** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

ection 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations

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

2016
Open to Public Inspection

OMB No. 1545-0047

A For the 2016 calendar year, or tax year beginning JUL 1, 2016and ending JUN 30, 2017 Check if C Name of organization D Employer identification number Address KENYON COLLEGE Name change 31-4379507 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 740-427-5181 EATON CENTER City or town, state or province, country, and ZIP or foreign postal code 296,879,628. G Gross receipts \$ Amended return GAMBIER. OH 43022 H(a) Is this a group return F Name and address of principal officer: SEAN M. DECATUR Applicafor subordinates? Yes X No pending EATON CENTER, GAMBIER, OH H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or 527) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.KENYON.EDU H(c) Group exemption number ▶ K Form of organization; X Corporation Association Other > Year of formation: 1824 M State of legal domicile: OH Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 41 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 1959 Total number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary) 677 6 1,826,917. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 40,140,292 17,257,677. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 108,559,618. 112,966,290. 28,555,143. 25,219,899. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,372,864 2,882,761. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 156,745,302. 181,209,242. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 34,909,033. 33,538,934. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 54,750,431. 56,673 751. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 49,804,521. 49,406,479. 138,093,886. 140,989,263. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18,651,416. 40,219,979. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 724,915,319. 674,323,306. Total assets (Part X, line 16) 221,324,574. 226,112,058. Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 . 452,998,732. 498,803,261. Part II | Signature Block Under penalties of periury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign SEAN M. DECATUR, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature CHRISTOPHER B. ANDERSON P00226559 Paid self-employed Firm's name ► MALONEY + NOVOTNY LEC Firm's EIN 34-0677006 Preparer Use Only Firm's address 1111 SUPERIOR AVE, SUITE 700 CLEVELAND, OH 44114-2540 Phone no. (216) 363-0100 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

			I	T
	Letter and in the discretized in a stime FOU(-)(0) or 40.47(-)(4) (all and have a minute form detical)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١.,	х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
3		3		х
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4		х
_	during the tax year? If "Yes," complete Schedule C, Part II	-		 ^
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Α.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		х	
_	Schedule D, Part III	8	Δ.	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		x
40	If "Yes," complete Schedule D, Part IV	9		Δ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		l ູ ∣	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441.	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b	<u> </u>	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
a		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	- 11	<u> </u>
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '	21	l
ı∠a		12a		х
	Schedule D, Parts XI and XII	IZa		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
. •	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	<u> </u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		
ม	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10		18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	 ''		
19	complete Schedule G. Part III	19		x
	complete somediale G. Fatt III			

Form		<u>379507</u>	P	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	x	
04-	Schedule J		<u> </u>	
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 through 24d and complete		x	
	Schedule K. If "No", go to line 25a	1	<u> </u>	₹
b		24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			7,7
	any tax-exempt bonds?		 	X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30	x	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes," complete Schedule N, Part I	31		х
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	- '	32		х
-00	Schedule N, Part II	32		1
33	-	00		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		- v	
	Part V, line 1		X	<u> </u>
	, , , , , , , , , , , , , , , , , , , ,	<u>35a</u>	X	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X	ļ
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

	990 (2016) KENYON COLLEGE		31-4379	<u>507</u>	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V		***********			
		_	_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	509			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportat	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	1959			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ▶ UNITED KINGDOM					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts			
	were not tax deductible?			6b		workland Scotter
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•				
	to file Form 8282?	ı		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		:?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			<u>7h</u>	Nation 650	aesessa
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	•	(PERE		
	sponsoring organization have excess business holdings at any time during the year?			8		100000000000000000000000000000000000000
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	١				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441.				
40.	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b				
				12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			124		special Fill
а	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>		
ı.	Note. See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?			1/10	30,400,856	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.			<u>14a</u> 14b		-41
D	ii 165, mas it med a Form 720 to report triese payments? If "No," provide an explanation in Schedul	e U		IHD		L

Form **990** (2016)

KENYON COLLEGE

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 42 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 41 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: SHIRLEY O'BRIEN - 740-427-5181 EATON CENTER, GAMBIER, OH

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

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

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

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

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

• 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.

C Name and Title	Check this box if heither the organization h		Jiga I	ınza			iperi	isate			
Comparison Com	• •	1 ' '			Doc:	C)			1 ' '		(F)
Office and discretify table Office and discretified Office and discret	Name and Title	1		not c	heck i	more	than o		1		
Compensation			box offi	, unle cer ar	ss per nda di	son i irecto	s both	n an tee)	1		
CHAIR		1	-	Γ				Γ			
CHAIR		1 '	lirect				_		1		•
CHAIR		1) o e o c	stee			sate			(11 2) 1000 111100)	
CHAIR			truste	al tru:		yee	led III		(,		
CHAIR		1	idual	ution	<u></u>	eg m	est co	ь			organizations
CHAIR		line)	Indiv	Instit	Office	Key	High	Form			
C JOSEPH E, LIPSCOME	(1) BRACKETT B. DENNISTON	1.00									
VICE CHAIR	CHAIR	0.00	x						0.	0.	0.
(3) JUDITH (HOFF) GILBERT	(2) JOSEPH E. LIPSCOMB	1.00									
SECRETARY	VICE CHAIR	0.00	Х						0.	0.	0.
(4) THE RIGHT REV.THOMAS E.BREIDENT	(3) JUDITH (HOFF) GILBERT	1.00									
(4) THE RIGHT REV.THOMAS E.BREIDENT	SECRETARY		x						0.	0.	0.
TRUSTEE											
TRUSTEE			x						0.	0.	0.
TRUSTEE	(5) MARSHALL W. CHAPIN		_								
Color			x						0.	0.	0.
TRUSTEE	(6) STEVEN B. FEIRSON										
TRUSTEE	TRUSTEE		х						0.	0.	0.
TRUSTEE	(7) JAMES P. FINN	1.00									
RUTH E. FISHER	TRUSTEE		x						0.	0.	0.
1.00	(8) RUTH E. FISHER	1.00									
1.00	TRUSTEE	0.00	x						0.	0.	0.
TRUSTEE	(9) NINA P. FREEDMAN	1.00									
TRUSTEE	TRUSTEE	0.00	х						0.	0.	0.
TRUSTEE	(10) PAUL J. GOLDBERGER	1.00									
TRUSTEE	TRUSTEE	0.00	х					İ	0.	0.	0.
TRUSTEE	(11) HOPE C. HARROD	1.00									
TRUSTEE	TRUSTEE	0.00	x						0.	0.	0.
TRUSTEE 1.00	(12) AILEEN C. HEFFERREN	1.00									
TRUSTEE	TRUSTEE	0.00	X						0.	0.	0.
TRUSTEE	(13) PAMELA FEITLER HOEHN-SARIC	1.00	Г								
TRUSTEE	TRUSTEE	0.00	X						0.	0.	0.
TRUSTEE	(14) THE RIGHT REV.MARK HOLLINGSWORT										
TRUSTEE 1.00	TRUSTEE		X			1			0.	0.	0.
(16) ANDY H. HULL 1.00 X 0. 0. 0. (17) LARRY H. JAMES 1.00	(15) DAVID W. HORVITZ										
(16) ANDY H. HULL	TRUSTEE	0.00	Х				L	L	0.	0.	0.
TRUSTEE 0.00 X 0. 0. 0. (17) LARRY H. JAMES 1.00	(16) ANDY H. HULL	1.00									
(17) LARRY H. JAMES 1.00	TRUSTEE		x		l				0.	0.	0.
	(17) LARRY H. JAMES										
	TRUSTEE		X						0.	0.	0.

632007 11-11-16

Form 990 (2016)

31-4379507 Page 8

Part VII Section A. Officers, Directors, (A)	(B)			(((D)	(E)	(F)
Name and title	Average hours per week	box,	not cl unles	Posi neck r ss per	ition nore son is	than o s both r/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) DANIEL KRAMER	1.00									
PRUSTEE		Х						0.	0.	0
(19) TODD P. LEAVITT FRUSTEE	$\begin{array}{c c} 1.00 \\ \hline 0.00 \end{array}$	x						0.	0.	0
(20) VICTORIA SMITH MCKENZIE	1.00							<u> </u>		
RUSTEE		х						0.	0.	0
(21) DAVID R. MEUSE	1.00									
TRUSTEE	0.00	X						0.	0.	0
(22) JEFFREY C. MORITZ	1.00									
TRUSTEE	0.00	X						0.	0.	0
(23) ROGER NOVAK, JR.	1.00	37							0.	0
TRUSTEE		X	-					0.	0.	U
(24) JAMES F. PARKER PRUSTEE	$\begin{array}{c c} 1.00 \\ \hline 0.00 \end{array}$	x						0.	0.	0
(25) DONNA BERTOLET POSEIDON	1.00							.	0,	
PRUSTEE		х						0.	0.	0
(26) MARK C. ROSENTHAL	1.00									
PRUSTEE		х						0.	0.	0
1b Sub-total							▶	0.	0.	0
c Total from continuation sheets to Pa							>	3,245,517.	0.	656,006
d Total (add lines 1b and 1c)							•	3,245,517.	0.	656,006
2 Total number of individuals (including l	but not limited to the						o re	ceived more than \$100,	000 of reportable	8
compensation from the organization										Yes No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AVI FOODSYSTEMS, INC.		
2590 ELM ROAD NE, WARREN, OH 44483	FOOD SERVICE	5,409,105.
GUND PARTNERSHIP	ARCHITECTURE&PLANNIN	
47 THORNDIKE STREET, CAMBRIDGE, MA 02141	G	3,955,604.
ELFORD, INC.		***************************************
1220 DUBLIN ROAD, COLUMBUS, OH 43215	CONSTRUCTION	2,432,240.
CORNERSTONE PARTNERS LLC, 675 PETER	INVESTMENT ADVISORY	
JEFFERSON PWAY #160, CHARLOTTESVILLE, VA	SVCS	1,163,418.
SPEER MECHANICAL		-
P.O. BOX 931307, CLEVELAND, OH 44193	CONSTRUCTION	1,092,889.
2 Total number of independent contractors (including but not limited to those list	ted above) who received more than	
\$100,000 of compensation from the organization		
SEE PART VII, SECTION A CONTINUATION S	HEETS	Form 990 (2016)

