Return of Organization Exempt From Income Tax

06/30,2012

D Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

C Name of organization

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

07/01, 2011, and ending

Open to Public Inspection

B Ch	eck if applicable	KENYO	N COLLEG	E											
	Address change	Doing Busi	iness As								31	-4379	9507	7	
	Name chang	e Number a	nd street (or P	.O. box if mail is	not delivered to	street addre	ss)	Room	/suite		E Tele	phone n	number	r	
	Initial return	1	CENTER								(740) 42	7 – 5	181	
	Terminated		vn, state or cou	ntry, and ZIP +	4					-	(/ 10	, 12	, ,		
	Amended	· ·	ER, OH 4	-						- 1,	G Gros	ss receip	ate \$	160,22	2 510
	return Application				ficer: S. GEC	DOTA A	TICENTE :	סיבים	ידרידי			this a gro		<u></u>	
	pending						NOGENI,	PKES	этреи.		` affi	iliates?		H	<u> </u>
		'			OH 43022		1		-		. ,	e all affilia			
	ax-exempt		501(c)(3)	501(c) () ◀ (inse	rt no.)	4947(a)(1)	or	527					. (see instructions)	
		► WWW.KEN									• •			umber >	
		janization: X	Corporation	Trust	Association	Other	<u> </u>	L	. Year of	formatio	on: 18	24 M	State	of legal domicil	e: OH
Par	í S	ummary													
					or most significa										
ģ					E LIBERAL										
auc	AP	PROXIMATE	LY 1,600	STUDEN'	rs and 20	0 PROF	ESSORS.	THE	COLL	JEGE	HAS	18			
& Governance	DE	PARTMENTS	3 AND 13	INTERDI	SCIPLINAR	Y PROG	RAMS								
ò	2 Che	ck this box	if the o	organization o	discontinued its	s operatio	ns or dispose	ed of m	nore thai	n 25% d	of its ne	et asset	s.		
∞ 8	3 Nun	nber of voting	members of	the governing	g body (Part VI,	line 1a)							3		40.
es	4 Nun	nber of indepe	endent voting	members of	the governing	body (Part	VI, line 1b)						4		39.
Activities	5 Tota	al number of ir	ndividuals em	ployed in cal	endar year 201	1 (Part V.	line 2a)						5		1,818.
Ç		al number of v													1,081.
1					Part VIII, colur	nn (C) line	a 12						7a		3,180.
	h Net	unrelated hus	iness taxable	income from	Form 990-T, li	ne 34							-		7,963.
	D NOT	un clated bus	incoo taxabic	, income moni	1 01111 000 1, 111	10 0 7 1 1		<u> </u>			Prior		17.5	Current	
	8 Con	tributions and	arante (Part	\/III ling 1h\						1		40,93	37		6,148.
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)												72,67	_		7,799.
Ş.	10 Inve	gram service i	o (Dort VIII)	viii, iiiie 29)		3, 4, and 7d) PUBLIC INSPECTION						99,16	_		7,755.
8												60,54			$\frac{7,367.}{2,869.}$
					6, 6d, 8c, 9c, 10					1 0					
_					t equal Part VII							73,31		120,89	
	13 Gra	nts and simila	r amounts pa	id (Part IX, co	lumn (A), lines	1-3)					24,30	58,25	-	∠5,35	7,057.
	14 Ben	efits paid to o	r for members	s (Part IX, coli	umn (A), line 4)								0		
es					nefits (Part IX, c					- 4	16, I	23,29		48,90	7,899.
Expenses	16a Prof	fessional fund	raising fees (F	Part IX, colum	n (A), line 11e)								0		0
Ϋ́					(D), line 25) >										
	17 Oth	er expenses (F	Part IX, colum	nn (A), lines 1	1a-11d, 11f-24f)						46,51	_		7,296.
					al Part IX, colum							38,06	_	122,42	
	19 Rev	enue less exp	enses. Subtra	act line 18 fro	m line 12							35,24			8,069.
Net Assets or Fund Balances										Beginn	ing of C	Current '	Year	End of Y	'ear
sets	20 Tota	al assets (Part	X, line 16)							63	39,19	58,21	L4.	641,36	1,192.
d B	21 Tota	al liabilities (Pa	art X, line 26)							21	L9,35	53,68	35.	222,74	1,857.
Fe	22 Net	assets or fund	d balances. S	Subtract line 2	1 from line 20.					41	L9,80	04,52	29.	418,61	9,335.
Par	t II	Signature Blo	ock												
					return, including cer) is based on							t of my l	knowle	edge and belief,	it is true,
	ect, and co	Inplete. Declarat	lion of preparer	(other than on	cer) is based on a	ali ililoililati	ion of which bi	ерагег	nas any i	KIIOWIEG	ge.				
Si	gn 📗														
	ere	Signature of	officer									Date			
		Type or print	name and title												
	Prir	nt/Type preparer	r's name		Preparer's sign	nature		Da	ate		Chec	k if		PTIN	
Paid											self- emple	oved 	•	7 P00226	559
Prep	Circ	m'o nome	M∆T.∩N	EY + NOV	OTNY LLC						EIN		34-	0677006	
Use		n's name				ar m	D 017 1125				Phone n			-363-010	0
May		n's address liscuss this re			vn above? (see									X Yes	No
					te instructions										90 (2010)

Form 990 (2011) Page 2 **Statement of Program Service Accomplishments** Part III Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 105,337,840. including grants of \$ 25,357,057. (Revenue \$ 91,172,991.) THE COLLEGE OFFERS 26 MAJORS LEADING TO A BACHELOR'S DEGREE WITH A STUDENT-TO-FACULTY RATIO OF 10 TO 1. IN ADDITION, THE COLLEGE OFFERS 10 CONCENTRATIONS; PRE-PROFESSIONAL ADVISING FOR GRADUATE OR PROFESSIONAL SCHOOL IN BUSINESS, EDUCATION, ENGINEERING, LAW, AND MEDICINE; AND A NUMBER OF COOPERATIVE PROGRAMS INVOLVING OTHER INSTITUTIONS. STUDENT LIFE IS ACTIVE AND MULTIFACETED INCLUDING INTERCOLLEGIATE AND INTRAMURAL ATHLETICS, PERFORMING ARTS GROUPS, SORORITIES AND FRATERNITIES, AND EDUCATIONAL OPPORTUNITIES IN SEVERAL FOREIGN COUNTRIES. THE COLLEGE'S ENROLLMENT IS APPROXIMATELY 1,600 STUDENTS.) (Revenue \$ 4b (Code:) (Expenses \$ including grants of \$ including grants of \$) (Revenue \$ **4c** (Code: 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ **4e Total program service expenses** ► 105,337,840.

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Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ complete Schedule D, Part III 8 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," 9 Χ 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 Χ 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Χ 11a Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 Χ 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 Χ 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Х 12b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?........... 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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any Χ 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance Х 16 to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 Χ on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ Χ 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

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

Form 990 (2011)
Page 5

Statements Pagarding Other IRS Filings and Tay Compliance

Par				
	Check if Schedule O contains a response to any question in this Part V			
4.	Files the combination of all Day 0 of Francisco Files 0 if and applicable 2, 122		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2,133 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Effect the number of Forms W-20 included in line 1a. Effect-0- in not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
24	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► <u>ATTACHMENT 2</u>			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 L		
_	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	7a	Х	
h	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1 2 a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2011) KENYON COLLEGE 31-4379507

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are 1a 40)		
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
·	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
, a	one or more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
·	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
D	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
1.5	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)	. 55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	·ou		
b	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?	16h		
Sect	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶_OH,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5			
10	available for public inspection. Indicate how you made these available. Check all that apply.	, o i (o)(0,30	· ··y /
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	f inte	oet r	olicy
13	and financial statements available to the public during the tax year.		ooi þ	oncy,
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
20	organization: ▶ _{SHIRLEY O'BRIEN EATON CENTER GAMBIER, OH 43022} 740-427-5181	Ю		
JSA	SALEDI O DALER MILVA GENEDEN, ON 19922 170 72/73101	Form	990	(2011)

Form 990 (2011) KENYON COLLEGE 31-4379507 Page **7**

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for	box,	unles	Pos heck ss pe	rson	e than c is both tor/trust	an	from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-INI3C)	organization and related organizations
(1) RICHARD S. ALPER										
TRUSTEE	1.00	X							0	0
(2) CAROLE R. ARTMAN-HODGE										
TRUSTEE	1.00	Х						C	0	0
(3) THE RT. REV. THOMAS E. BREIDE	THAL									
TRUSTEE	1.00	Х						C	0	0
(4) DAVID H. CANNON										
TRUSTEE	1.00	Х						C	0	0
(5) JAMES D. COX, M.D.										
TRUSTEE	1.00	Х						C	0	0
(6) PHILIP R. CURRIER										
TRUSTEE	1.00	X						C	0	0
(7) BRACKETT B. DENNISTON										
TRUSTEE	1.00	X						C	0	0
(8) DONALD A. FISCHMAN, MD										
TRUSTEE	1.00	X						C	0	0
(9) SAMUEL N. FISCHER										
TRUSTEE	1.00	X						C	0	0
(10) PAMELA FLAHERTY										
TRUSTEE	1.00	X						C	0	0
(11) NINA P. FREEDMAN										
TRUSTEE	1.00	X						C	0	0
(12) PAUL J. GOLDBERGER TRUSTEE	1.00	x						C	0	0
(13) ROBERT W. GOLDMAN										
TRUSTEE	1.00	X				-		C	0	0
(14) DAVID M. GUERNSEY	1 00	37								
TRUSTEE	1.00	X						<u> </u>	0	000 (0044)

Form **990** (2011)

JSA.

