25	Other►(<u>MANUSCRIPTS</u>)	Х	3	3	\$1 EACH FOR TRA	CKING	3	
	EQUIPMENT Other►(<u>-PRESS</u>)	Х	1	1	\$1 EACH FOR TRA	CKING	3	
	Other ▶()							
	Other ► ()	<u></u>		<u> </u>	 			
29	Number of Forms 8283 received for which the organization compl				29		1	0
20-	During the year, did the organiza	tion roco	a by contribution any recen	arty reported in Bart I lines	1 - 20 +bat :t		Yes	No
3Ua								
	must hold for at least three year			on, and which is not require	a to be usea			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part :	II					
31 32a	Does the organization have a gif					31	Yes	
	contributions?	• till u part	· · · · · · · ·	· · · · · · · · ·		32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
USE OF THIRD PARTIES,	PART I, LINE 32B	THE COLLEGE USES A SECURITIES BROKER TO SELL CERTAIN DONATED SECURITIES THE BROKER'S FEES ARE AT OR BELOW FAIR MARKET VALUE FOR ITS SERVICES
REVENUE NOT REPORTED FOR CERTAIN CONTRIBUTIONS,	PART I, LINE 33	THE COLLEGE DOES NOT BOOK REVENUE (OR ASSIGNS A NOMINAL VALUE OF \$1) FOR GIFTS OF ART, FURNITURE, AND CERTAIN OTHER ASSETS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PERMIT THE COLLEGE TO NOT RECOGNIZE REVENUE FOR ART THE FURNITURE AND CERTAIN OTHER ASSETS THAT HAVE BEEN DONATED HAVE A SMALL VALUE AND THEREFORE ARE RECORDED AT \$1 FOR TRACKING PURPOSES ONLY

Schedule M (Form 990) 2011

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DLN: 93493133009473

SCHEDULE O .

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Name of the organization KENYON COLLEGE **Employer identification number**

31-4379507

ldentifier	Return Reference	Explanation
FORM 990 REVIEW,	FORM 990, PART VI, LINE 11B	THE BOARD HAS DELEGATED THE REVIEW AND APPROVAL OF FORM 990 TO THE AUDIT SUBCOMMITTEE OF THE BUDGET, FINANCE, AND AUDIT COMMITTEE. THE REVIEW IS CONDUCTED WITH THE ASSISTANCE OF THE OUTSIDE PUBLIC ACCOUNTING FIRM
MONITORING AND ENFORCEMENT OF CONFLICT POLICY,	FORM 990, PART VI, LINE 12C	THE COLLEGE'S CONFLICT POLICY IS DISTRIBUTED AT THE FALL MEETING OF THE BOARD OF TRUSTEES ANNUALLY, OFFICERS AND TRUSTEES ARE ASKED TO DISCLOSE CONFLICTS, AND THESE DISCLOSURES ARE MONITORED IF A CONFLICT ARISES, THE PERSON IS NOT PERMITTED TO VOTE OR PARTICIPATE IN THE DISCUSSION OF THE PROPOSED TRANSACTION PEOPLE WHO ARE INDEPENDENT OF THE INDIVIDUAL MAKE THE DECISION ON THE TRANSACTION
REVIEW AND APPROVAL OF COMPENSATION,	FORM 990, PART VI, LINE 15	COMPARABILITY SALARY STUDIES FROM PEER INSTITUTIONS ARE PERFORMED FOR THE COLLEGE'S PRESIDENT AND FOR MEMBERS OF SENIOR STAFF RECOMMENDATIONS ARE PRESENTED TO AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES THE TRUSTEES ARE INDEPENDENT OF THE INDIVIDUALS FOR WHOM COMPENSATION DECISIONS ARE BEING MADE. THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMMITTEE ARE NOTED IN THE COMMITTEE'S MINUTES
AVAILABILITY OF DOCUMENTS,	FORM 990, PART VI, LINE 19	THE COLLEGE MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE THE COLLEGE MAKES ITS GOVERNING DOCUMENTS AND CONFLICT POLICY AVAILABLE TO THE PUBLIC UPON REQUEST
OTHER CHANGES IN NET ASSETS,	FORM 990, PART XII, LINE 5	UNREALIZED GAINS ON INVESTMENTS \$520,080, CHANGE IN INTEREST RATE SWAP OBLIGATION (\$172,205), TOTAL ADJUSTMENT \$342,875
DOCUMENT RETENTION AND DESTRUCTION POLICY,	FORM 990, PART VI, LINE 14	THE FINANCE OFFICE OF THE COLLEGE HAS A DOCUMENT RETENTION AND DESTRUCTION POLICY THAT WAS DEVELOPED AND IMPLEMENTED BY MANAGEMENT THIS POLICY HAS NOT BEEN APPROVED BY THE BOARD OF TRUSTEES CURRENTLY, A CAMPUS-WIDE COMMITTEE IS INVESTIGATING DOCUMENT RETENTION ISSUES FOR THE COLLEGE AND IS DEVELOPING A COLLEGE-WIDE POLICY THAT WILL BE IMPLEMENTED IN THE NEAR FUTURE