632008 11-11-16

31-4379507 KENYON COLLEGE Form 990

	COLLEGE									9507
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)	(D)	(E)	(F)						
Name and title	Average			(C Posi				Reportable	Reportable	Estimated
	hours	(с	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					loyee		the	organizations	compensation from the
	(list any hours for	trustee or director				l em		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	related	9e or (stee			nsate		(***-2/1033-141100)		and related
	organizations	trust	Institutional trustee		уее	Highest compensated employee				organizations
	below	Individual t	tution	-B:	Key employee	est co	ner			
	line)	Indi	Insti	Officer	Key	Fig.	Former			
(27) ALAN E. ROTHENBERG	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(28) R. TODD RUPPERT	1.00									
TRUSTEE	0.00	x						0.	0.	0.
(29) DEBORAH RATNER SALZBERG	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(30) WILLIAM T. SPITZ	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(31) L'QUENTUS THOMAS	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(32) BARRETT TOAN	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(33) CHRIS P. TOFT	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(34) SUSAN TOMASKY	1.00									
TRUSTEE	0.00	Х		Ш				0.	0.	0.
(35) GERALDINE COLEMAN TUCKER	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(36) JENNIFER RUDOLPH WALSH	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(37) DOUGLAS WANG	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(38) WENDY WEBSTER	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(39) ZALI WIN	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(40) MATTHEW A. WINKLER	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(41) ALEXANDER W. WRIGHT	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(42) SEAN M. DECATUR	40.00									
PRESIDENT & TRUSTEE	1.00	X		X				591,986.	0.	103,563.
(43) JOSEPH KLESNER	40.00									
PROVOST				X				192,114.	0.	47,242.
(44) TODD BURSON	40.00									
VP FOR FINANCE				Х	Ш			173,086.	0.	43,824.
(45) MARK KOHLMAN	40.00									
CHIEF BUSINESS OFFICER				Х				156,341.	0.	46,643.
(46) HEIDI MCCRORY	40.00									
			1	X		ıl	1	213,303.	0.	50,547.

Form 990 KENYON CO	OLLEGE								31-437	9507
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd F	ligh	est	Compensated Employe	es (continued)	
(A)	(D)	(E)	(F)							
Name and title	(B) Average			Pos	C) ition	1		Reportable	Reportable	Estimated
ttamo ana mo	hours	(c	(check all that apply)				ly)	compensation	compensation	amount of
	per	├	Γ	Π	Π	Ī	"	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector)d III		organization	(W-2/1099-MISC)	from the
	hours for	or dii	8			ated		(W-2/1099-MISC)		organization
	related organizations	trustee or director	trust		99	Suedu				and related organizations
	below	fual tr	tional		nploy	st con				Organizations
	line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) SHIRLEY O'BRIEN	40.00		┢	Ē	┢					
CONTROLLER		1		х				122,542.	0.	14,363.
(48) KATHRYN LAKE	40.00	\vdash			\vdash				•	
DIR.BRD.REL.&PRES.		1		х				65,142.	0.	17,861.
(49) RONALD GRIGGS	40.00	\vdash						00,222		
VP FOR LBIS		1			x			158,096.	0.	45,159.
(50) DIANE ANCI	40.00		\vdash				 			
VP ENROLL/DEAN ADM&FIN.AID					x			203,784.	0.	53,857.
(51) MEREDITH BONHAM	40.00		T		Ī					
VP FOR STUDENT AFFAIRS		İ			х			164,818.	0.	39,969.
(52) SARAH H. KAHRL	40.00									
DIR-KI&SEN ADV TO PRES.		1				х		213,057.	0.	51,508.
(53) DAVID H. LYNN	40.00									
EDITOR-KENYON REVIEW		1				Х		198,547.	0.	18,941.
(54) PETER M. RUTKOFF	40.00									
PROF OF AM. HISTORY		1				Х		187,745.	0.	16,249.
(55) GREGORY P. SPAID	40.00									
PROF OF ART						X		177,584.	0.	28,747.
(56) MARY K. DOLAN	40.00									
PROF						X		118,825.	0.	16,888.
(57) JOSEPH G NELSON	17.50									
VP FOR FINANCE							X	137,208.	0.	36,840.
(58) JENNIFER BRITZ	40.00									
VP ENROLL/DEAN OF ADMISSIONS&FIN AID							X	171,339.	0.	23,805.
		<u> </u>								
- Automotive Control of the Control		_					_			
		<u> </u>	_		_		_			
							l			
		_					_		·	
		ļ		_	<u> </u>		_			
		ł								
		 	 							
		ł			l					
		├		\vdash		\vdash	\vdash			
		1								
	<u></u>	Ь			<u> </u>	L	L			
Total to Dort VIII Section A line 4								3,245,517.		656,006.
Total to Part VII, Section A, line 1c					*****	*****		J, 443, 317.		030,000.

				ON COLLEG	E			31-4379	507 Page 9
Par	t Vi	Ш	5.44						
			Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 :	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
ē,	(c Fundraising events1c							
iffs ar A	(d	Related organizations	1d					
s, Billing	(е	Government grants (contribut	tions) 1e	872,653.				
ion	1	f	All other contributions, gifts, gran	nts, and					
the the			similar amounts not included abo	ve 1f	39,267,639.				
d Tr	9	g	Noncash contributions included in lines	1a-1f: \$	4,003,371.				
<u> 응</u> 류		h	Total. Add lines 1a-1f		>	40,140,292.			
					Business Code				
g	2 8	-	TUITION AND FEES		900099	90,352,285.	90,352,285.		
e Z			AUXILIARY ENTERPRISES		900099	21,648,878.	21,648,878.		
n S	•	-	BOOKSTORE		451211	874,964.	874,964.		
Program Service Revenue	(d	TRUST FUNDS		900099	90,163.	90,163.		
ğΊ		e ,	All -41						
-			All other program service reverse. Add lines 2a-2f			112,966,290.			
\rightarrow	3	<u>y</u>	Investment income (including						
			other similar amounts)			5,820,313.		1,734,592.	4,085,721.
	4		Income from investment of ta					, , ,	, , , -
	5		Royalties		. [
	Ĭ			(i) Real	(ii) Personal				
	6 :	а	Gross rents	48,366.					
			Less: rental expenses						
			Rental income or (loss)						
		d	Net rental income or (loss)		>	-202,281.		-202,281.	
	7 8	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	134,819,325.					
	ı	b	Less: cost or other basis						
			and sales expenses	115,258,563.	161,176.				
	(С	Gain or (loss)	19,560,762.	-161,176.				
			Net gain or (loss)			19,399,586.			19,399,586.
۵	8 8	а	Gross income from fundraisin	g events (not					
ng			including \$	of					
ě			contributions reported on line	•				en de	
P.			Part IV, line 18						
Other Revenue			Less: direct expenses						
_			Net income or (loss) from fund		>				
	9 8	а	Gross income from gaming at				The second second		
			Part IV, line 19		1				
			Less: direct expenses						
			Net income or (loss) from gam Gross sales of inventory, less						
	10 4	a	and allowances						
		h	Less: cost of goods sold						
			Net income or (loss) from sale						
ŀ		<u>.</u>	Miscellaneous Revenu		Business Code				
ŀ	11 :	a	CONFERENCES & SEMINARS		721110	1,191,652.	897,046.	294,606.	and the second s
- 1		b	LAUNDRY/VENDING		812300	60,019.	60,019.		
- 1	-	c	FINES		900099	22,355.	22,355.		
		d	All other revenue		900099	1,811,016.	1,811,016.		
	(Total. Add lines 11a-11d		>	3,085,042.			
	12		Total revenue. See instructions.			181,209,242.	115,756,726.	1,826,917.	23,485,307.

94425S_1

	Check if Schedule O contains a resport not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	32,805,223.	32,805,223.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	2,103,810.	2,103,810.		
4	Benefits paid to or for members	·	·		
5	Compensation of current officers, directors,				
	trustees, and key employees	1,789,200.	110,016.	1,346,522.	332,662.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	40,989,889.	36,572,367.	3,352,527.	1,064,995.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,415,431.		276,975.	96,842.
9	Other employee benefits	7,419,097.		820,041.	238,134.
10	Payroll taxes	3,060,134.	2,510,246.	465,268.	84,620.
11	Fees for services (non-employees):				
а	Management	- · · · · · · · · · · · · · · · · · · ·			
b	Legal	685,544.		685,544.	
C	Accounting	106,502.	***	106,502.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,375,714.		1,375,714.	
g	`				
	column (A) amount, list line 11g expenses on Sch O.)	28,971.		28,702.	269.
12	Advertising and promotion	1 554 645	4 54 4 000	00.510	11 486
13	Office expenses	1,751,845.	1,614,029.	93,640.	44,176.
14	Information technology	1,352,319.	320,447.	1,031,872.	
15	Royalties	2 600 000	2 (00 000	0 001	
16	Occupancy	3,622,090.	3,620,089.	2,001.	0.6.6. 17.0.0
17	Travel	3,480,574.	2,792,704.	421,071.	266,799.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,836,924.	7 026 024		
20	Interest	1,030,944.	7,836,924.		
21	Payments to affiliates	10,624,956.	10,101,886.	122 006	89,264.
22	Depreciation, depletion, and amortization	624,907.	354,483.	433,806. 270,424.	09,404.
23	Insurance Character and according	044,30/•	334,403.	410,444.	
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 0.)	A 767 075	1 767 O7E		
a	INSTRUCTIONAL SUPPORT	4,767,075.	4,767,075.		
b	FOOD SERVICE	4,363,767.	4,363,767.	1 550 446	· · · · · · · · · · · · · · · · · · ·
C	INSTITUTIONAL SUPPORT	1,550,446.	1 200 202	1,550,446.	4.0
d	OUTSIDE CONTRACTING&REP	1,367,795.	1,200,393.	167,362.	1 100 000
	All other expenses	5,867,050.	4,348,374.	318,687.	1,199,989.
25		140,989,263.	124,024,309.	12,747,104.	3,417,790.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			İ	
	Check here if following SOP 98-2 (ASC 958-720)				- 000 (no co