Form 990 (2011) Page **8**

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plc	ye	es,	and F	ligl	hest Compensat	ed Employees (d	continue	ed)	
(A) Name and title	(B) Average hours per week (describe	box,	unles	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	com	(F) timated tount of other pensation	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anizatio d related anization	t
15) PAUL B. HEALY												
TRUSTEE	1.00	Х						0	0			0
16) AILEEN C. HEFFERREN												
TRUSTEE	1.00	X						0	0			0
17) PAMELA FEITLER HOEHN-SARIC												
TRUSTEE	1.00	Х						0	0			C
18) THE RT. REV. MARK HOLLINGSWORTH	, JR											
TRUSTEE	1.00	X						C	0			C
19) GARY F. HOLLOWAY												
TRUSTEE	1.00	X						C	0			C
20) MARY KAY KARZAS												
TRUSTEE	1.00	X						C	0			(
21) JOSEPH E. LIPSCOMB												
TRUSTEE	1.00	X						C	0			(
22) WILLIAM E. LOWRY, JR.												
TRUSTEE	1.00	X						C	0			(
23) DAVID R. MEUSE												
TRUSTEE	1.00	X						C	0			(
24) LARRY H. JAMES												
TRUSTEE	1.00	X						C	0			(
25) SUSAN RAMSER												
TRUSTEE	1.00	Х						C	0			(
1b Sub-total								C	0			C
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright	3,820,422.	0	8	91,7	72.
d Total (add lines 1b and 1c)							\blacktriangleright	3,820,422.	0	8	91,7	72.
2 Total number of individuals (including but not	limited to t						re	ceived more than	\$100,000 of			
reportable compensation from the organization	n ▶	38	3									
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3		X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	. It	"Yes	,"	complete Schedu	le J for such	4	X	
										-		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	rs t	hat received more	e than \$100,000 o	of		

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 17

(A) Name and title	(B)			(0	٠,			(B)				
Name and title				,	ر,			(D)	(E)		(F)	
	Average	(do r	not ch	Posi		e than o	ne	Reportable	Reportable		imated ount of	
	hours per week	,				is both		compensation from	compensation from related		ther	
	(describe	office				or/trust		the	organizations		ensatio	n
	hours for related	ndiv or di	nsti	Officer	Key employee	High empl	Former	organization	(W-2/1099-MISC)		m the nizatior	n
	organizations	idua	utio	er	mp	est c	Ē	(W-2/1099-MISC)		-	related	
	in Schedule O)] T	nal t		oye	e dmo:				orgai	nization	S
)	Individual trustee or director	Institutional trustee		"	Highest compensated employee						
			ě			ated						
26) ELAINA RICHARDSON												
TRUSTEE	1.00	X						0	0			0
27) ALAN E. ROTHENBERG												
TRUSTEE	1.00	X						0	0			0
28) R. TODD RUPPERT												
TRUSTEE	1.00	X						0	0			0
29) DEBORAH RATNER SALZBERG												
TRUSTEE	1.00	X						0	0			0
30) THOMAS R. SANT												
TRUSTEE	1.00	X						0	0			0
31) BARRY F. SCHWARTZ												_
TRUSTEE	1.00	X						0	0			0
32) PEIRCE E. SCRANTON, JR., M.D.	-											_
TRUSTEE	1.00	X						0	0			0
33) WILLIAM T. SPITZ												0
TRUSTEE	1.00	X						0	0			0
34) DAVID L. TRAUTMAN	1 00							0	0			0
TRUSTEE	1.00	X						0	U			
35) CHARLES P. WAITE, JR. TRUSTEE	1.00	X						0	0			0
36) MATTHEW A. WINKLER	1.00	21										
TRUSTEE	1.00	X						0	0			0
1b Sub-total c Total from continuation sheets to Part VII,	Section A		• • •									
d Total (add lines 1b and 1c)	_											
2 Total number of individuals (including but no					bove	e) who	o re	ceived more than	\$100.000 of			
reportable compensation from the organization		38				-,			* ,			
											Yes	No
3 Did the organization list any former off	icer, directo	r. or	tru	ıste	e.	kev e	ame	olovee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sche										3		X
4 For any individual listed on line 1a, is the	sum of rer	ortab	ole c	com	ner	sation	n ai	nd other compens	sation from the			
organization and related organizations g												
individual										4	Х	
5 Did any person listed on line 1a receive o	r accrue co	mpen	satio	on f	fron	n any	un	related organization	on or individual			
for services rendered to the organization? If "	Yes," comple	te Scł	nedu	ıle J	for	such	per	rson		5		Χ
Section B. Independent Contractors												
1 Complete this table for your five highest con												
compensation from the organization. Report year.	compensati	on for	the	cal	ienc	ar ye	ar e	enaing with or with	nin the organization	ns tax		

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

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

(A)	(B)			(C)			(D)	(E)		(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	box,	unles	Pos heck ss pe	sition more	o is both or/trustree employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	a cor f ore ar	estimated mount of other npensation rom the ganization nd related ganizations
7) SIMON YOO						_					
TRUSTEE	1.00	Х						0	o		
B) S. GEORGIA NUGENT											
PRESIDENT	40.00	Х		Х				1,117,730.	0		174,88
9) VICTORIA SMITH MCKENZIE	10.00							1,11,7,30.			
TRUSTEE	1.00	Х						0	o		
O) DEBORAH JOHNSON REEDER, MD	1.00	21									
TRUSTEE	1.00	v						0	0		
l) SARAH KAHRL	1.00	X						0	U		
	40 00			3.7				260 065			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
V.P. FOR DEVELOPMENT	40.00			X				360,965.	0		141,42
2) JOSEPH NELSON	40.00							011 400			01 60
V.P. FOR FINANCE	40.00			Х				211,489.	0		91,68
3)											
PROVOST	40.00			Х				175,884.	0		18,02
4) TERI L. BLANCHARD											
ASSOC V.P. FOR FIN	40.00			Х				152,257.	0		27,10
5) MARK KOHLMAN											
CHIEF BUSINESS OFFICER	40.00			Х				146,310.	0		24,10
5) SHIRLEY O'BRIEN											
CONTROLLER	40.00			Х				94,928.	0		10,50
7) KATHRYN LAKE											
EXECUTIVE ASSISTANT TO PRES.	40.00			Х				59,564.	0		12,72
b Sub-total	•										
c Total from continuation sheets to Part VII. S					• •		•				
d Total (add lines 1b and 1c)							•				
2 Total number of individuals (including but not							re	ceived more than	\$100.000 of		
reportable compensation from the organizatio		38				,					
· · · · · · · · · · · · · · · · · · ·											Yes N
B Did the organization list any former office	er directo	ır or	tri	ıcta	Δ	kov o	mn	Jovee or highes	t compansated		
employee on line 1a? If "Yes," complete Sched										3	
For any individual listed on line 1a, is the											
organization and related organizations gr										4	x
individual										4	$+^{\wedge}+$
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										_	
	ae " camala	TO 501	ואסר	пΩ	I $T \cap r$	CLICH	ner	รดก		5	

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

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

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

Part VII Section A. Officers, Directors, Tru		y ⊏m	ibic			and F	ugi				
(A) Name and title	Average hours per week (describe hours for related organizations	box,	unles	Pos heck ss pe d a d	rson	e than o is both or/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Esi am comp fro orga and	timated ount of other pensation om the anization related nizations
	in Schedule O)	trustee	al trustee		yee	Highest compensated employee				orga	mzauons
48)											
DEAN OF ADMISSIONS	40.00				X			402,958.	0	2	33,97
19) HENRY TOUTAIN	40 00				3,	.		175 050			20 10
DEAN OF STUDENTS O) RONALD GRIGGS	40.00				Х			175,858.	0		30,18
V.P. FOR LBIS	40.00				X	.		144,252.	0		31,73
1) PETER RUTKOFF	40.00							144,232.	0		JI, 13
PROFESSOR	40.00					X		183,875.	0		14,64
2) DAVID LYNN											,
KENYON REVIEW EDITOR	40.00					X		159,434.	0		18,73
3) GREGORY SPAID											
PROFESSOR	40.00					Х		150,004.	0		20,22
4) HOWARD SACKS											
PROFESSOR	40.00					X		148,351.	0		26,83
5) WILLIAM SCOTT											
PROFESSOR	40.00					X		136,563.	0		14,97
1b Sub-total							>				
c Total from continuation sheets to Part VII, S	-			-							
d Total (add lines 1b and 1c)									Φ400 000 of		
2 Total number of individuals (including but not reportable compensation from the organization		38		u ai	DOV	e) who	те	ceived more than	\$ 100,000 01		
Toportable compensation from the organization			,								Yes N
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3	103
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual.	eater than	\$15	0,0	00?	. If	"Yes	,"	complete Schedu	le J for such	4	Х
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Ye										5	:
Section B. Independent Contractors	· ·										<u> </u>
 Complete this table for your five highest com compensation from the organization. Report of year. 											