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DLN: 93493133009473

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization KENYON COLLEGE						Employer id	lent	ification number		
						31-437950	07			
Part I Identification of Disregarded Entities (Con	nplete	ıf the organization	answered "Yes" o	on Form 990, Pa	rt I\	/, line 33.)				
(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income I	End-o	(e) f-year assets		(f) Direct controlling entity		
				+						
Part II Identification of Related Tax-Exempt Organizations during			the organization a	answered "Yes"	on F	orm 990, P	art :	IV, line 34 because	e it had	one
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section		(e) ublic charity stat section 501(c)(:		(f) Direct controlling entity	Section 5 cont organ	rolled iization
(1) THE KENYON REVIEW					+				Yes	No
209 CHASE AVE EATON CENTER	PLIBLE	CATIONS	ОН	501(c)(3)			11A	KENYON COLL	Yes	
GAMBIER, OH 43022 31-1443804		CATIONS	011	301(0)(3)			117		103	
(2) PHILANDER CHASE CORPORATION										
209 CHASE AVE EATON CENTER	LAND	PRESERV	ОН	501(c)(3)			11A	KENYON COLL	Yes	
GAMBIER, OH 43022 31-1711213										
(3) THE FIVE COLLEGES OF OHIO										
209 CHASE AVENUE EATON CENTER	EDUC	CONSORT	ОН	501(c)(3)			11A	NA		No
GAMBIER, OH 43022 31-1440434										
(4) GREAT LAKES COLLEGES ASSOCIATION INC										
535 WEST WILLIAM	EDUC	CONSORT	MI	501(c)(3)			11A	NA		No
ANN ARBOR, MI 48103 38-1678376										
									1	

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

(k) Percentage ownership)				
eral or aging	No				
(j) Gener mana partn	Yes				
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)					
rtionate	No				
(h) Dispropr allocation	Yes				
(f) Share of total Income					
(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)					
(d) Direct controlling entity					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of related organization					

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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(1) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) KENYON INN MANAGEMENT CO 209 CHASE AVE EATON CENTER GAMBIER, OH 43022 31-1646746	HOTEL MGMT SV	ОН	KENYON COLLEGE	C CORP	43,578	172,055	100 000 %
(2) CHARITABLE REMAINDER TRUSTS (8) EATON CENTER GAMBIER, OH 43022	CHARITABLE TRUST	ОН	KENYON COLLEGE	TRUST			
(3) CHARITABLE REMAINDER TRUST (1) EATON CENTER GAMBIER, OH 43022	CHARITABLE TRUST	FL	KENYON COLLEGE	TRUST			
(4) POOLED INCOME FUND (1) EATON CENTER GAMBIER, OH 43022	POOLED INC FUND	ОН	KENYON COLLEGE	TRUST			

(6)