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
ı	2	Savings and temporary cash investments	6,364,289.	2	9,899,604
	3	Pledges and grants receivable, net	23,895,377.	3	33,360,022
	4	Accounts receivable, net	2,278,994.	4	1,994,666
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ध		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	4 445 454	7	1 017 640
۲	8	Inventories for sale or use	1,115,151.	8	1,017,648
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 386, 742, 842.	227 042 107		040 054 055
		Less: accumulated depreciation 10b 144,687,987.	237,843,197.	10c	242,054,855
	11	Investments - publicly traded securities	142,759,261.	11	100,192,554
	12	Investments - other securities. See Part IV, line 11	241,230,387. 5,127,269.	12	312,350,133
	13	Investments - program-related. See Part IV, line 11	5,147,409.	13	5,021,466
	14	Intangible assets	13,709,381.	14 15	19,024,371
	15	Other assets. See Part IV, line 11	674,323,306.	16	724,915,319
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,004,050.	17	11,064,848
	17	Accounts payable and accrued expenses	12,004,030.	18	11,004,040
	18	Grants payable		19	
	19	Deferred revenue	191,243,500.	20	196,425,217
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	171,243,300.	21	130,423,217
	22	Loans and other payables to current and former officers, directors, trustees,			
ies	22	key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		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 of			
		Schedule D	18,077,024.	25	18,621,993
	26	Total liabilities. Add lines 17 through 25	221,324,574.	26	226,112,058
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
_s		complete lines 27 through 29, and lines 33 and 34.			
č	27	Unrestricted net assets	255,305,802.	27	267,619,305
alar	28	Temporarily restricted net assets	36,439,731.	28	46,725,967
Ä	29	Permanently restricted net assets	161,253,199.	29	184,457,989
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			-
or F		and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
χĮ	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	452,998,732.	33	498,803,261
1			674,323,306.	34	724,915,319

Form	990 (2016) KENYON COLLEGE	<u> 31-</u>	45/9	<u> </u>	Pa	ge 12
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	181			
2	Total expenses (must equal Part IX, column (A), line 25)	2	140			
3	Revenue less expenses. Subtract line 2 from line 1	3	40	<u>, 21</u>	<u>9,9</u>	79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	452			
5	Net unrealized gains (losses) on investments	5	<u> 12</u>	<u>,80</u>	<u>9,6</u>	<u>87.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u>-7</u>	<u>, 22</u>	<u>5,1</u>	<u>37.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	498	<u>,80</u>	3,2	<u>61.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Щ.
			ſ	\$4000000000	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	takasi kasasi	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	1 SOUSSELVEN
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				77	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	100000000000000000000000000000000000000
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	t		77	
	Act and OMB Circular A-133?			<u> 3a</u>	X	—
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			3,5	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			_3b_	X	<u> </u>
				Form	990	(2016)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization 31-4379507 KENYON COLLEGE Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10) support (see instructions) support (see instructions) organization Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 KENYON COLLEGE 31-4379

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14198801.	<u> 11104811.</u>	13765306.	20180274.	<u>40140292.</u>	99389484.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			A-1			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1.110000		1055505	224 222 74	40440000	00000404
4	Total. Add lines 1 through 3	14198801.	11104811.	13765306.	20180274.	40140292.	99389484.
5	The portion of total contributions				120		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						12206200
	column (f)						13296380.
	Public support. Subtract line 5 from line 4.						86093104.
		4-3-0010	/b) 0010	4-2-004-4	(-I) 001E	(-) 0016	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2012 14198801.	(b) 2013 1 1 1 0 4 8 1 1	(c) 2014	(d) 2015 20180274	(e) 2016 4 0 1 4 0 2 9 2	(f) Total
	Amounts from line 4 Gross income from interest,	14170001.	TTT0-40TT.	13703300.	20100274.	#01#0ZJZ:	D D D D T O T .
8	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	15963348.	9413600.	6383220.	6312394.	5868679.	43941241.
۵	Net income from unrelated business	133033101	7123000	03032201	00120011	30000750	
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						143330725
	Gross receipts from related activities	, etc. (see instruction	ons)			12 537	,729,827.
	First five years. If the Form 990 is fo	•				n 501(c)(3)	
	organization, check this box and sto	p here					>
Sec	organization, check this box and stoction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2016 (14	60.07 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	54.77 %
16a	33 1/3% support test - 2016. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the						
	and stop here. The organization qua						
1 7a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			•	•		· · · · · · · · · · · · · · · · · · ·
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets t				•		e
	organization meets the "facts-and-circ						_
18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 16b, 1/a, or 17b			
					Sch	edule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 KENYON COLLEGE Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
1	•••••						,
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received	:					
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10:	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						-
-	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	. 41	l Stiggt account this	d formth or fifth to	l	. F01(a)(2) arganiza	tion
14	First five years. If the Form 990 is for						,
60	check this box and stop here ction C. Computation of Publi			***************************************			
				aluma (6)		15	%
	Public support percentage for 2016 (I					16	
	Public support percentage from 2015 ction D. Computation of Inves] 10]	
_			_	o 10 c-l (6)		T 47	
	Investment income percentage for 20	•				17	<u>%</u>
	Investment income percentage from				45 '	18	<u>%</u>
19:	a 33 1/3% support tests - 2016. If the						r is not
	more than 33 1/3%, check this box ar	•					P
j	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19:	a, or 19b, check th	nis box and see ins	tructions	>

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2 3a		
	7 5	
3b 3c		
4a		
4b		
4c		
5a 5b		
5c		
7		
8		
9a		
9h		
9c		
10a		
10a		

that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the

reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2016

2b

За

3b

	_							Ξ
Schadula	Δ	(Earm	aan	or	aan.	-ヒフ\	2011	a

__ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

4

5

Fai	LV Type III Non-Functionally integrated 508	(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t			
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
,		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	and the second s		
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4		Sin .	
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
<u>d</u>	Excess from 2015			
_	Evage from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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.

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

OMB No. 1545-0047

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 foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions.				
General Rule						
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization

Employer identification number

KENYON	COT	エマベロ

31-4379507

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$856,055. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,614,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>12,000,000.</u>	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		- \$ 4,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$3,279,507. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,000,000.	Person X Payroll

Name of organization

Employer identification number

VENTON CORREGI	KENYON	COLLEG	Ξ
----------------	--------	--------	---

31-4379507

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$910,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

KENYON COLLEGE

31-4379507

Part II	Noncash Property (See instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	
		\$	
(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 org	anization			Employer identification number			
KENYON	1 COLLEGE			31-4379507			
Part III	Exclusively religious, charitable, etc., contributhe year from any one contributor. Complete colucompleting Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional s	mns (a) through (e) and the follow tharitable, etc., contributions of \$1,000 or	WING line entry. For organizatio	(10) that total more than \$1,000 for			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(e) Transfer of gif	t				
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
F	Transferee's name, address, and	ZIP + 4	Relationship of tra	insteror to transferee			
(a) No. from Part I	(b) Purpose of gift (c) Use of		(d) Des	cription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(e) Transfer of gif					
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee			

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.

OMB No. 1545-0047 6 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	KENYON COLLEGE		31-4379507
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histori	ically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			-
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservatio	n easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	e organization's accounting for
	conservation easements. t III Organizations Maintaining Collections of	Art Historical Transuras or Othe	or Similar Assats
Pal	-		er Sillilar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		ain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.	Schedule D (Form 990) 2016