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

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

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	t VIII	,	NIA	300			31-43/95	7 Page 9
T at	C VIII	Statement of Keve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ts, (Am	С	Fundraising events						
Gif ilar	d	Related organizations	1d					
ons, Sim	е	Government grants (contribu	utions) 1e	897,475.				
utio	f	All other contributions, gifts, gran	nts,					
g ţ		and similar amounts not included	d above . 1f	15,018,673.				
Son	g	Noncash contributions included	in lines 1a-1f: \$	2,989,753.				
	h	Total. Add lines 1a-1f			15,916,148.			
Program Service Revenue				Business Code				
Seve	2a	TUITION AND FEES		900099	69,278,703.	69,278,703.		
Se F	b	TRUST FUNDS		900099	78,818.	78,818.		
ž	С	AUXILIARY ENTERPRISES		900099	18,886,886.	18,886,886.		
ı Se	d	BOOKSTORE		451211	873,392.	873,392.		
ran	е							
rog	f	All other program service rev						
	g	Total. Add lines 2a-2f			89,117,799.			
	3	Investment income (including	•					
		other similar amounts)	_	13,053,414.		-1,260,857.	14,314,271.	
	4	Income from investment of			0			
	5	Royalties	(i) Real	(ii) Personal	0			
			.,	(ii) i cisoriai				
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)			45.050		45.050	
	d	Net rental income or (loss) .	(i) Securities	(ii) Other	-47,859.		-47,859.	
	7a	Gross amount from sales of	.,	(,				
		assets other than inventory	39,806,034.					
	D	Less: cost or other basis	39,057,938.	174,173.				
	_	and sales expenses						
	c d	Gain or (loss) Net gain or (loss)			573,953.			573,953.
a)					573,953.			573,953.
Jue	8a	Gross income from fundra	-					
Ne.		events (not including \$ of contributions reported on						
Re		See Part IV, line 18	•					
Other Revenue	h	Less: direct expenses						
ζţ					0			
J		Gross income from gaming a	_					
	- Cu	See Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from ga			0			
	10a	Gross sales of invent	-					
		returns and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sa	les of inventory.		0			
		Miscellaneous Rever	nue	Business Code				
	11a	CONFERENCES & SEMINARS		721110	387,302.	161,766.	225,536.	
	b	LAUNDRY/VENDING		812300	69,568.	69,568.		
	С	FINES		900099	29,035.	29,035.		
	d	All other revenue		900099	1,794,823.	1,794,823.		
	е	Total. Add lines 11a-11d			2,280,728.			
	12	Total revenue. See instruction	ons	<u> </u>	120,894,183.	91,172,991.	-1,083,180.	14,888,224.

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Part IX Statement of Functional Expenses

 $Section \ 501(c)(3) \ and \ 501(c)(4) \ organizations \ must \ complete \ all \ columns. \ All \ other \ organizations \ must \ complete \ column \ (A) \ but \ are \ not$ required to complete columns (B), (C), and (D).

req	uired to complete columns (B), (C), and (D).	oneo to any question in	this Part IV						
	Check if Schedule O contains a response to any question in this Part IX Do not include amounts reported on lines 6b. (A) (B) (C) (D)								
	o not include amounts reported on lines 6b, 9, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses				
1	ē l								
	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,	2 454 204	260 144	1 (44 277	441 772				
	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	0							
_	persons described in section 4958(c)(3)(B)	22 622 220	30,346,814.	2 200 622	005 002				
7	Other salaries and wages	33,633,329.	30,340,014.	2,380,622.	905,893.				
8	Pension plan accruals and contributions (include section	3,385,884.	2,953,754.	348,917.	83,213.				
0	401(k) and 403(b) employer contributions) Other employee benefits	6,847,633.	5,973,699.	690,903.	183,031.				
9 10	Payroll taxes	2,586,759.	1,917,362.	595,424.	73,973.				
	Fees for services (non-employees):	2,300,133.	1,711,302.	3,73,121.	13,313.				
11	Management	0							
	Legal	127,457.		127,457.					
	Accounting	190,857.		190,857.					
	Lobbying	0		220,007.					
	Professional fundraising services. See Part IV, line 17	0							
	Investment management fees	2,562,722.		2,562,722.					
g		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.					
15	Royalties	0							
16	Occupancy	3,785,709.	3,784,302.	1,407.					
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							
20	Interest	5,903,300.	5,903,300.						
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	9,219,726.	8,715,146.	432,530.	72,050.				
23	Insurance	408,165.	209,185.	198,980.					
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)		2 222 474						
	FOOD SERVICE	3,802,656.	3,802,656.	2 222					
	INSTITUTIONAL SUPPORT	3,828,136.	0 104 511	3,828,136.					
	INSTRUCTIONAL SUPPORT	2,194,511.	2,194,511.						
-	ENERGY MANAGEMENT PROJECT	3,601,642.	3,601,642.	255 250	400 000				
	All other expenses	7,842,714.	6,994,464.	357,378.	490,872.				
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	122,422,252.	105,337,840.	14,649,084.	2,435,328.				
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here								
_	following SOP 98-2 (ASC 958-720)	0							

Form 990 (2011) Page **11**

Part X **Balance Sheet** (A) Beginning of year End of year Cash - non-interest-bearing 1 Savings and temporary cash investments 20,791,881. 9,246,892. 2 30,335,545. 26,053,852. 3 Pledges and grants receivable, net 3 Accounts receivable, net 1,713,023. 1,542,157. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 0 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 0 employees' beneficiary organizations (see instructions) Notes and loans receivable, net ol 7 0 Inventories for sale or use 550,305. 568,401. 8 Prepaid expenses and deferred charges 0 9 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 316,721,199. b Less: accumulated depreciation | 10b | 101,110,843. 188,768,355. 215,610,356. 10c Investments - publicly traded securities 162,056,752. 151,738,626. 11 11 191,254,011. 203,817,770. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 5,529,776. 13 5,470,502. 14 14 38,329,432. 15 15 27,141,770. Other assets. See Part IV, line 11 639,158,214. 641,361,192. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 12,866,552. 15,703,349. 17 17 18 0 18 0 19 0 19 0 Deferred revenue Tax-exempt bond liabilities 188,217,970. 20 20 187,518,457. 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 0 22 0 0 23 0 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 0 24 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 18,269,163. 25 19,520,051. 26 219,353,685. 26 222,741,857. Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. **Balances** Unrestricted net assets 27 248,091,178. 27 245,783,928. Temporarily restricted net assets 28 36,260,500. 31,166,454. 28 Fund Permanently restricted net assets 29 135,452,851. 29 141,668,953. Organizations that do not follow SFAS 117, check here ▶ complete lines 30 through 34. ō Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Set Total net assets or fund balances 418,619,335. 33 419,804,529 33 34 Total liabilities and net assets/fund balances......... 641,361,192. 639,158,214.

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Part XI Reconciliation of Net Assets
Check if Schedule O contains a response to any question in this Part XI.

1 Total revenue (must equal Part VIII, column (A), line 12).
2 Total expenses (must equal Part IX, column (A), line 25).
3 Revenue less expenses, Subtract line 2 from line 1.