Lourng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) d Loans or loan guarantees by related organization(s) f Sale of assets to related organization(s) f Purchase of assets from related organization(s) f Exchange of assets from related organization(s) f Exchange of assets with related organization(s) f Lease of facilities, equipment, or other assets from related organization(s) f Lease of facilities, equipment, or other assets from related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) m Sharing of paid employees with related organization(s) lin Yes lan III Yes la
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity Ia No b Gift, grant, or capital contribution to related organization(s) Ib No c Gift, grant, or capital contribution from related organization(s) Ic No d Loans or loan guarantees to or for related organization(s) Id Yes In No f Sale of assets to related organization(s) If No No g Purchase of assets from related organization(s) If No h Exchange of assets with related organization(s) In No i Lease of facilities, equipment, or other assets from related organization(s) Ii No g Lease of facilities, equipment, or other assets from related organization(s) Ii No f Performance of services or membership or fundraising solicitations for related organization(s) Ii No m Performance of services or membership or fundraising solicitations by related organization(s) II No m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) II No n Performance of services or membership or fund
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) d Loans or loan guarantees by related organization(s) d Loans or loan guarantees by related organization(s) e Loans or loan guarantees by related organization(s) f Sale of assets to related organization(s) g Purchase of assets from related organization(s) f Exchange of assets with related organization(s) g Lease of facilities, equipment, or other assets to related organization(s) f Lease of facilities, equipment, or other assets from related organization(s) g Performance of services or membership or fundraising solicitations for related organization(s) g Performance of services or membership or fundraising solicitations by related organization(s) g Performance of services or membership or fundraising solicitations by related organization(s) g Particulations, equipment, mailing lists, or other assets with related organization(s) g Particulations, equipment, mailing lists, or other assets with related organization(s) g Particulations, equipment, mailing lists, or other assets with related organization(s) g Particulations or capital contribution for related organization(s) g Particulations or capital contributions or capital displayed in the properties of the properties
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Sale of assets to related organization(s) g Purchase of assets from related organization(s) f Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) j Lease of facilities, equipment, or other assets from related organization(s) k Performance of services or membership or fundraising solicitations for related organization(s) i Performance of services or membership or fundraising solicitations by related organization(s) m Sharing of paid employees with related organization(s) In Yes In Yes
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Sale of assets to related organization(s) g Purchase of assets from related organization(s) f Exchange of assets with related organization(s) g Purchase of assets with related organization(s) f Exchange of assets with related organization(s) g Purchase of assets with related organization(s) f Exchange of assets with related organization(s) g Purchase of assets with related organization(s
E Loans or loan guarantees by related organization(s) 1
f Sale of assets to related organization(s) g Purchase of assets from related organization(s) f Exchange of assets with related organization(s) f Exchange of assets with related organization(s) f Exchange of assets with related organization(s) f Lease of facilities, equipment, or other assets to related organization(s) f Lease of facilities, equipment, or other assets from related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) f No f Sharing of paid employees with related organization(s)
Purchase of assets from related organization(s) h Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) j Lease of facilities, equipment, or other assets from related organization(s) k Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) 10 No
Purchase of assets from related organization(s) h Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) j Lease of facilities, equipment, or other assets from related organization(s) k Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) 10 No
h Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) j Lease of facilities, equipment, or other assets from related organization(s) k Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) 1n Yes 1 In Yes
i Lease of facilities, equipment, or other assets to related organization(s) j Lease of facilities, equipment, or other assets from related organization(s) k Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) in Yes in Yes
j Lease of facilities, equipment, or other assets from related organization(s) k Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) 1n Yes
k Performance of services or membership or fundraising solicitations for related organization(s) I Performance of services or membership or fundraising solicitations by related organization(s) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) 1n Yes
k Performance of services or membership or fundraising solicitations for related organization(s) I Performance of services or membership or fundraising solicitations by related organization(s) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) 1n Yes
I Performance of services or membership or fundraising solicitations by related organization(s) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) 1 No 1 m Yes 1 n Yes
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) 1n Yes 1 yes
n Sharing of paid employees with related organization(s) 1n Yes
and all the state of particular related organization (5)
5 - 1
o Reimbursement paid to related organization(s) for expenses
p Reimbursement paid by related organization(s) for expenses
q Other transfer of cash or property to related organization(s)
r Other transfer of cash or property from related organization(s)

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) KENYON INN MANAGEMENT CO	R	144,408	FMV
(2) PHILANDER CHASE CORPORATION	Q	121,232	FMV

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(3) THE KENYON REVIEW 259,240 FMV (4) (5)

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)	Legal domicile Predominant (state or foreign unrelated,		501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section tot 501(c)(3) organizations?		partners S section total 501(c)(3) organizations?		partners SH section tota 501(c)(3) organizations?		partners S section tota 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section tot 501(c)(3) organizations?		partners section tof 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership								
			,	Yes	No			Yes	No		Yes	No																																					

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011



TY 2011 Earnings and Profits Other Adjustments Statement

Name: KENYON COLLEGE

Description	Amount
UNREAL DEPRECIATION OF PSHIP INVESTMENT	258,456



TY 2011 Investment in Subsidiaries Statement

Name: KENYON COLLEGE

Description	Beginning Amount	Ending Amount
INVESTMENT IN FIP II, LP	7,221,996	10,389,521

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-	_	

TY 2011 Itemized Other Current Assets Schedule

Name: KENYON COLLEGE

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		PREPAID EXPENSES	3,920	4,319

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TY 2011 Other Deductions Schedule

Name: KENYON COLLEGE

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
PROFESSIONAL FEES & OTHER EXPENSES	20,553	

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TY 2011 Itemized Other Liabilities Schedule

Name: KENYON COLLEGE

EIN: 31-4379507

TY 2011 Itemized Other Liabilities Schedule

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		DUE FROM LIMITED PARTNERS	14,999	0