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Continued	Sche	dule D (Form 990) 2016 KENYON	COLLEGE					31-43	79507	Page 2
the check all that apply: a	Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	Othe	r Simila	r Assets	s (continu	ued)
a	3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	are a si	gnificant ι	use of its o	collection i	tems
b		(check all that apply):								
c	а	X Public exhibition	d	Loan or exc	hange progra	ms				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds arther than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Is the organization and part trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1c Beginning balance 2 Beginning balance 2 Bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 1b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 201, 728, 914.1, 213, 628, 161. 210, 519, 201. 193, 161, 995. 182, 472, 992. 1b Contributions 17, 583, 391. 2, 494, 144. 3, 110, 1979. 3, 302, 935. 5, 666, 600. 2 Not investment earnings, gains, and losses 4, 652, 283. 4, 321, 325. 4, 101, 462. 3, 3, 307, 468. 3, 3, 37, 469. 992. 3 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasiendowment 23, 36. 36. 36. 36. 36. 36. 36. 36. 36. 36.	b	X Scholarly research	е	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be seld to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9. Is the organization on aspert, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IV, line 11 and complete the following table:	С	X Preservation for future generations								
The sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization	n's exer	npt purpo	se in Part	XIII.	
The sold to raise funds rather than to be maintained as part of the organization's collection?	5	During the year, did the organization solicit of	r receive donations o	of art, historical treas	sures, or other	r similar	assets			
Teleported an amount on Form 990, Part X, line 21. Teleporter Te		to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	llection?				Yes	X No
Tall Sith enganization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount It It It It It It It	Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "`	Yes" on	Form 990), Part IV,	line 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table:										
b If *Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for contribution:	s or other ass	ets not i	included			
d Additions during the year e Distributions during the year f Ending balance Distributions during the year f Ending balance a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Distributions during the year f Ending balance a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10.		on Form 990, Part X?							Yes	No
C Beginning balance 1c 1d	b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:						
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?									Amount	
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 201,728,914, 213,628,161, 210,519,201, 193,161,995, 182,472,892. b Contributions 17,558,991, 2,494,144, 3,,110,779, 3,302,935, 5,066,662, contributions 1,558,991, 2,494,144, 3,,110,779, 3,302,935, 5,066,662, contributions 2,44,662,283, 4,321,225, 4,101,462, 3,307,468, 3,134,339, e) d Grants or scholarships 4,662,283, 4,321,225, 4,101,462, 3,307,468, 3,134,339, e) e Other expenditures for facilities and programs 6,057,533, 5,960,578, 5,081,905, 4,824,250, 4,964,099, f Administrative expenses g End of year balance 231,515,999, 201,728,914, 213,628,161, 210,519,201, 193,161,995. Porvide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasiendowment ► 23.36 % b Permanent endowment ► 66.13 % c Temporarily restricted endowment ► 10.51 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations 5a(iii) x X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) basis (investment) basis (other) Cost or other basis (other) basis (investment) basis (other) cost or other basis (other) cost or other basis (other) cost or other bas	c	Beginning balance					. 1c			
Finding balance 11	d	Additions during the year					1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year					<u>1e</u>			
B ff *Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.									_	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.							ity?	L	_ Yes	No No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 201,728,914, 213,628,161, 210,519,201, 193,161,995, 182,472,8924, 193,161,995, 182,472,8924, 193,161,995, 182,472,8924, 193,161,995, 182,472,8924, 193,161,995, 182,472,8924, 193,161,995, 182,472,8924, 193,161,995,	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
1a Beginning of year balance 201,728,914, 213,628,161, 210,519,201, 193,161,995, 182,472,892, 17,558,391, 2,494,144, 3,110,779, 3,302,935, 5,666,662, c Net investment earnings, gains, and losses d Grants or scholarships 17,558,391, 2,494,144, 3,110,779, 3,302,935, 5,666,662, c Net investment earnings, gains, and losses d 4,662,283, 4,321,325, 4,101,462, 3,307,468, 3,134,339, c Other expenditures for facilities and programs 4,662,283, 4,321,325, 4,101,462, 3,307,468, 3,134,339, c Network of Standard or Property 4,962,283, 4,321,325, 4,101,462, 3,307,468, 3,134,339, c Network of Standard or Property 4,964,099, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,201, 193,161,995, 201,728,914, 213,628,161, 210,519,20	Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo					T	
b Contributions										
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 231,515,999. 201,728,914. 213,628,161. 210,519,201. 193,161,995. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 23.36 % b Permanent endowment ▶ 66.13 % c Temporarily restricted endowment ▶ 10.51 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations 5 b f "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land (2,205,745. 22,309,098. 13,382,056. 4) Buildings (a) Cost or other basis (other) (b) Buildings (c) Leasehold improvements (d) Equipment (d) Book value (e) Accumulated (d) Book value (e) Accumulated (d) Book value (e) Accumulated (f) Book value (f) Buildings (f) Cost or other basis (other) (f) Cost or other basis (other) (f) Cost or Other basis (other) (f) Cost or Other basis (other) (f) Cost or Other basis (other) (f) Cost or Other basis (other) (f) Cost or Other basis (other) (f) Cost or Other basis (other) (f) Cost or Other basis (other) (f) Cost or Other basis (other) (f) Cost or Other basis (other) (f) Cost or Other basis (other) (f) Cost or Other basis (other) (f) Cost or Other basis (other) (f) Cost or Other basis (other) (f) Cost or Other basis (other) (f) Cost or Other basis (other) (f) Cost or Other basis (other) (•			<u> </u>					
d Grants or scholarships	b				 		<u>-</u>		 	
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 231,515,999, 201,728,914, 213,628,161, 210,519,201, 193,161,995. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 23.36 % b Permanent endowment ▶ 66.13 % c Temporarily restricted endowment ▶ 10.51 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) c Leasehold improvements d Equipment c Leasehold improvements d Equipment	¢					·				
and programs	d	Grants or scholarships	4,662,283.	4,321,325.	4,101	,462.	3,3	307,468.	3,:	134,339.
g End of year balance	е	Other expenditures for facilities								
g End of year balance		. •	6,057,533.	5,960,578.	5,081	,905.	4,8	324,250.	4,	164,099.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 23.36 % b Permanent endowment ▶ 66.13 % c Temporarily restricted endowment ▶ 10.51 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation depreciation depreciation 1a Land (a) 2, 205, 745. (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value	f	Administrative expenses		201 700 011	040.500	1.64	040	-10 001	100	161 005
a Board designated or quasi-endowment ▶ 23.36 % b Permanent endowment ▶ 66.13 % c Temporarily restricted endowment ▶ 10.51 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(ii) X (ii) related organizations 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) depreciation 1a Land 5 2, 205, 745. 2, 205, 745. b Buildings 323, 557, 520.108, 367, 339.215, 190, 181. c Leasehold improvements 325, 691, 154.22, 309, 098.13, 382, 056. e Other 25, 288, 423.14, 011, 550.11, 276, 873.	g	•			<u> </u>	,161.	210,5	519,201.	193,.	161,995.
b Permanent endowment ▶ 66.13 % c Temporarily restricted endowment ▶ 10.51 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(ii) X (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) depreciation 1a Land 2, 205, 745. 2, 205, 745. b Buildings 323, 557, 520. 108, 367, 339. 215, 190, 181. c Leasehold improvements 35, 691, 154. 22, 309, 098. 13, 382, 056. e Other 35, 288, 423. 14, 011, 550. 11, 276, 873.)) held as:					
Temporarily restricted endowment ▶ 10.51 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 2,205,745. 5 Buildings 323,557,520.108,367,339.215,190,181. c Leasehold improvements d Equipment 35,691,154.22,309,098.13,382,056. e Other 25,288,423.14,011,550.11,276,873.				_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) x (iv) x (
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iv) related organizations (C									
Ves No (i) unrelated organizations (ii) related organizations (iii) related organiz										
(i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 2,205,745. 2,205,745. 2,205,745. b Buildings 323,557,520.108,367,339.215,190,181. 2 c Leasehold improvements 35,691,154.22,309,098.13,382,056. 2 d Equipment 35,288,423.14,011,550.11,276,873.	За		ssion of the organiza	tion that are held ar	na administere	ea for tr	ne organiz	ation	Γ,	T N-
(ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 3b 3b 3b 3b 3b 3b 3b 3b 3b 3b 3b 3		•								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4										
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI		, , , , , , , , , , , , , , , , , , , ,								 _
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a	b								30	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 2,205,745. 2,205,745. b Buildings 323,557,520.108,367,339.215,190,181. c Leasehold improvements 35,691,154.22,309,098.13,382,056. e Other 25,288,423.14,011,550.11,276,873.	Dai			wment lunus.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	I GI	- 100 pt 2000 pt 100 pt		Dart IV line 11a S	ee Form 990	Part Y	line 10			
basis (investment) basis (other) depreciation 1a Land 2,205,745. 2,205,745. b Buildings 323,557,520.108,367,339.215,190,181. c Leasehold improvements 35,691,154.22,309,098.13,382,056. e Other 25,288,423.14,011,550.11,276,873.					1			od	(d) Rook	value
1a Land 2,205,745. 2,205,745. b Buildings 323,557,520.108,367,339.215,190,181. c Leasehold improvements 35,691,154.22,309,098.13,382,056. e Other 25,288,423.14,011,550.11,276,873.		Description of property	1 7 7	1 ' '	1	٠,			(u) DOOK	valu o
b Buildings 323,557,520.108,367,339.215,190,181. c Leasehold improvements 35,691,154.22,309,098.13,382,056. e Other 25,288,423.14,011,550.11,276,873.		Lond			· · ·				2.205	.745
c Leasehold improvements 35,691,154. 22,309,098. 13,382,056. e Other 25,288,423. 14,011,550. 11,276,873.						108	367.3	39, 21		
d Equipment 35,691,154. 22,309,098. 13,382,056. e Other 25,288,423. 14,011,550. 11,276,873.				220,00	.,		, , _		,	<u>, </u>
e Other 25,288,423. 14,011,550. 11,276,873.			l l	35.69	1.154.	22.	309.0	98. 1	3.382	.056.

Schedule D (Form 990) 2016

Part VII	Investments - C	Other Securities.

Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(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		
(B) FUNDS	217,544,849.	END-OF-YEAR MARKET VALUE
(C) PRIVATE EQUITY FUNDS	47,965,159.	END-OF-YEAR MARKET VALUE
(D) REAL ESTATE FUNDS	20,358,557.	END-OF-YEAR MARKET VALUE
(E) COMMODITIES FUNDS	13,013,628.	END-OF-YEAR MARKET VALUE
(F) FIXED INCOME ALTERNATIVE		
(G) FUNDS	13,467,940.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	312,350,133.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	
(a)	Description	(b) Book value
(1)		
(2)		

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
stal. (Column (b) must equal Form 990, Part X, col. (R) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	FAIR VALUE OF INT.RATE SWAPS	3,703,121.	
(3)	DEPOSITS AND ADVANCES	2,251,946.	
(4)	LIAB.FOR POST-RETIREMENT BEN.	6,390,876.	
(5)	ANNUITIES AND OTHER FUNDS PAYABLE	4,651,120.	
(6)	GOVERNMENT LOAN FUNDS	1,624,930.	
(7)			
(8)			
(9)			
	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	18,621,993.	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

		•			
			1	159,606,888.	
	2a	12,809,687.			
	2b				
	2с				
	2d	-137,805.			
			2e	12,671,882.	
			3	146,935,006.	
_	4a	1,375,714.			
	4b	32,898,522.			
			4c	34,274,236.	
			5	181,209,242.	
en	ents With Expenses per Return.				

113,338,187. Total expenses and losses per audited financial statements 2b 6,623,160 6,623,160. e Add lines 2a through 2d 106,715,027. Subtract line 2e from line 1 1,375,714. a Investment expenses not included on Form 990, Part VIII, line 7b 4b | 32,898,522. b Other (Describe in Part XIII.) 34,274,236. c Add lines 4a and 4b 140,989,263. Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

PART III, LINE 1A:

FINANCIAL STATEMENT FOOTNOTE REGARDING ART COLLECTION:

PROVISIONS OF ASC 958-605, REVENUE RECOGNITION - CONTRIBUTIONS RECEIVED. ALL WORKS OF ART AND COLLECTIONS ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH; ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR AND PRESERVED; AND ARE SUBJECT TO POLICIES GOVERNING THEIR USE. PRIOR TO ASC 958-605 ADOPTION, THE COLLEGE DID CAPITALIZE WORKS OF ART AND COLLECTIONS. AT JUNE 30, 2017 AND 2016, THE NET BOOK VALUE OF THESE ITEMS IS \$1,862,696 AND IS REFLECTED IN THE EQUIPMENT SECTION OF THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION.