2	Total expenses (must equal Part IX, column (A), line 25)	2	1	22,4	22,2	252.
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,5	28,0	069.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	19,8	04,5	529.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		3	42,	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))	6 418,619,3			335.	
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex	colain	 n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b				2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	vers	ight			
	of the audit, 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, e.		n in			
	Schedule O.	•				
ч	If "Vas" to line 2a or 2h, check a how below to indicate whether the financial statements for the va	or w	oro			

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?b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

3b X Form **990** (2011)

3a | X

issued on a separate basis, consolidated basis, or both:

Separate basis

X Consolidated basis

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name of t	Name of the organization Employer identification number										
KENYON	I COLLEGE							31-4379507			
Part I	Reason for Publ	lic Charity Statu	s (All organizations mu	ıst con	nplete	this pa	art.) Se	e instru	uctions	•	
The orga	nization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)			
1			association of churches		ed in s	ection	170(b)((1)(A)(i)			
2 X	A school described	l in section 170(b)	(1)(A)(ii). (Attach Schedul	le E.)							
3	A hospital or a coo	perative hospital s	ervice organization descr	ibed in	sectio	n 170(b)(1)(A)	(iii).			
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the										
	hospital's name, cit										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6		-	or governmental unit des								
7	_	-	es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	om the general public	
	described in sectio										
8			on 170(b)(1)(A)(vi). (Com	•							
9	_	=	es: (1) more than 331/3%								
	•		exempt functions - sub	-		-					
			ome and unrelated busi				•		n 511	tax) from businesses	
			ne 30, 1975. See section	•		•		•			
10	•	•	ted exclusively to test for	•	•				•		
11	=	-	rated exclusively for the			-					
			ipported organizations de								
			es the type of supporting					lines 11		7	
	a Type I	b Type				ally inte	-		_ d	☐ Type III - Other	
e		-	the organization is not			-		-	-	•	
	= -		gers and other than one	or mo	re pub	olicly su	pported	d organ	izations	described in section	
	509(a)(1) or section	` ' ' '							_		
f	=		n determination from th	e IRS	that it	is a Ty	/pe I, 1	Type II,	or Typ	e III supporting	
	organization, check										
g	-	006, has the orga	nization accepted any gif	t or co	ntributi	ion from	any of	the			
	following persons?									·	
			ectly controls, either alor			er with	person	is desci	ribed in		
			dy of the supported organ	nization	?					11g(i)	
			scribed in (i) above?							11g(ii)	
			son described in (i) or (ii) a							11g(iii)	
<u>h</u>		, <u> </u>	out the supported organization	T `							
(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv)	Is the zation in	(v) Did y the orga			s the zation in	(vii) Amount of support	
	g		above or IRC section		listed in overning	in col	. (i) of	col. (i) o	rganized		
			(see instructions))	docu	ment?	your su Yes			U.S.?		
				Yes	No	res	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
Total											

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2007 **(b)** 2008 (d) 2010 (e) 2011 (c) 2009 (f) Total Calendar year (or fiscal year beginning in) grants, contributions, membership fees received. (Do not include any "unusual grants.") 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 3 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) % % 16a 331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check b 331/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Schedule A (Form 990 or 990-EZ) 2011

31-4379507

KENYON COLLEGE

Schedule A (Form 990 or 990-EZ) 2011 Page **3**

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

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

Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 9 Amounts from line 6								
1 Gifts, grants, contributions, and membership fees no covered. (Op not include any functual grants). 2 Giness treespit from antissions, membershape sold or services performed, or facilities furnished in any activity that is relieded to the organization's tax-exempt purpose. 3 Giness treespit from activities that are not an unrelead trate or business under section 513. 4 Tax revenues levied of for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total Add lines 1 through 5. 7 Ta A monutis included on lines 1, 2, and 3 received from disqualified persons. b Annouras included on lines 2, and 3 received from disqualified persons. b Annouras included on lines 2, and 3 received from disqualified persons. b Annouras included on lines 1, 2, and 3 received from disqualified persons in the second the greater of 15,000 or 1% of the amount on line 13 for the year c Add lines 7 and 37 to 1. 8 Public support (Subtract line 7 of from line 6.) 9 Annouras from line 6. 10 Special from line 6. 10 Special from line 6. 11 Total Support (Subtract line 7 of from line 6.) 12 Other income. Do not include gain or loss from the saie of capital sesses section 511 taxes) from businesses accurred affect June 30, 1975. 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50 to organization, check his box and stop here. 5 Public support percensage from 2010 Schedule A, Part III, line 15. 15 Public support percensage from 2010 Schedule A, Part III, line 17. 18 Public support percensage from 2010 Schedule A, Part III, line 17. 19 3 33173% support percensage from 2010 Schedule A, Part III, line 15. 16 Section D. Computation of Public Support Percentage 17 investment income percentage from 2010 Schedule A, Part III, line 15. 18 line 18 is not more than 33173%, check this box and				42000	() 0000	(1) 0040	() 0044	(O.T.)
received. (Const include any vinusual grants.) 2 Cross receipts from admissions, merchandise sold or sentioss performed or facilities furnished in any activity that is relieved to the organization's tearement purpose. 3 Gross receipts from admissions, merchandise sold or sentions performed on facilities furnished in any activity that is relieved to the organization's tearement purpose. 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons			(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see inst		•		•	•			

JSA 1E1221 1.000 Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page 4

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

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization		Employer identification number
KENYON COLLEGE		
		31-4379507
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	Indation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	tion
	501(c)(3) taxable private foundation	
General Rule		
_	ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or e contributor. Complete Parts I and II.	or more (in money or
Special Rules		
under sections 509(a)	3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support t (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 100 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form I.	e year, a contribution of
during the year, total	7), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use <i>exclusively</i> for religious, charital es, or the prevention of cruelty to children or animals. Complete Parts I, II,	ble, scientific, literary,
during the year, contri not total to more than year for an exclusively	7), (8), or (10) organization filing Form 990 or 990-EZ that received from a butions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the \$1,000. If this box is checked, enter here the total contributions that were religious, charitable, etc., purpose. Do not complete any of the parts unles ation because it received nonexclusively religious, charitable, etc., contributions.	ese contributions did e received during the es the General Rule butions of \$5,000 or
990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2, of its Form 990; or check the box on line F , to certify that it does not meet the filing requirements of Schedule B (For	of its Form 990-EZ or on

JSA

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization KENYON COLLEGE

Employer identification number
31-4379507

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1_		\$2,000,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2_	Name, address, and 211 + 4	\$70,800.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3_		\$1,676,968.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4 _		\$1,500,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5 _		\$1,500,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6 _		\$1,000,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				

Name of organization KENYON COLLEGE

Employer identification number
31-4379507

Part I	Contributors (see instructions). Ose duplicate copies of Par	t i ii additional space is need	iea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _		\$2,469,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _		\$500,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$450,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 10 _		\$600,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization KENYON COLLEGE

Employer identification number

31-4379507

Part II	Noncash Prop	erty (see	e instructions	Use du	plicate co	nies of Pa	art II if add	litional space	e is needed
	i tolioacii i i op	, (00)		,. Ooo aa	piloato co	P100 01 1 C		iilioriai opaol	, io riocaca.

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

Name of organization KENYON COLLEGE

Employer identification number

31-4379507

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.							
	For organizations completing Part III, e contributions of \$1,000 or less for the	year. (Enter this inf	ormation once. Se	haritable, etc., e instructions.) \$\sum_{\text{\tiny{\tint{\text{\tiny{\text{\tiny{\tiny{\text{\tiny{\text{\tex{\tex				
	Use duplicate copies of Part III if addition	onal space is neede	<u>d.</u>					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transf	er of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transf	fer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(a) Transf	or of gift					
	Transferee's name, address, ar		sfer of gift Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transf	er of gift					
	Transferee's name, address, ar		Relationship of transferor to transferee					

SCHEDULE D (Form 990)

Supplemental Financial Statements

2011
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

s. Inspection

Name of the organizationEmployer identification numberKENYON COLLEGE31-4379507

Pa	organizations Maintaining Donor Advise organization answered "Yes" to Form 990		imilar Funds o	or Accounts. Complete if the
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year.			
5	Did the organization inform all donors and donor adv	isors in writing that t	he assets held i	n donor advised
•	funds are the organization's property, subject to the or	_		
6	Did the organization inform all grantees, donors, and o	_	_	
Ū	only for charitable purposes and not for the benefit of			
Pal	conferring impermissible private benefit?	e organization answ	ered "Yes" to I	Form 990 Part IV line 7
1	Purpose(s) of conservation easements held by the org			- Citi 600, 1 dit 17, iii 6 7.
	Preservation of land for public use (e.g., recreati	- · · -	¬	of an historically important land area
	Protection of natural habitat	on or education)		of a certified historic structure
	Preservation of open space	_	— Fieservation	of a certified flistofic structure
2	Complete lines 2a through 2d if the organization held	a qualified conservat	ion contribution	in the form of a conservation
-	easement on the last day of the tax year.	a qualifica concentat		in the form of a concervation
	,			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
c	Number of conservation easements on a certified hist			
d				
-	historic structure listed in the National Register	•		_ 2d
3	Number of conservation easements modified, transfe			
•	tax year ►	rrod, rolodood, oxiling	julonou, or torrin	inated by the organization during the
4	Number of states where property subject to conserva	tion easement is locat	ed >	
5	Does the organization have a written policy regarding			
•	violations, and enforcement of the conservation easer			
6	Staff and volunteer hours devoted to monitoring, inspe			
•	•	oomig, and omoromig	00110011441011 00	dering the year
7	Amount of expenses incurred in monitoring, inspecting	a and enforcing cons	ervation easem	ents during the year
-	►\$	g, and one only		onio daning and your
8	Does each conservation easement reported on line 2	(d) above satisfy the	requirements of s	section 170(h)(4)(B)
_	(i) and section 170(h)(4)(B)(ii)?		•	
9	In Part XIV, describe how the organization reports con	nservation easements	s in its revenue a	nd expense statement, and
•	balance sheet, and include, if applicable, the text of the			
	organization's accounting for conservation easements			
Pa	art III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Oth	er Similar Assets.
	Complete if the organization answered "Y	es" to Form 990, Pa	art IV, line 8.	
1a	If the organization elected, as permitted under SFAS	3 116 (ASC 958), no	t to report in its	revenue statement and balance shee
	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar a public service, provide, in Part XIV, the text of the footi	assets held for publi	c exhibition, ed	ucation, or research in furtherance of
b	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar a			
	public service, provide the following amounts relating		c gambinon, eu	deation, or research in future differ to
	(i) Revenues included in Form 990, Part VIII, line 1.			▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art,			
_	following amounts required to be reported under SFAS			<u> </u>
а	Revenues included in Form 990, Part VIII, line 1			> \$
b				> \$