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TY 2011 Other Income Statement

Name: KENYON COLLEGE

Description	Foreign Amount	Amount
SHARE OF N.O.L. FROM FIP II, LP	-205,123	
SHARE OF N.O.L.OF LP FOM FIP II,LP	-211,601	
REALIZED GAIN FROM FIP II, LP	400,442	
UNREALIZED DEPREC. FROM FIP II, LP	-258,456	

Software ID: Software Version:

EIN: 31-4379507

Name: KENYON COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	Posi t	tion (/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Richard S Alper Trustee	1 0	Х						0	0	0
Carole R Artman-Hodge Trustee	1 0	Х						0	0	0
The Rt Rev Thomas E Breidenthal Trustee	1 0	Х						0	0	0
David H Cannon Trustee	1 0	Х						0	0	0
James D Cox MD Trustee	1 0	Х						0	0	0
Philip R Currier Trustee	1 0	Х						0	0	0
Brackett B Denniston Trustee	1 0	Х						0	0	0
Donald A Fischman MD Trustee	1 0	Х						0	0	0
Samuel N Fischer Trustee	1 0	Х						0	0	0
Pamela Flaherty Trustee	1 0	Х						0	0	0
Nina P Freedman Trustee	1 0	Х						0	0	0
Paul J Goldberger Trustee	1 0	Х						0	0	0
Robert W Goldman Trustee	1 0	Х						0	0	0
David M Guernsey Trustee	1 0	Х						0	0	0
Paul B Healy Trustee	1 0	Х						0	0	0
Alleen C Hefferren Trustee	1 0	Х						0	0	0
Pamela Feitler Hoehn-Saric Trustee	1 0	Х						0	0	0
The Rt Rev Mark Hollingsworth Jr Trustee	1 0	Х						0	0	0
Gary F Holloway Trustee	1 0	Х						0	0	0
Mary Kay Karzas Trustee	1 0	Х						0	0	0
Joseph E Lipscomb Trustee	1 0	Х						0	0	0
William E Lowry Jr Trustee	1 0	Х						0	0	0
David R Meuse Trustee	1 0	Х						0	0	0
Larry H James Trustee	1 0	Х						0	0	0
Susan Ramser Trustee	1 0	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Elaına Rıchardson Trustee	1 0	Х						0	0	0
Alan E Rothenberg Trustee	1 0	Х						0	0	0
R Todd Ruppert Trustee	1 0	Х						0	0	0
Deborah Ratner Salzberg Trustee	1 0	Х						0	0	0
Thomas R Sant Trustee	1 0	Х						0	0	0
Barry F Schwartz Trustee	1 0	Х						0	0	0
Peirce E Scranton Jr MD Trustee	1 0	Х						0	0	0
William T Spitz Trustee	1 0	Х						0	0	0
David L Trautman Trustee	1 0	Х						0	0	0
Charles P Waite Jr Trustee	1 0	Х						0	0	0
Matthew A Winkler Trustee	1 0	Х						0	0	0
Simon Yoo Trustee	1 0	Х						0	0	0
S Georgia Nugent President	400	Х		х				1,117,730	0	174,889
Victoria Smith McKenzie Trustee	1 0	Х						0	0	0
Deborah Johnson Reeder MD Trustee	1 0	Х						0	0	0
Sarah Kahrl V P for Development	400			х				360,965	0	141,421
Joseph Nelson V P for Finance	400			х				211,489	0	91,684
Nayef Samhat Provost	400			х				175,884	0	18,028
Teri L Blanchard Assoc V P for Fin	400			х				152,257	0	27,100
Mark Kohlman Chief Business Officer	40 0			x				146,310	0	24,109
Shirley O'Brien Controller	400			х				94,928	0	10,503
Kathryn Lake Executive Assistant to Pres	40 0			х				59,564	0	12,724
Jennifer Britz Dean of Admissions	40 0				Х			402,958	0	233,973
Henry Toutain Dean of Students	40 0				Х			175,858	0	30,186
Ronald Griggs V P for LBIS	400				х			144,252	0	31,732

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Tomporture Improveds, and Independent Constitutions											
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Peter Rutkoff Professor	40 0					Х		183,875	0	14,649	
David Lynn Kenyon Review Editor	40 0					х		159,434	0	18,737	
Gregory Spaid Professor	40 0					х		150,004	0	20,223	
Howard Sacks Professor	40 0					Х		148,351	0	26,835	
William Scott Professor	40 0					х		136,563	0	14,979	