Part XIII Supplemental Information (continued)

PART III, LINE 4:

DESCRIPTION OF ART COLLECTION - THE MAJORITY OF THE COLLEGE'S COLLECTION

("COLLEGE COLLECTION") OF ART AND ARTIFACTS IS CARED FOR BY THE GRAHAM

GUND GALLERY, A SECTION 501(C)(3) SUBSIDIARY OF WHICH THE COLLEGE IS THE

SOLE MEMBER. THE GRAHAM GUND GALLERY AND ITS GALLERY COLLECTION

PRIORITIZES 20TH - 21ST CENTURY ART IN ITS EXHIBITIONS AND COLLECTING

PROGRAM. THE COLLEGE'S COLLECTION OF PRE-20TH CENTURY, ETHNOGRAPHIC,

TEACHING AND OTHER COLLECTION OBJECTS ARE MANAGED BY THE GRAHAM GUND

GALLERY'S PROFESSIONAL STAFF AND HOUSED IN ITS FACILITY. SOME COLLEGE

COLLECTION OBJECTS ARE INSTALLED AND ON VIEW IN COLLEGE BUILDINGS.

PART V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS - 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.

PART X, LINE 2:

FIN 48 (ASC 740) FOOTNOTE - FEDERAL INCOME TAXES: THE INTERNAL REVENUE

SERVICE HAS DETERMINED THAT THE COLLEGE, THE KENYON REVIEW, THE GUND

GALLERY, THE KOKOSING NATURE PRESERVE, AND THE PHILANDER CHASE CONSERVANCY

ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL

REVENUE CODE AS PUBLIC CHARITIES DESCRIBED IN SECTION 501(C)(3);

ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN MADE IN THE

CONSOLIDATED FINANCIAL STATEMENTS. THE KENYON INN MANAGEMENT COMPANY IS

SUBJECT TO FEDERAL INCOME TAXES, WHICH FOR JUNE 30, 2017 AND 2016 WERE NOT

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

5,179,455.

6,623,160.

FINANCIAL STATEMENTS

TOTAL TO SCHEDULE D, PART XII, LINE 2D

Schedule D (Form 990) 2016

SCHEDULE E

(Form 990 or 990-EZ)

Schools

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

KENYON COLLEGE

Employer identification number 31-4379507

			YES	NO
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	Series o
	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	X	
	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.			
ı	If you need more space, use Part II ALL APPLICATIONS, COURSE CATALOGS, AND THE STUDENT HANDBOOK	3	Х	50500
;	ALL APPLICATIONS, COURSE CATALOGS, AND THE STUDENT HANDBOOK			
	PUBLICIZE OUR NONDISCRIMINATORY POLICY. THE PUBLICATIONS ARE			
	PROVIDED TO ALL PROSPECTIVE AND ENROLLED STUDENTS.			
•				
,	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
	Copies of all material used by the organization or on its behalf to solicit contributions?	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:			
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		X
а	Students' rights or privileges?	5a 5b		x
a i	Students' rights or privileges? Admissions policies?			Х
a i b .	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b		X
a b c d	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c		X X
a b c d e	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d		X X X
a b c d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		X X X X
a b c d e f g	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e		X X X X
a b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f 5g		X X X X
a b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X X
a b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X
a b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X X
a b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g	X	X X X X X X
a b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	X X X X X X
a b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	X X X X X X
a b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 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?	5b 5c 5d 5e 5f 5g 5h	X	_

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 16 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number Name of the organization 31-4379507 KENYON COLLEGE General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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,X Yes No 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. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (b) Number of (a) Region expenditures employees, agents, and (by type) (such as, fundraising, prois a program service. offices for and gram services, investments, grants to describe specific type in the region independent contractors investments recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA 87,011. ARUBA, BAHAMAS 0 0 PROGRAM SERVICES EDUCATIONAL SERVICES CENTRAL AMERICA AND THE CARTBREAN -ANTIGUA & BARBUDA, PROGRAM SERVICES EDUCATIONAL RESEARCH 10,348. ARUBA, BAHAMAS, 0 0 CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA 0 0 GRANTMAKING 52,732. ARUBA, BAHAMAS CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA, 0 INVESTMENTS 137093153. ARUBA, BAHAMAS, 0 EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, EDUCATIONAL SERVICES n PROGRAM SERVICES 517,378. CAMBODIA ٥ EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA 0 0 PROGRAM SERVICES EDUCATIONAL RESEARCH 18,211. EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, 0 0 PROGRAM SERVICES STUDENT RECRUITMENT 5,665. CAMBODIA EAST ASIA AND THE PACIFIC - AUSTRALIA BRUNEI, BURMA, CAMBODIA 0 GRANTMAKING 236,900. 0 138,021,398. 0 0 3 a Sub-total b Total from continuation 0 12,606,871. 0 sheets to Part I

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

0

n

Schedule F (Form 990) 2016

150,628,269.

c Totals (add lines 3a

and 3b)

(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(a) Negion	offices	employees or	(by type) (i.e., fundraising,	is a program service,	expenditures
	in the region	agents in	program services, grants to	describe specific type	for region
		region	recipients located in the region)	of service(s) in region	
EUROPE (INCLUDING					
(CELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	2,463,230
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	57,134
EUROPE (INCLUDING					,
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	STUDENT RECRUITMENT	7,937
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	OTHER	1,202
EUROPE (INCLUDING					······································
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	INVESTMENTS		7,500,000
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	GRANTMAKING		1,283,392
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
OJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	173,394
MIDDLE EAST AND					,
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
OJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	2,448
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT,	0	0	GRANTMAKING		67,146
NORTH AMERICA -					•
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	11,534
					1

Schedule F (Form 990) Part I Continuatio	n of Activitie		Schedule F (Form 990), Part I, line 3		950 / Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	5,562.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	PROGRAM SERVICES	STUDENT RECRUITMENT	646.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	GRANTMAKING		22,985
RUSSIA AND					
NEIGHBORING STATES -					
ARMENIA, AZERBIJAN,					
BELARUS,	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	48,020.
RUSSIA AND					
NEIGHBORING STATES -					
ARMENIA, AZERBIJAN,					
BELARUS,	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	2,613.
RUSSIA AND					
NEIGHBORING STATES -					
ARMENIA, AZERBIJAN,					
BELARUS,	0	0	GRANTMAKING		36,525
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	184,043
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	STUDENT RECRUITMENT	4,854
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,	0	0	GRANTMAKING		100,605
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,					
INDIA, MALDIVES,	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	88,146
Totals	•				

	· · · · · · · · · · · · · · · · · · ·		(Schedule F (Form 990), Part I, line 3		1 (0 = 1.1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,					
INDIA, MALDIVES,	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	2,514
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,					
INDIA, MALDIVES,	0	0	GRANTMAKING		118,969
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	236,067
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	2,137
SUB-SAHARAN AFRICA -	1			***************************************	
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	PROGRAM SERVICES	STUDENT RECRUITMENT	1,212
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	GRANTMAKING		184,556
	-				
				-	
					+
	 				
	I	1			

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

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2016
(h) Description of noncash assistance						Schedi
(g) Amount of noncash assistance					empt by	
(f) Manner of cash disbursement					ecognized as tax-exe	
(e) Amount of cash grant					oreign country, r	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	
(c) Region					lbove that are r	
(b) IRS code section and EIN (if applicable)					recipient organization: he grantee or counsel other organizations or	
1 (a) Name of organization					 Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities 	

Schedule F (Form 990) 2016 KENYON COLLEGE

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV,
							appraisal, ourer)
EDUCATION ASSISTANCE	CENTRAL AMERICA AND THE CARIBBEAN	7	52,732.	CREDIT TO ACCOUNT	0		
	EAST ASIA AND THE	ŗ	0000	HARLY VO.	c		
EDUCATION ASSISTANCE	EUROPE (INCLUDING ICELAND & GREENLAND)			CREDIT TO ACCOUNT			
EDUCATION ASSISTANCE	MIDDLE EAST AND NORTH AFRICA	гv	67,146.	CREDIT TO ACCOUNT	.0		
EDUCATION ASSISTANCE	NORTH AMERICA	↔	22,985.	CREDIT TO ACCOUNT	.0		
EDUCATION ASSISTANCE	RUSSIA AND NEIGHBORING STATES	7	36,525.	CREDIT TO ACCOUNT	·°		
EDUCATION ASSISTANCE	SOUTH AMERICA	∞	100,605.	CREDIT TO ACCOUNT	.0		
EDUCATION ASSISTANCE	SOUTH ASIA	rv	.118,969.	CREDIT TO ACCOUNT	.0		
EDUCATION ASSISTANCE	SUB-SAHARAN AFRICA	10	184,556.	CREDIT TO ACCOUNT	.0		
						Schedu	Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

Open to Public

Inspection

² |

OMB No. 1545-0047

Employer identification number 31-4379507 X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part I General Information on Grants and Assistance KENYON COLLEGE criteria used to award the grants or assistance? Name of the organization Department of the Treasury Internal Revenue Service Part

(h) Purpose of grant or assistance (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table (p) EIN 1 (a) Name and address of organization or government

Schedule I (Form 990) (2016)

31-4379507

Page 2

(Form 990) (2016) KENYON COLLEGE

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2016)

Part III Grants and Other

(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 noncash assistance
PRIZES TO STUDENTS	139	195,130.	0.		
FUITION REMISSION	28	1,328,940.	• 0		
SCHOLARSHIPS	914	30,794,712.	•0		
RESEARCH FELLOWSHIPS	69	313,225.	•0		
LEGAL FELLOWSHIPS	L	.006,08	•0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
ı Hı					
MONITORING USE OF GRANT FUNDS - SCF	SCHOLARSHIPS,	S, FELLOWSHIPS,		AND OTHER	
EDUCATIONAL PROGRAM GRANTS ARE MONITORED THROUGH THE COLLEGE'S	ITORED TH	ROUGH THE		FINANCIAL	
AID COMPLIANCE PROCEDURES. PRIZES 1	TO STUDENTS	ARE	AWARDED FOR ACADEMIC	CADEMIC	
MERIT.					