Schedule D (Form 990) 2011 Page **2**

Par	t III Organizations Maintainin	g Collections of	Art, Histo	rical Tre	easures,	or Othe	r Similar A	ssets (d	continue	d)
3	Using the organization's acquisition collection items (check all that apply)		other recor	ds, checl	k any of	the follo	wing that a	e a sigr	nificant us	se of its
а	Public exhibition		d	Loa	ın or exch	nange pro	ograms			
b	Scholarly research		е	Oth	er					
С	Preservation for future gene	erations		_						
4	Provide a description of the organiz	zation's collections	and expla	ain how t	they furth	ner the d	rganization's	exemp	t purpose	in Part
	XIV.									
5	During the year, did the organization	solicit or receive d	lonations o	f art, hist	orical trea	asures, o	r other simila	ır		
	assets to be sold to raise funds rathe							_	Yes	No
Par	Escrow and Custodial Arr line 9, or reported an amo				nization a	answere	d "Yes" to F	orm 99	0, Part I	V,
1a b	 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									
							Ar	nount		
С	Beginning balance				1	l c				
d	Additions during the year				1	ld				
е	Distributions during the year				1	le				
f	Ending balance				1	l f				
2a	Did the organization include an amo	unt on Form 990, F	Part X, line	21?					Yes	No
b	If "Yes," explain the arrangement in F	Part XIV.								
Par	t V Endowment Funds. Comp	olete if the organ	ization an	swered	"Yes" to	Form 99	90, Part IV,	line 10.		
		(a) Current year	(b) Prio	r year	(c) Two	years back	(d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance	177,070,652.	160,39	7,863.	151,05	55,850	. 189,717	,651.		
b	Contributions	7,466,658.	5,90	1,304.	7,60	08,719	. 6,832	,900.		
С	Net investment earnings, gains,									
	and losses	5,915,017.	18,65	9,411.	8,40	02,185	31,942	,747.		
d	Grants or scholarships	7,979,435.	2,84	0,752.	3,34	18,977	. 3,104	,469.		
е	Other expenditures for facilities .									
	and programs		5,04	7,174.	3,31	19,914	. 10,447	,485.		
f	Administrative expenses									
g	· · · · · · · · · · · · · · · · · · ·	182,472,892.	177,070	0,652.	160,39	97,863	. 151,055	,850.		
2	Provide the estimated percentage of							•		
а	Board designated or quasi-endowme	-		((,,				
b	Permanent endowment ► 65.60									
С	Temporarily restricted endowment									
	The percentages in lines 2a, 2b, and		00%							
3a	Are there endowment funds not in the	•		tion that	are held	and adm	inistered for	he		
	organization by:	io possession or tr	io organiza	tion that	are nera	ana aam			V	es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related orga								3b	A
4	Describe in Part XIV the intended use		•						0.5	
	t VI Land, Buildings, and Equi									
ı aı	Description of property		•			(0) (A) Dealerale	
	Description of property	(a) Cost or (invest			or other basi: ther)		ccumulated preciation	(0	i) Book valu	е
1a	Land			· ·	012,100) .			1.01	2,100.
b	Buildings				331,538		724,592.		194,600	
c	Leasehold improvements				,	1 2,	,_,_,		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
d	Equipment			28 (003,817	7 1 2	107,012.		9 891	5,805.
e	Other				373,744	_	279,239.		10,09	
	II. Add lines 1a through 1e. (Column (n 990 Part				. 12,433.		215,610	

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page **3**

Part VII Investments - Other Securities. See Form	990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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.	FMV
(B) PRIVATE EQUITY FUNDS	68,726,034.	FMV
(C) REAL ESTATE FUNDS	30,589,726.	FMV
	10,861,185.	FMV
(E) FIXED INCOME ALTERNATIVE FDS	9,903,934.	FMV
(F)		
(G)		
(H)		
(I)		
	03,817,770.	
Part VIII Investments - Program Related. See Form	990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, line 15	5.	
(a) Descri	ription	(b) Book value
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		· · · · · · · · · · · · · · · · · · ·
Part X Other Liabilities. See Form 990, Part X, line		
1. (a) Description of liability	(b) Book value	_
(1) Federal income taxes	5 015 10	_
(2) FAIR VALUE OF INT.RATE SWAPS	5,815,12	
(3) DEPOSITS AND ADVANCES	2,686,82	
(4) LIAB.FOR POST-RETIREMENT BENEFIT	5,610,00	
(5) ANNUITIES AND OTHER FUNDS PAYABLE	3,485,09	
(6) GOVERNMENT LOAN FUNDS	1,923,00	U.
(8)		
(9)		
(10)		
(11)	10 -00	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	19,520,05	1.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

	lle D (Form 990) 2011			Page 4
Part		nent	s	
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 through 8	9		342,875
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-1,185,194
Part				· · ·
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:	•	-	
a	Net unrealized gains on investments 2a 520,08	0.		
b	Donated services and use of facilities 2b			
c	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.) 2d 2,770,29	2		
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:	•		71,171,330
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,562,72	2		
a b	Other (Describe in Part XIV.) 4a 2,362,72 4b 23,839,91	_		
C		_	4.	26,402,633
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c 5	120,894,183
			_	120,094,103
	Reconciliation of Expenses per Audited Financial Statements With Expenses per Rotal expenses and losses per audited financial statements			98,559,373
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• -	1	90,339,373
a				
b	Prior year adjustments 2b			
C	Other losses 2c	_		
d	Other (Describe in Part XIV.) 2d 2,539,75	_	_	0 500 554
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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,562,72	_		
b	Other (Describe in Part XIV.) 4b 23,839,91			
	Add lines 4a and 4b	-	4 c	26,402,633
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	122,422,252
Comp Part V	Supplemental Information Selete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compidditional information.	lete 1	this p	part to provide
SEE	PAGE 5			
				_

Schedule D (Form 990) 2011 KENYON COLLEGE 31-4379507 Page **5**

Part XIV Supplemental Information (continued)

INTENDED USE OF ENDOWMENT FUNDS,

PART V, LINE 4:

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

OTHER CHANGES IN 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

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 KENYON COLLEGE 31-4379507 Page **5**

Part XIV Supplemental Information (continued)

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

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 KENYON COLLEGE 31-4379507 Page 5

Part XIV Supplemental Information (continued)

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.

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KENYON COLLEGE

► Attach to Form 990 or Form 990-EZ. Employer identification number

31-4379507

Га				
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	NO
•	bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
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	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	_		
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Х	
	describe. If No, please explain, if you need more space, use Part II			
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?	_		
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially	4a	Х	
		4b	Х	
С	nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
d	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	X	
_	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		X
f	Use of facilities?	5f		Х
		_		3.5
g	Athletic programs?	5g		X
h		5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
c -	Does the ergonization receive any financial aid or equiptone from a governmental grant of		v	
6a b	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	X	X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through	7	v	

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

Schedule E (Form 990 or 990-EZ) (2011)

Schedule E (Form 990 or 990-EZ) (2011)

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

PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY,

PART I, LINE 3:

ALL APPLICATIONS, COURSE CATALOGS, AND THE STUDENT HANDBOOK PUBLICIZE OUR NONDISCRIMINATORY POLICY. THE PUBLICATIONS ARE PROVIDED TO ALL PROSPECTIVE AND ENROLLED STUDENTS.

GOVERNMENT FINANCIAL AID,

PART I, LINE 6A:

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

DEPARTMENT OF EDUCATION. THE ASSISTANCE CONSISTS OF THE FOLLOWING FEDERAL PROGRAMS: NATIONAL DIRECT STUDENT LOANS, PELL GRANTS, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, AND COLLEGE WORK STUDY PROGRAMS. THE COLLEGE ALSO RECEIVES SOME RESEARCH GRANTS AND EQUIPMENT GRANTS FROM VARIOUS GOVERNMENTAL AGENCIES.