31-4379507 Page 2		(f) Description of non-cash assistance							Schedule I (Form 990)
	((e) Method of valuation (book, FMV, appraisal, other)							
	I (Form 990), Part III.	(d) Amount of non- cash assistance	.0	.0	0.	•0			
	States (Schedule	(c) Amount of cash grant	70,944.	35,472.	12,000.	23,900.			
	uals in the United	(b) Number of recipients	24.	12.	1.	21.		***************************************	
Schedule I (Form 990) KENYON COLLEGE	Part III Continuation of Grants and Other Assistance to Individ	(a) Type of grant or assistance	EDUCATIONAL ENRICHMENT	S-STEM SCHOLARSHIPS	DALTON FELLOWSHIPS	KENYON INSTITUTE SCHOLARSHIPS			

04-01-16

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

Internal Revenue Service Name of the organization

Department of the Treasury

KENYON COLLEGE

Part I Questions Regarding Compensation

Employer identification number 31-4379507

OMB No. 1545-0047

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as, maid, chauffeur, chef)			
	Proportionary appointing account Proportion convious (addition, or addition, or addit			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
D	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	х	
•		10		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		х	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Δ	
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	5050000		
а	Receive a severance payment or change-of-control payment?	4a		<u> </u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	named with course	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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		<u> </u>
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on 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		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	"	
		. /	- 0001	0040

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

Schedule J (Form 990) 2016

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 on 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 aren't 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	V-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (5) reported as deferred on prior Form 990
(1) SEAN M. DECATUR	Ε	351,088.	.000,06	150,898.	75,175.	28,388.	695,549.	100,000.
PRESIDENT & TRUSTEE	<u> </u>	0	0	0	0	0	0	0.
(2) JOSEPH KLESNER	Ξ	191,617.	0	497.	19,060.	28,182.	239,356.	.0
PROVOST	Ξ		0.	0			1	0
(3) TODD BURSON	Ξ	173,086.	0.	0.	17,271.	26,553.	216,910.	• 0
VP FOR FINANCE	Ξ	0	0	• 0	• 0	.0	0	0
(4) MARK KOHLMAN	ε	156,041.	0	300.	15,809.	30,834.	202,984.	0
CHIEF BUSINESS OFFICER	<u> </u>	0	0	0	0	0.	.0	0
(5) HEIDI MCCRORY	Ξ	213,303.	0	0.	21,042.	29,505.	263,850.	0.
VP FOR DEVELOPMENT	€	0	0	.0	1			0.
(6) RONALD GRIGGS	Ξ	158,096.	0.	• 0	15,824.	29,335.	203,255.	.0
VP FOR LBIS	(ii)		0.	0	0			0
(7) DIANE ANCI	Ξ	203,784.	0.	0	20,629.	33,228.	257,641.	0.
VP ENROLL/DEAN ADM&FIN.AID	Ξ	0	0	• 0	• 0			
(8) MEREDITH BONHAM	€	164,818.	0.	• 0	16,311.	23,658.	204,78	
VP FOR STUDENT AFFAIRS	Ξ		0.	.0			1	0.
(9) SARAH H. KAHRL	(I)	212,337.	0.	720.	21,109.	30,399.	264,565.	0
DIR-KIESEN ADV TO PRES.	Ξ		0.		0.	0		0
(10) DAVID H. LYNN	Ξ	185,174.	0.	13,373.	17,443.	1,498.	217,488.	0
EDITOR-KENYON REVIEW	Ξ		0.	.0	0.	.0		0.
(11) PETER M. RUTKOFF	(1)	167,376.	0.	20,369.	16,163.	86.	203,994.	0
PROF OF AM. HISTORY	(ii)	0.	0.	.0		0.		0
(12) GREGORY P. SPAID	(i)	174,196.	0.	3,388.	17,267.	11,480.	206,33	0
PROF OF ART	Ξ		0.	0.		0		0
(13) JOSEPH G NELSON	Ξ	136,617.	0.	591.	13,734.	23,106.	174,04	0
VP FOR FINANCE	⊕	0.	0.	.0	0.			0.
(14) JENNIFER BRITZ	(i)	120,605.	0.	50,734.	11,514.	12,291.	195,144.	50,000.
VP ENROLL/DEAN OF ADMISSIONS&FIN AID	_	0.	0.	0.	0.	0	0.	0.
	Ξ							
	▣							
	Ξ							
	Ξ							
:							Sched	Schedule J (Form 990) 2016

50

Part III Supplemental Information

Schedule J (Form 990) 2016

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

LINE 1A: PART I, THE COLLEGE PROVIDED THE FOLLOWING BENEFITS BENEFITS PROVIDED TO OFFICERS -

SEAN DECATUR: PAYMENT OF MEMBERSHIP DUES FOR THE MOUNT TO ITS PRESIDENT,

AND THE UNIVERSITY CLUB; RESIDENCE ON UNION CLUB, VERNON ROTARY CLUB, CAMPUS FOR PERSONAL USE AS WELL AS JOB-RELATED ACTIVITIES; MAID SERVICE FOR

THE PRESIDENT'S ON-CAMPUS HOME; USE OF AN AUTOMOBILE FOR COLLEGE-ONLY

PURPOSES; AND A DISCRETIONARY SPENDING ACCOUNT TO FURTHER THE COLLEGE'S

AS MISSION. THE COLLEGE DID NOT TREAT THE VALUE OF THE REMAINING BENEFITS

TAXABLE INCOME FOR THE PRESIDENT AS EXPENSES WERE INCURRED FOR

THE PRESIDENT'S HOME IS SUBSTANTIALLY USED COLLEGE-RELATED PURPOSES. ALSO,

THE FOR COLLEGE PURPOSES SINCE THE PRESIDENT HOSTS MANY FUNCTIONS AT

RESIDENCE

LINE 4B PART I,

ΡŪ EMPLOYER CONTRIBUTION ı SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

\$50,000. PLAN FOR SEAN DECATUR: 457(F) SECTION

- ADDITIONAL INFORMATION: COLUMN F PART II, THE AMOUNTS IN COLUMN F REPRESENT CONTRIBUTIONS TO A NONQUALIFIED

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Part III Supplemental Information

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.

DEFERRED COMPENSATION PLAN REPORTED ON PRIOR YEARS' FORMS 990. PER THE
INSTRUCTIONS FOR FORM 990 AND SCHEDULE J, WE ARE REQUIRED TO LIST
DEFERRED COMPENSATION PLAN CONTRIBUTIONS EACH YEAR, EVEN IF THE
PARTICIPANTS ARE NOT YET VESTED IN THOSE CONTRIBUTIONS. THESE
NON-VESTED DEFERRED COMPENSATION CONTRIBUTIONS ARE SHOWN IN COLUMN C OF
SCHEDULE J, PART II EACH YEAR. WHEN THE CONTRIBUTIONS BECOME VESTED
AND ARE PAID OUT, THE AMOUNTS ARE PART OF EACH PARTICIPANT'S FORM W-2
AND THEREFORE ARE SHOWN IN COLUMN B OF PART II OF SCHEDULE J. THIS
DOUBLE-COUNTING OF DEFERRED COMPENSATION CONTRIBUTIONS IS ALLEVIATED
THROUGH THE DISCLOSURE OF AMOUNTS IN COLUMN F OF PART II IN THE YEAR IN
WHICH THE VESTED CONTRIBUTIONS ARE PAID TO THE PARTICIPANT.
Schedule J (Form 990) 2016

Supplemental Information on Tax-Exempt Bonds

► Attach to Form 990.

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
 Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

KENYON COLLEGE

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULEK (Form 990)

2016 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

31-4379507

619. 5,136,619. 5,081,745. (i) Pooled Š 874. financing × × × × M × × ŝ ž 5,136, 54, (g) Defeased (h) On behalf Š × × × × Δ of issuer Yes Yes Yes × M × ŝ × × × 40,683,466. 40,518,366. 165,100 Yes × × × 읟 ŝ 2015 O (f) Description of purpose Yes Yes × M × ΙN Z I I PART SEE PART 5,136,619.SEE PART SEE PART 44,637,452. 484,435. 44,153,017. Ы × ŝ å 2013 SEE œ Ω 100189867. 44637452. 40683466. Yes Yes × × × (e) Issue price 100,467,203. 273,505. 43,680,000 10,237,220 956,478 × × N٥ ŝ 2010 11/29/16 02/11/10 05/28/15 07/24/13 (d) Date issued 89, Yes × × × M 34-6849674|67756DJG2| 34-6849674|67756AR38| 34-6849674|67756DBF2| 34-684967467756DFW1 (c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds OHIO HIGHER EDUCATIONAL OHIO HIGHER EDUCATIONAL OHIO HIGHER EDUCATIONAL OHIO HIGHER EDUCATIONAL FACILITY COMMISSION C FACILITY COMMISSION A FACILITY COMMISSION Capital expenditures from proceeds D FACILITY COMMISSION Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Part III Private Business Use bond-financed property? Amount of bonds retired Other unspent proceeds Total proceeds of issue Other spent proceeds Bond Issues Part II Proceeds Parti m q ო 4 ဖ œ 9 4 2 F 42 5 9

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2016

~ ENTILL

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

Department of the Treasury Internal Revenue Service

SCHEDULEK (Form 990)

explanations, and any additional information in Part VI.

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

Inspection

OMB No. 1545-0047

2016 Open to Public

ž (g) Defeased (h) On behalf (i) Pooled financing × Employer identification number ŝ ŝ 31-4379507 Š × of issuer Yes Yes Yes ŝ × Yes ž ŝ O O (f) Description of purpose Yes Yes I SEE PART ŝ ŝ Ω Ω 51393477. Yes Yes (e) Issue price 50,689,317. 51,393,477. 524,160 51,851,557 ৶⋈ M ŝ (d) Date issued 11/29/16 ⋖ Yes Yes × × × 34-6849674|67756DJG2| (c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? COLLEGE Has the final allocation of proceeds been made? Working capital expenditures from proceeds OHIO HIGHER EDUCATIONAL KENYON A FACILITY COMMISSION Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III Private Business Use Other unspent proceeds bond-financed property? Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization **Bond Issues** Proceeds Part Partl Q ဖ ø O 12 15 16 8 ပ 우 5 14

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

54

Schedule K (Form 990) 2016

Schedule K (Form 990) 2016 KENYON COLLEGE			31-4	31-4379507	점 	ENTTTY T		Page 2
Part III Private Business Use (Continued)								
	▼ ;			8		5	٥	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	8 ⋈	xes ×	ON	X	OZ.	X	ON
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside					ļ			
counsel to review any management or service contracts relating to the financed property?			×		×		×	
c Are there any research agreements that may result in private business use of bond-financed property?		×		×		×		×
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by				;		•		ì
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								:
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		×		×		×		×
8a Has there been a sale or disposition of any of the bond-financed property to a non-						!		;
governmental person other than a 501(c)(3) organization since the bonds were issued?		×		×		×		×
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed					4114			
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under			}		1		;	
Regulations sections 1.141-12 and 1.145-2?	×		×		×		∢	
Part IV Arbitrage								
	,	A		8		S	ď	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	Š	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×		×		×		×
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×	×		×		×	
b Exception to rebate?		×		×		X		×
c No rebate due?	×			×		×	-	×
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		×		×		×		×
4a Has the organization or the governmental issuer entered into a qualified						1		;
hedge with respect to the bond issue?		×		×		×		×
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?	×							
e Was the hedge terminated?								
632122 10-19-16						Sct	edule K (Fo	Schedule K (Form 990) 2016

Schedule K (Form 990) 2016 KENYON COLLEGE			31-4	-4379507		1		Page 2
Part III Private Business Use (Continued)						-		
				В	0			
3a Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	S S	Yes	o N	Yes	S S	Yes	Š
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	Þ							
counsel to review any management or service contracts relating to the	4	þ						
 Are there any research agreements that may result in private business use of bond-financed property? 		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed p								
4 Enter the percentage of financed property used in a private business use by								
		.10 %		%		%		%
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	7	2.30 %		%		%		%
6 Total of lines 4 and 5	2	.40 %		%		%		%
7 Does the bond issue meet the private security or payment test?		×						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?	×							
Part IV Arbitrage								
		A		8	5			
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	S.	Yes	No	Yes	No No
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?							•	
a Rebate not due yet?	×							
b Exception to rebate?		X						
c No rebate due?		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		×						
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
632122 10-19-16						Sch	Schedule K (Form 990) 2016	n 990) 2016

Page 3 × ş N_o Δ Yes Yes × × ŝ 윈 × × Yes Yes × × 31-4379507 ŝ å × × COMMISSION, STATE OF OHIO HIGHER EDUCATIONAL FACILITY ADJUSTABLE DEMAND 2002, AND 2) CURRENT REFUND [ADJUSTABLE DEMAND] REVENUE BONDS (KENYON COLLEGE 1992; Ω THE ISSUE WAS ISSUED TO ADVANCE REFUND THE FOLLOWING BOND ISSUE: OHIO 1998; AND C) OHIO HIGHER EDUCATIONAL ISSUED OHIO HIGHER EDUCATIONAL FACILITY COMMISSION, STATE OF OHIO HIGHER Yes Yes × × THE ISSUE WAS ISSUED TO 1) ADVANCE REFUND THE FOLLOWING BOND ISSUE Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions OHIO HIGHER EDUCATIONAL FACILITY COMMISSION, STATE OF OHIO HIGHER EDUCATIONAL FACILITY ADJUSTABLE MEDIUM TERM REVENUE BONDS (KENYON COLLEGE 2002 PROJECT), ISSUED DECEMBER 10, 2002, AND 2) CURRENT RI ISSUED DECEMBER 10, STATE OF OHIO HIGHER EDUCATIONAL FACILITY ADJUSTABLE DEMAND REVENUE BONDS (KENYON COLLEGE 1999 PROJECT), THE FOLLOWING BOND ISSUES: A) OHIO HIGHER EDUCATIONAL FACILITY HIGHER EDUCATIONAL FACILITY COMMISSION, STATE OF OHIO HIGHER COMMISSION ŝ ş M × DATE THE REBATE COMPUTATION WAS PERFORMED: 04/23/201 Yes Yes M × ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY DESCRIPTION OF PURPOSE - PART I, ROW B, COLUMN F: DESCRIPTION OF PURPOSE - PART I, ROW A, COLUMN F: d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of REVENUE BONDS (KENYON COLLEGE 1992 PROJECT), federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation isn't available under applicable Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? SCHEDULE K, PART IV, ARBITRAGE, LINE 2C: KENYON COLLEGE 1998 PROJECT), ISSUED AUGUST 26, Part V Procedures To Undertake Corrective Action B) OHIO HIGHER EDUCAT EDUCATIONAL FACILITY FACILITY COMMISSION, NOVEMBER 18, 1999 Part IV Arbitrage (Continued) Schedule K (Form 990) 2016 b Name of provider section 148? regulations? c Term of GIC 9

EDUCATIONAL FACILITY ADJUSTABLE MEDIUM TERM REVENUE BONDS (KENYON

COLLEGE 2002 PROJECT), ISSUED ON DECEMBER 10, 2002.

Page 3 ŝ ŝ Yes Yes ŝ ŝ Yes Yes 31-4379507 ŝ å STATE OF OHIO HIGHER EDUCATIONAL FACILITY ADJUSTABLE DEMAND B) OHIO HIGHER EDUCATIONAL FACILITY COMMISSION, STATE OF OHIO HIGHER EDUCATIONAL FACILITY [ADJUSTABLE DEMAND] REVENUE BONDS (KENYON COLLEGE 2002, AND 2) CURRENT REFUND 1992; OHIO 998 PROJECT), ISSUED AUGUST 26, 1998; AND C) OHIO HIGHER EDUCATIONAL ISSUED OHIO HIGHER EDUCATIONAL FACILITY COMMISSION, STATE OF OHIO HIGHER Yes Yes THE ISSUE WAS ISSUED TO 1) ADVANCE REFUND THE FOLLOWING BOND ISSUE: Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions OHIO HIGHER EDUCATIONAL FACILITY COMMISSION, STATE OF OHIO HIGHER EDUCATIONAL FACILITY ADJUSTABLE MEDIUM TERM REVENUE BONDS (KENYON THE ISSUE WAS ISSUED TO ADVANCE REFUND THE FOLLOWING BOND ISSUE: REVENUE BONDS (KENYON COLLEGE 1992 PROJECT), ISSUED DECEMBER 10, ADJUSTABLE DEMAND REVENUE BONDS (KENYON COLLEGE 1999 PROJECT), FACILITY COMMISSION, STATE OF OHIO HIGHER EDUCATIONAL FACILITY THE FOLLOWING BOND ISSUES: A) OHIO HIGHER EDUCATIONAL FACILITY COMMISSION 윈 Š × × DATE THE REBATE COMPUTATION WAS PERFORMED: 04/23/2015 Yes × ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY DESCRIPTION OF PURPOSE - PART I, ROW A, COLUMN F: COLUMN F: d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of COLLEGE 2002 PROJECT), ISSUED DECEMBER 10, closing agreement program if self-remediation isn't available under applicable 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? Were any gross proceeds invested beyond an available temporary period? SCHEDULE K, PART IV, ARBITRAGE, LINE 2C: DESCRIPTION OF PURPOSE - PART I, ROW B, KENYON COLLEGE Part V Procedures To Undertake Corrective Action NOVEMBER 18, 1999. Part IV Arbitrage (Continued) Schedule K (Form 990) 2016 b Name of provider COMMISSION, section 148? regulations? c Term of GIC

632123 10-19-16

EDUCATIONAL FACILITY ADJUSTABLE MEDIUM TERM REVENUE BONDS (KENYON

HIGHER EDUCATIONAL FACILITY COMMISSION,

COLLEGE 2002 PROJECT), ISSUED ON DECEMBER 10, 2002.

STATE OF OHIO HIGHER

DESCRIPTION OF PURPOSE - FART 1, ROW C, COLUMN F: THE ISSUE WAS ISSUED TO ADVANCE REFUND THE NEW MONEY PORTION OF THE	
FOLLOWING BOND ISSUE: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION,	
STATE OF OHIO HIGHER EDUCATIONAL FACILITY REVENUE BONDS (RENYON COLLEGE 2006 PROJECT), ISSUED ON AUGUST 9, 2006.	
V D, COLUMN F:	
THE ISSUE WAS ISSUED TO CURRENT REFUND THE FOLLOWING BOND ISSUE: OHIO HIGHER EDITCATIONAL FACTITITY COMMISSION. STATE OF OHIO HIGHER	
SNUE BONDS (KENY	
ISSUED ON AUGUST 9, 2006.	
DESCRIPTION OF PIRPOSE - PART I ROW A. COLITMN F FOR THE 2ND 2016 BOND:	
ISSUED TO PARTIALLY ADVANCE REFUND OHIO HIGHER	
ACILITY COMMISSION, STA	
FACILITY REVENUE BOND (KENYON COLLEGE 2010 PROJECT), ISSUED ON FEBRUARY	
11, 2010.	
ADDITIONAL INFORMATION ABOUT PROCEEDS - PART II, LINE 3:	
16 BONDS. THE AMOUNT OF TOTAL PROCEEDS SHOWN	
ICLUDES INVESTMENT EARNINGS.	
Schedule K (Form 990) 2016	90) 2016

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

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

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization								1 -	-	identi		nun nu	nber
		LLEGE								7950)7_		
Part I Excess Benefit Tr		•											
Complete if the organiz						, or	Form 990-EZ, Pa	art V, li	ne 40	b.	()	Ca	+- 40
(a) Name of disqualified person	(b)	Relationship betv person and or			itiea (d	e) De	escription of tran	sactio	n		Ye	Correc	No.
			J								 ''	,,,	140
											1		
A PART OF THE PROPERTY OF THE													
			·										
2 Enter the amount of tax incurre	d by the c	organization man	agers	or disq	ualified persons dur	ing t	he year under						
section 4958													
3 Enter the amount of tax, if any,	on line 2,	above, reimburs	ed by	the org	ganization			• • • • • • • • • • • • • • • • • • • •	▶ \$				
Part II Loans to and/or F	rom Int	erested Pers	ons										
Complete if the organiz					Dort V line 20e or E	- - -	OOA Dort IV lin	o 26: 6	or if th	o organ	izatio	n	
reported an amount on					, Part V, line 36a of r	OIII	1990, Fait IV, IIII	e 20, C) II UI	e Organ	IIZALIO	11	
	elationship		(d) Lo	an to or	(e) Original	(f) Balance due	(g)	ln .	(h) App by boa	roved	(i) W	ritten
	rganization			n the zation?	principal amount	`	,	defa	ult?	comm	ittee?	agree	ment?
			То	From				Yes	No	Yes	No	Yes	No
	10												
						<u> </u>							
						-							
Total		1	1		▶ \$								
Part III Grants or Assista	nce Bei	nefiting Inter	este	d Per	sons.								
Complete if the organiz	ation ans	wered "Yes" on F	orm 9	90, Pa	art IV, line 27.		<u> </u>						
(a) Name of interested person		(b) Relationship	betwe	en	(c) Amount of		(d) Type					ose of	
		interested pers the organiza		d	assistance		assistan	ce		6	assista	ince	
		the organiza	211011										
2000													