Page 2

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number KENYON COLLEGE 31-4379507 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the X Yes grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total region (by type) (e.g., offices in the émployees, a program service, expenditures for describe specific type of fundraising, program services, region agents, and and investments investments, grants to recipients independent service(s) in region in region contractors in region located in the region) (1) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES EDUCATIONAL SERVICES 34,655. (2) EAST ASIA AND THE PACIFIC PROGRAM SERVICES EDUCATIONAL SERVICES 153,247. (3) EUROPE 2,968,515. PROGRAM SERVICES EDUCATIONAL SERVICES (4) MIDDLE EAST AND NORTH AFRICA PROGRAM SERVICES EDUCATIONAL SERVICES 16,352. (5) RUSSIA/INDEPENDENT STATES PROGRAM SERVICES EDUCATIONAL SERVICES 117,600. (6) SOUTH AMERICA EDUCATIONAL SERVICES 89,827. PROGRAM SERVICES (7) SOUTH ASIA PROGRAM SERVICES EDUCATIONAL SERVICES 73,862. (8) SUB-SAHARAN AFRICA EDUCATIONAL SERVICES 70,200. PROGRAM SERVICES (9) CENTRAL AMERICA/CARIBBEAN EDUCATIONAL RESEARCH 15,878. PROGRAM SERVICES (10) EAST ASIA AND THE PACIFIC PROGRAM SERVICES EDUCATIONAL RESEARCH 13,566. (11) EUROPE PROGRAM SERVICES EDUCATIONAL RESEARCH 64,682. (12) MIDDLE EAST AND NORTH AFRICA PROGRAM SERVICES EDUCATIONAL RESEARCH 1,639. (13) NORTH AMERICA 14,310. PROGRAM SERVICES EDUCATIONAL RESEARCH (14) SOUTH AMERICA PROGRAM SERVICES EDUCATIONAL RESEARCH 200. (15) SOUTH ASIA EDUCATIONAL RESEARCH 9,854. PROGRAM SERVICES (16) SUB-SAHARAN AFRICA PROGRAM SERVICES EDUCATIONAL RESEARCH 15,240. (17) EAST ASIA AND THE PACIFIC STUDENT RECRUITMENT 3,488. PROGRAM SERVICES

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

continuation

Sub-total

Totals (add lines 3a and 3b)

from sheets to Part I

JSA 1E1274 1.000

94425S A23R 5/6/2013 2:55:22 PM V 11-6.5 3,663,115.

49,197,686.

52,860,801.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

KENYON COLLEGE

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to

	Form 990, Part IV, line 14	łb.								
	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.									
3	Activities per Region. (The follow	ing Part I, line	3 table can be	duplicated if additional sp	ace is needed.)					
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region				
(1)	EUROPE			PROGRAM SERVICES	STUDENT RECRUITMENT	805.				
(2)	NORTH AMERICA			PROGRAM SERVICES	STUDENT RECRUITMENT	56.				
(3)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		48,877,912.				
<i>(</i>										
(4)	EUROPE			INVESTMENTS		318,913.				
(5)										
(6)										
(7)										
(8)										
(9)										
10)										
11)										
12)										
13)										
14)										
15)										
16)										
17)										
3a	Sub-total									
b	Total from continuation sheets to Part I									
_с	Totals (add lines 3a and 3b)									

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

Schedule F (Form 990) 2011

31-4379507

KENYON COLLEGE

Schedule F (Form 990) 2011

Part II	Part IV, line 15, for a	ssistance to Organization ny recipient who received ted if additional space is ne	d more than \$5,00	ide the United Some Check this be	tates. Complete ox if no one recip	if the organization in the contract of the con	ation answered ' more than \$5,00	Yes" to Form	990, ▶ □
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by th	e IRS, or for which the gra	organizations listed above the antee or counsel has provide panizations or entities	d a section 501(c)(3	3) equivalency letter			▶		

KENYON COLLEGE

Schedule F (Form 990) 2011

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

(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)
(1) EDUCATION ASSISTANCE	CENT. AMERICA/CARIBBEAN	2.	37,727.				
(2) EDUCATION ASSISTANCE	EAST ASIA/PACIFIC	6.	110,692.				
(3) EDUCATION ASSISTANCE	EUROPE/ICELAND/GREENLAND	66.	1,149,944.				
(4) EDUCATION ASSISTANCE	MIDDLE EAST/NORTH AFRICA	2.	15,013.				
(5) EDUCATION ASSISTANCE	RUSSIA	6.	85,019.				
(6) EDUCATION ASSISTANCE	SOUTH AMERICA	5.	69,379.				
(7) EDUCATION ASSISTANCE	SOUTH ASIA	3.	45,016.				
(8) EDUCATION ASSISTANCE	SUB-SAHARAN AFRICA	5.	37,915.				
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011
Page 4
Part IV Foreign Forms

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

Schedule F (Form 990) 2011

 Schedule F (Form 990) 2011
 Page 5

Part V Supplemental Information

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

MONITORING USE OF GRANT FUNDS,

PART I, LINE 2:

FINANCIAL AID IS PROVIDED TO STUDENTS FOR EDUCATIONAL STUDIES ABROAD.

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

ENSURES THAT THE GRANTS ARE USED FOR EDUCATIONAL PURPOSES THROUGH ITS

FINANCIAL AID COMPLIANCE PROCEDURES.

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990.

KENYO	N COLLEGE						31-4379507	
Part I	General Information on Grants and	Assistance	,				•	
the	es the organization maintain records to sub selection criteria used to award the grants of scribe in Part IV the organization's procedu	or assistance	?					X Yes No
Part II	Grants and Other Assistance to Go to Form 990, Part IV, line 21, for an Part II can be duplicated if additional s	y recipient	that received	l more than \$5,00	00. Check this be	plete if the organiza ox if no one recipier	nt received more th	an \$5,000.
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1)								
(2)								
_(3)								
_(4)								
_(5)								
_(6)								
_(7)								
(8)								
(9)								
[10]								
[11]								
12)								
	er total number of section 501(c)(3) and go er total number of other organizations listed	d in the line	1 table					

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

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	922.	22,289,206.			
2 LEGAL FELLOWSHIPS	4.	14,210.			
3 EXTERNSHIPS	10.	18,000.			
4 EDUCATIONAL ENRICHMENT PROGRAM	46.	94,504.			
5 OEFFA FELLOWSHIPS	3.	9,645.			
6 PRIZES TO STUDENTS	86.	26,523.			
7 TUITION REMISSION	28.	1,187,043.			

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

Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 DALTON FELLOWSHIP	1.	12,000.			
2 RESEARCH FELLOWSHIPS	42.	155,221.			
3	12.	133,121.			
4					
5					
•					
6					
7					

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

MONITORING USE OF GRANT FUNDS,

PART I, LINE 2:

SCHOLARSHIPS, FELLOWSHIPS, AND OTHER EDUCATIONAL PROGRAM GRANTS ARE

MONITORED THROUGH THE COLLEGE'S FINANCIAL AID COMPLIANCE PROCEDURES.

PRIZES TO STUDENTS ARE AWARDED FOR ACADEMIC MERIT.

SCHEDULE J (Form 990)

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization KENYON COLLEGE

Department of the Treasury

Employer identification number

31-4379507

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	X Discretionary spending account X Personal services (e.g., maid, chauffeur, chef)			
L	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Form 990 of other organizations X Compensation survey or study X Approval by the board or compensation committee			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
•	organization or a related organization: Pagoing a soverance payment or change of control normant?	4a		Х
a b	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b	X	Δ.
C	Participate in, or receive payment from, a supplemental hondulamiled retirement plan: Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The root to any of miles at a, not the persons and provide the applicable amounts for each from in rait in.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2011

KENYON COLLEGE

Schedule J (Form 990) 2011

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	(i)	349,537.	(768,193.	132,704.	42,185.	1,292,619.	550,000.
1 S. GEORGIA NUGENT	(ii)	C) (0	0	0	(0
	(i)	209,525.	(151,440.	120,401.	21,020.	502,386.	0
2 SARAH KAHRL	(ii)	С)	0	0	0	C	0
	(i)	210,307.	(1,182.	70,629.	21,055.	303,173.	0
3 JOSEPH NELSON	(ii)	С	(0	0	0	C	0
	(i)	169,139.	(6,745.	16,227.	3,810.	195,921.	0
4 NAYEF SAMHAT	(ii)	C	(0	0	0	C	0
	(i)	151,081.	(1,176.	14,886.	18,684.	185,827.	0
5 TERI L. BLANCHARD	(ii)	C	(0	0	0	C	0
	(i)	145,710.	(600.	14,248.	14,248.	174,806.	0
6 MARK KOHLMAN	(ii)	C	(0	0	0	C	0
	(i)	165,710.		237,248.	216,339.	17,634.	636,931.	200,000.
7 JENNIFER BRITZ	(ii)	C	(0	0	0	(0
	(i)	128,349.	(47,509.	12,785.	24,301.	212,944.	0
8 HENRY TOUTAIN	(ii))	0	0	0	(0
	(i)	144,252.	(<u></u>	14,262.	23,620.	182,134.	0
9 RONALD GRIGGS	(ii)	140.044		0	14 005	5.6.4	100 504	0
DEFED DIFF.	(i)	148,944.	};	34,931.	14,085.	564.	198,524.	0
10 PETER RUTKOFF	(ii)	150 704		730.	15 102	2 544	170 171	0
A DATATO I SANTA	(i)	158,704.	}	/30.	15,193.	3,544.	178,171.	<u>0</u>
11 DAVID LYNN	(ii)	149,704.	,	300.	14,422.	8,822.	173,248.	0
12 GREGORY SPAID	(i)	149,704.	} <u></u>		14,422.	0,022. 	1/3,240.	<u>0</u>
12 GREGORI SPAID	(ii)	146,301.		2,050.	14,648.	20,876.	183,875.	0
13 HOWARD SACKS	(i)	140,301.		7	14,040.			<u>0</u>
13 HOMAICE BACKB	(ii) (i)	120,438.	1	16,125.	11,645.	5,908.	154,116.	0
14WILLIAM SCOTT	(ii)		}	1				<u>0</u>
17	(i)					0		
15	(ii)		 	 				
••	(i)							
_16	(ii)			+			0-1	edule J (Form 990) 2011

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

Part | Supplemental Information

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

BENEFITS PROVIDED TO OFFICERS,

PART I, LINE 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.

Schedule J (Form 990) 2011

Part III Supplemental Information

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN,

PART I, LINE 4B:

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

CONTRIBUTION TO SECTION 457(B) PLAN FOR S. GEORGIA NUGENT: \$9,429.

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

CONTRIBUTION FOR SARAH KAHRL: \$100,000; SECTION 457(F) CONTRIBUTION FOR

JENNIFER BRITZ: \$200,000.

ADDITIONAL INFORMATION REGARDING COMPENSATION,

PART II:

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

Schedule J (Form 990) 2011 Page 3

Part | Supplemental Information

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

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 K (Form 990)

Department of the Treasury

Bond Issues

Internal Revenue Service

Part I

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization KENYON COLLEGE

31-4379507

Employer identification number

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of pu	rpose			(g) Defeased) Defeased (h) On behalf of issuer		financ	
							Yes	No	Yes	No	Yes	No		
A OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756BKB5	10/15/2003	6,330,072.	EDUCATIONAL FACILITIES			Х		Х		х		
B OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756ВНК9	08/09/2006	42,822,636.	EDUCATIONAL FACILITIES			Х		Х		X		
C OHIO HIGHER EDUCATIONAL FACILITIES COMMISSION	34-6849674	67756AR46	02/11/2010	100,189,867.	EDUCATIONAL FACILITIES			Х		Х		X		
D														
Part II Proceeds														
				Δ	B	C				D				

		A		В	C	;	D	1
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	6,3	30,072.	42,8	22,636.	100,1	89,867.		
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds			3,9	23,296.	8,4	42,992.		
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	1	29,053.	3	72,995.	9	56,478.		
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			33,778,081.					
11 Other spent proceeds	6,2	01,019.	4,950,659.		89,273,505.			
12 Other unspent proceeds					1,7	94,186.		
13 Year of substantial completion	200	3	200	6	201	0		
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			X	X			
15 Were the bonds issued as part of an advance refunding issue?		Х	X		X			
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

<u> </u>	DUES	the organiz	ation maintain	ı aucyu
Par	t III	Private	Business	Use

		Α		В			[)
1 Was the organization a partner in a partnership, or a member of an LLC, which owned	Yes	No	Yes	No	Yes	No	Yes	No
property financed by tax-exempt bonds?		X		Х		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			

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

Schedule K (Form 990) 2011

Schedule K (Form 990) 2011

Part III Private Business Use (Continued) 1								
		A		В		С		D
3a Are there any management or service contracts that may result in private business	Yes	No	Yes	No	Yes	No	Yes	No
use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	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 ▶		%		%		9,	6	%
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		%		%	1	.0000 %	6	%
6 Total of lines 4 and 5		%		%	1	.0000 %	6	%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х			

Ра	nt V Arbitrage								
			A		В		С		כ
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	No	Yes	No	Yes	No	Yes	No
	Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2	Is the bond issue a variable rate issue?		X		Х		Х		
3a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		х		X		
b	Name of provider								
	Term of hedge						_		
	Was the hedge superintegrated?								
	Was the hedge terminated?								
	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider								
	Term of GIC								
	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?	X		X			Х		

Part V	Procedures To Undertake Corrective Action
Check the l	box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary
closing agre	eement 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).

JSA 1E1296 1.000

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

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

OMB No. 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-E2. See separate instructions. Employer identification number

KEN	YON COLLEGE						3 I ·	-43/	9507				_
Part	Excess Benefit Transactions (section Complete if the organization answered "Y							Z, Pa	rt V, li	ne 40	b.		
1	(a) Name of disqualified person			((b) Descript	ion of tran	saction	1			-	Corrected?	-
/1\											Ye	es No)
(1) (2)													-
(3)													-
(4)													-
(5)													-
(6)													-
2	Enter the amount of tax imposed on the organ	nization	mana	nare or disqualified	d narenne (during the	Vear						-
_	under section 4958			•	•	-	•		\$				
3	Enter the amount of tax, if any, on line 2, above								\$ -				-
3	Lines the amount of tax, if any, on line 2, above	e, rem	ibui se	d by the organizatio	""			–	Ψ_				-
Par	Loans to and/or From Interested Pe	rsons											-
ıaı	Complete if the organization answered "			n 990. Part IV. line	26. or Forn	n 990-EZ	. Part	V. line	38a.				
													-
	(a) Name of interested person and purpose (b) Loa the org			(c) Original principal amount	(d) Bala	nce due	(e) In (default?	(f) App		(g) W agreer		
			,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					comm		3		
		То	From				Yes	No	Yes	No	Yes	No	-
(1)		10	1 10111				1.00			.,,			-
(2)													-
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total				▶\$									Ī
Par		ereste	d Per	sons.	7								
	· · · · · · · · · · · · · · · · · · ·			between interested perso		(c)	Amoui	nt and	type o	f assis	tance		-
				organization									
(1)													_
(2)													_
(3)													_
(4)													_
(5)													_
(6)													-
(7)						-							-
(8)													-
(9)													-
(10)	No. of Boltzeller A. (1917)				-								-
⊢or F	Paperwork Reduction Act Notice, see the Instr	uction	s tor F	-orm 990 or 990-E2	<u>.</u> .		Sche	dule L	(Form	990 or	990-EZ	Z) 2011	í

JSA

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	naring of ization's nues?
				Yes	No
(1) MARLA KOHLMAN	SPOUSE OF OFFICER	69,290.	SALARY PAID TO SPOUSE OF OFF.		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

OMB No. 1545-0047

2011

Open To Public
Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	YON COLLEGE					31-437950	7		
Par	Types of Property	Τ		(a)					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributi amounts reported Form 990, Part VIII, li	on	Method noncash cor			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	X			6.	\$1 EACH	FOR :	TRAC:	KING
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	109.	2,989,7	41.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
	or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation								
. •	contribution - Historic								
	structures								
14	Qualified conservation								
• •	contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts		2.		2.	\$1 EACH	FOR 5	TRAC	KINC
23	Scientific specimens					1			
24	Archeological artifacts								
25	Other \triangleright (ATCH 1)		4.		4.				
26	Other ►()								
27	Other ►()								
28	Other ►()								
29	Number of Forms 8283 received	hy the oras	nization during the tax ve	ar for contributions	for	 			
23	which the organization completed		9 ,			29			
	which the organization completed	01111 0200,	r art iv, Bonoo noknowioag	joinone TTTTT	• •			Yes	No
30 a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in Part	I, line	es 1-28 that			
	it must hold for at least three year								
	used for exempt purposes for the e						30a		Х
b	If "Yes," describe the arrangement								
31	Does the organization have a		tance policy that require	es the review of a	any r	non-standard			
	contributions?				-		31	Х	
32a	Does the organization hire or us	e third part	ies or related organization	ns to solicit, process	or s	sell noncash			
	contributions?	•	_				32a	X	
b	If "Yes," describe in Part II.								
33	If the organization did not report a	n amount in	column (c) for a type of pro	perty for which colu	mn (a) is checked.			
	describe in Part II.		() 31 - 3. [. ,	,	,			

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

Schedule M (Form 990) (2011)

Schedule M (Form 990) (2011) Page **2**

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.

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.

A Schedule M (Form 990) (2011)

Schedule M (Form 990) (2011) Page **2**

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
PAPERS AND MANUSCRIPTS	Х	3.	3.	\$1 EACH FOR TRACKING
EQUIPMENT - PRESS	Х	1.	1.	\$1 EACH FOR TRACKING
TOTALS	_	4.	4.	

JSA Schedule M (Form 990) (2011)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KENYON COLLEGE

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

▶ Attach to Form 990 or 990-EZ.

Employer identification number 31-4379507

FORM 990 REVIEW,

FORM 990, PART VI, LINE 11B:

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

MONITORING AND ENFORCEMENT OF CONFLICT POLICY,

FORM 990, PART VI, LINE 12C:

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

REVIEW AND APPROVAL OF COMPENSATION,

FORM 990, PART VI, LINE 15:

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

Name of the organization

KENYON COLLEGE

31-4379507

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.

ATTACHMENT 1

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

OVER THE 185 YEARS OF ITS LIFE, KENYON COLLEGE HAS DEVELOPED A

DISTINCTIVE IDENTITY AND HAS SOUGHT A SPECIAL PURPOSE AMONG

INSTITUTIONS OF HIGHER LEARNING. KENYON IS AN ACADEMIC INSTITUTION.

THE VIRTUE OF THE ACADEMIC MODE IS THAT IT DEALS NOT WITH PRIVATE AND

PARTICULAR TRUTHS, BUT WITH THE GENERAL AND THE UNIVERSAL. IT ENABLES

ONE TO ESCAPE THE LIMITS OF PRIVATE EXPERIENCE AND THE TYRANNY OF THE

ATTACHMENT 1 (CONT'D)

Employer identification number

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

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

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

Name of the organization Employer identification number

KENYON COLLEGE 31-4379507

ATTACHMENT 1 (CONT'D)

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

A SENSE OF WHAT IS ECONOMICALLY FEASIBLE.

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

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

KENYON REMAINS A SMALL COLLEGE AND EXEMPLIFIES DELIBERATE LIMITATION.

WHAT IS INCLUDED HERE IS SPECIAL, WHAT IS EXCLUDED IS NOT NECESSARY

TO OUR PURPOSES. FOCUS IS BLURRED WHEN THERE IS DISPERSION OVER LARGE

NUMBERS OR OVER A LARGE BODY OF INTERESTS. KENYON REMAINS

COMPREHENSIBLE. ITS DIMENSIONS ARE HUMANE AND NOT OVERPOWERING.

PROFESSORS, KNOWING STUDENTS OVER YEARS, MEASURE THEIR GROWTH.

STUDENTS, KNOWING PROFESSORS INTIMATELY, DISCOVER THE HARMONY OR

CONFLICT BETWEEN WHAT A TEACHER PROFESSES AND HIS OR HER BEHAVIOR.

Schedule O (Form 990 or 990-EZ) 2011 Page 2

Name of the organization Employer identification number

KENYON COLLEGE 31-4379507
ATTACHMENT 1 (CONT'D)

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

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

ATTACHMENT 2

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

ITALY

UNITED KINGDOM

ATTACHMENT 3

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

GUND PARTNERSHIP INC 47 THORNDIKE STREET

ARCHITECTS

887,337.

Schedule O (Form 990 or 990-EZ) 2011

Schedule O (Form 990 or 990-EZ) 2011 Page 2

Name of the organization Employer identification number 31-4379507 KENYON COLLEGE ATTACHMENT 3 (CONT'D)

990. I	PART VII-	COMPENSATION	OF	$_{ m THE}$	FIVE	HIGHEST	PAID	IND.	CONTRACTORS
--------	-----------	--------------	----	-------------	------	---------	------	------	-------------

NAME AND ADDRESS		DESCRIPTION OF SERVICES	COMPENSATION
CAMBRIDGE, MA 02141			
ALBERT M HIGLEY CO 2926 CHESTER AVENUE CLEVELAND, OH 44114		CONSTR CONTRACTING	12,357,399.
AVI FOODSYSTEMS INC 2590 ELM ROAD NE WARREN, OH 44483		FOOD SERVICES	4,783,733.
MESSER CONSTRUCTION COMPANY 5158 FISHWICK DRIVE CINCINNATI, OH 45216		CONSTR CONTRACTING	4,195,214.
SPEER MECHANICAL, INC. P.O. BOX 931307 CLEVELAND, OH 44193		CONSTR CONTRACTING	611,402.
	TOTAL COMPENSATION		22,835,085.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ 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.

Inspection Employer identification number

Name of the organization 31-4379507 KENYON COLLEGE

(a) Name, address, and EIN of disregarded entity	F		(c) egal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co ent	ntrolling
(1)							
(2)							
(3)							
(5)							
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during to (a) Name, address, and EIN of related organization	(Complete if the other tax year.) (b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e) Public charity status	(f) Direct controlling	Section 5	g) 512(b)(13
		or recogn country)		(if section 501(c)(3))	entity		rolled tity?
		or recorgit equitary,		(if section 501(c)(3))	entity		rolled
(1) THE KENYON REVIEW 31-1443804 209 CHASE AVE EATON CENTER GAMBIER, OH 43022	PUBLICATIONS	OH	501(C)(3)	(if section 501(c)(3))	entity KENYON COLL.	ent	rolled tity?
	PUBLICATIONS LAND PRESERV.	0 ,,	501(C)(3) 501(C)(3)		,	Yes	rolled tity?
(2) PHILANDER CHASE CORPORATION 31-1711213 209 CHASE AVE EATON CENTER GAMBIER, OH 43022 (3) THE FIVE COLLEGES OF OHIO 31-1440434 209 CHASE AVENUE, EATON CENTER GAMBIER, OH 43022		ОН		11A	KENYON COLL.	Yes X	rolled tity?
209 CHASE AVE EATON CENTER GAMBIER, OH 43022 (2) PHILANDER CHASE CORPORATION 31-1711213 209 CHASE AVE EATON CENTER GAMBIER, OH 43022	LAND PRESERV.	ОН	501(C)(3)	11A 11A	KENYON COLL.	Yes X	No
(2) PHILANDER CHASE CORPORATION 31-1711213 209 CHASE AVE EATON CENTER GAMBIER, OH 43022 (3) THE FIVE COLLEGES OF OHIO 31-1440434 209 CHASE AVENUE, EATON CENTER GAMBIER, OH 43022 (4) GREAT LAKES COLLEGES ASSOCIATION, INC. 38-1678376 535 WEST WILLIAM ANN ARBOR, MI 48103	LAND PRESERV. EDUC.CONSORT.	ОН	501(C)(3) 501(C)(3)	11A 11A 11A	KENYON COLL. KENYON COLL.	Yes X	No X
(2) PHILANDER CHASE CORPORATION 31-1711213 209 CHASE AVE EATON CENTER GAMBIER, OH 43022 (3) THE FIVE COLLEGES OF OHIO 31-1440434 209 CHASE AVENUE, EATON CENTER GAMBIER, OH 43022 (4) GREAT LAKES COLLEGES ASSOCIATION, INC. 38-1678376	LAND PRESERV. EDUC.CONSORT.	ОН	501(C)(3) 501(C)(3)	11A 11A 11A	KENYON COLL. KENYON COLL.	Yes X	No X

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

Schedule R (Form 990) 2011

JSA

1E1307 1.000

Schedule R (Form 990) 2011

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34

r art III	because it had one or r	more related orga	nizations	s treated as a pa	artnership during the	tax year.)							
	(a) me, address, and EIN of elated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) eral or aging ner?	(k) Percentage ownership
								Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) KENYON INN MANAGEMENT CO. 31-1646746							
209 CHASE AVE EATON CENTER GAMBIER, OH 43022	HOTEL MGMT SV	OH	KENYON COLLEGE	C CORP	43,578.	172,055.	100.0000
(2) CHARITABLE REMAINDER TRUSTS (8)							
EATON CENTER GAMBIER, OH 43022	CHARITABLE TRUST	OH	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	OH	KENYON COLLEGE	TRUST			
<u>(5)</u>							
<u>(6)</u>							
<u>(7)</u>							

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Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)			
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b	_	X
С	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d	Х	
е	Loans or loan guarantees by related organization(s)	1e		X
f	Sale of assets to related organization(s)	1f		Х
g	Purchase of assets from related organization(s)	1g		X
h	Exchange of assets with related organization(s)	1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	Х	
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		Х
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		
ı	Performance of services or membership or fundraising solicitations by related organization(s)	11		Х
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 m	Х	
n	Sharing of paid employees with related organization(s)	1n		
0	Reimbursement paid to related organization(s) for expenses	10		X
р	Reimbursement paid by related organization(s) for expenses	1 p	Х	
-				
q	Other transfer of cash or property to related organization(s)	1q	Х	
r	Other transfer of cash or property from related organization(s)	1r		
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 three	sholds		

(a)
Name of other organization

(b)
Transaction

Transaction

Amount involved

Method of determining

	Name of other organization	type (a-r)	Amount involved	Method of determining amount involved
(1)	KENYON INN MANAGEMENT CO.	R	144,408.	FMV
(2)	PHILANDER CHASE CORPORATION	Q	121,232.	FMV
<u>(3)</u>	THE KENYON REVIEW	Q	259,240.	FMV
<u>(4)</u>				
<u>(5)</u>				
(6)				

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

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

(a) Name, address, and EIN of entity	Primary activity Legal do	(c) Legal domicile (state or foreign country)	domicile Predominant or foreign income (related,	(e) Are all partners section 501(c)(3) organizations?		total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
(4)													
<u>(5)</u>													
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(7)													
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Supplemental Information Part VII

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

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