Schedule L (Form 990 or 990-EZ) 2016

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

Schedule L (Form 990 or 990-EZ) 2016

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

KENYON COLLEGE

Employer identification number 31-4379507

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deterr noncash contribution		s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications	X		4.	OTHER-NOM. VAL	UE	
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	200	4,002,938.	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	Х	1	1.	OTHER-NOM. VAL	UE	
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (EQUIP.FOR ATH)	Х	1	427.	FMV		
26	Other (EVENT HOSTING)	Х	1		OTHER-NOMINAL	VAL	ŰE.
27	Other						
28	Other ()						
<u>29</u>	Number of Forms 8283 received by the organiz	zation during	the tax vear for co	ontributions			
	for which the organization completed Form 828						
		,, -				Yes	No
30a	During the year, did the organization receive by	/ contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?					a	Х
h	If "Yes," describe the arrangement in Part II.	***************************************					
31	Does the organization have a gift acceptance p	oolicy that re	auires the review o	of any nonstandard contribut	tions?	1 X	- Commission of
	Does the organization hire or use third parties of						
OZ.	contributions?		-		32	a X	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	a type of property	for which column (a) is ched	oked,		
	describe in Part II.						
НΔ	For Panerwork Reduction Act Notice see	the Instruct	ione for Earm 990	`	Schedule M (For	m 0001	2016)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

2016 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KENYON COLLEGE

Employer identification number 31-4379507

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: KENYON COLLEGE IS A PRIVATE LIBERAL ARTS EDUCATIONAL INSTITUTION WITH APPROXIMATELY 1,700 STUDENTS AND 200 PROFESSORS. THE COLLEGE HAS 18 DEPARTMENTS AND 13 INTERDISCIPLINARY PROGRAMS. PART III, LINE 1 - ORGANIZATION'S MISSION: OVER THE 190 YEARS OF ITS LIFE, KENYON COLLEGE HAS DEVELOPED A DISTINCTIVE IDENTITY AND HAS SOUGHT A SPECIAL PURPOSE AMONG INSTITUTIONS OF HIGHER LEARNING. KENYON IS AN ACADEMIC INSTITUTION. THE VIRTUE OF THE ACADEMIC MODE IS THAT IT DEALS NOT WITH PRIVATE AND PARTICULAR TRUTHS, BUT WITH THE GENERAL AND THE UNIVERSAL. IT ENABLES ONE TO ESCAPE THE LIMITS OF PRIVATE EXPERIENCE AND THE TYRANNY OF THE 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, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) 632211 08-25-16

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

AS AN IMPORTANT EDUCATIONAL VALUE IN ITSELF, KENYON MAINTAINS A DEEP COMMITMENT TO DIVERSITY. KENYON TODAY STRIVES TO PERSUADE ITS STUDENTS TO THOSE SAME PURPOSES. AS A PRIVATE AND INDEPENDENT COLLEGE, KENYON HAS BEEN FREE TO PROVIDE ITS OWN MODE OF EDUCATION AND SPECIAL QUALITY OF LIFE FOR ITS MEMBERS. ITS HISTORIC RELATIONSHIP WITH THE EPISCOPAL CHURCH HAS MARKED ITS COMMITMENT TO THE VALUES CELEBRATED IN THE JUDAEO-CHRISTIAN TRADITION, BUT WITHOUT DOGMATISM, WITHOUT PROSELYTIZING. BECAUSE ITS FACULTY AND STUDENTS ARE SUPPORTED BY NEITHER CHURCH NOR STATE, THE COLLEGE MUST CHARGE FEES AND SEEK SUPPORT FROM DONORS. WHILE THIS PRESERVES KENYON'S INDEPENDENCE, IT SETS UNFORTUNATE LIMITS. THE COLLEGE'S AMBITIONS MUST BE TEMPERED BY A SENSE OF WHAT IS ECONOMICALLY FEASIBLE. AS AN 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

632212 08-25-16

FORM 990, PART VI, SECTION A, LINE 2:

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

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 CONCERNS, HOWEVER, A LIBERAL EDUCATION FORMS THE FOUNDATION

OF A FULFILLING AND VALUABLE LIFE. TO THAT PURPOSE KENYON COLLEGE IS

DEVOTED.

Name of the organization KENYON COLLEGE

Employer identification number 31-4379507

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEW - 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.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 PROVIDED TO GOVERNING BODY - THE COLLEGE HAS DISTRIBUTED FORM 990

TO THE FULL BOARD OF TRUSTEES WITH THE EXCEPTION OF DONOR INFORMATION ON

SCHEDULE B. BECAUSE OF SCHEDULE B'S PRIVATE AND CONFIDENTIAL NATURE, THE

BOARD HAS DELEGATED THE AUTHORITY AND RESPONSIBILITY FOR REVIEWING THAT

SCHEDULE TO THE CHAIR OF THE BOARD AND THE CHAIR OF THE AUDIT SUBCOMMITTEE

ON BEHALF OF THE FULL BOARD. AS SUCH, WE ARE REQUIRED TO ANSWER "NO" TO THE

QUESTION ON LINE 11A EVEN THOUGH A COPY OF FORM 990 (WITH REDACTED DONOR

INFORMATION ON SCHEDULE B) WAS PROVIDED TO THE TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C:

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.

MONITORING AND ENFORCEMENT OF CONFLICT POLICY - THE COLLEGE'S CONFLICT

FORM 990, PART VI, SECTION B, LINE 15:

REVIEW AND APPROVAL OF COMPENSATION - COMPARABILITY SALARY STUDIES FROM

PEER INSTITUTIONS ARE PERFORMED FOR THE COLLEGE'S PRESIDENT AND FOR MEMBERS
632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public Inspection 2016

OMB No. 1545-0047

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

▶ Attach to Form 990.

Employer identification number 31-4379507

Name of the organization

Department of the Treasury Internal Revenue Service

KENYON COLLEGE

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

(f) t controlling entity) t
Direc			related tax-exemp
(e) End-of-year assets			it had one or more
(d) Total income			t IV, line 34 because
(c) Legal domicile (state or foreign country)			olete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt
(b) Primary activity			ons. Complete if the organization ans
(a) Name, address, and EIN (if applicable) of disregarded entity			Part II Identification of Related Tax-Exempt Organizations. Comp organizations during the tax year.

(a)	(q)	(0)	(p)	(e)	())	(6)	,
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 12(b) controlled	Z(D)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	رن
				501(c)(3))		Yes	No
THE KENYON REVIEW - 31-1443804							
209 CHASE AVE EATON CENTER							
GAMBIER, OH 43022	PUBLICATIONS	онто	501(C)(3)	LINE 7	KENYON COLLEGE	×	
PHILANDER CHASE CONSERVANCY - 31-1711213							
209 CHASE AVE EATON CENTER							
GAMBIER, OH 43022	LAND PRESERVATION	онго	501(C)(3)	LINE 12A, I	KENYON COLLEGE	×	
THE FIVE COLLEGES OF OHIO - 31-1440434							
209 CHASE AVE EATON CENTER							
GAMBIER, OH 43022	EDUC. CONSORTIUM	онго	501(C)(3)	LINE 12A, I	N/A		×
GREAT LAKES COLLEGES ASSOCIATION, INC							
38-1678376, 209 CHASE AVE EATON CENTER,							
GAMBIER, OH 43022	EDUC. CONSORTIUM	MICHIGAN	501(C)(3)	LINE 12A, I	N/A		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Form 990) 2016	Form 990) 2016

LHA

632161 09-06-16

69

KENYON COLLEGE

31-4379507

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(5)	(p)	(e)	(4)	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b))(13) 1
of related organization		foreign country)	section	status (if section	entity	organization?	n?
				501(c)(3))		Yes	٥ N
GRAHAM GUND GALLERY - 46-3140140							
209 CHASE AVE EATON CENTER						, ,	
GAMBIER, OH 43022	ART GALLERY	оніо	501(C)(3)	LINE 12A, I	KENYON COLLEGE	×	
KOKOSING NATURE PRESERVE - 47-2482300							
209 CHASE AVE EATON CENTER							
GAMBIER, OH 43022	CEMETERY	онго	501(C)(13)	N/A	KENYON COLLEGE	×	
	1						
	····						
	•						
CUUCUU							
035252 04-01-16		Č					
		9,					

70

31-4379507

Page 2

Schedule R (Form 990) 2016 KENYON COLLEGE

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

age hip			
(j) (k) General or Percentage managing ownership partner? Yes No			
General or managing partner?			
31 Ge oox m ule Pi 065) Ye			
Code V-UBI Gamount in box n 20 of Schedule L K-1 (Form 1065)			
Coo amo 20 of K-1 (F		***************************************	
(h) Disproportionate allocations? Yes No			
Dispropo allocati		**************************************	
(g) Share of end-of-year assets			
otal			
(f) Share of total income			
S S	**************************************		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			
(e) ominant ated, un ed from tions 51			
Pred (reli exclud sec	*****	******	
trolling /			
(d) entity			
ļ			
(c) Legal domicile (state or foreign			
vity			
(b) Primary activity			
Prim			
Z EIN			
(a) Name, address, and EIN of related organization			
(a 9, addre lated o			
Name of re			

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

(a)	(q)	(၁)	(p)	(e)	(J)	(6)	(h)	(i) ~	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	(13)
		country)						Yes	No
KENYON INN MANAGEMENT CO 31-1646746									
209 CHASE AVE EATON CENTER									
GAMBIER, OH 43022	HOTEL MGMT.SVC.	ЮН	KENYON COLLEGE	C CORP	15,446.	129,176.	100%	×	
CHARITABLE REMAINDER TRUSTS (8)									
EATON CENTER									
GAMBIER, OH 43022	CHARITABLE TRUST	OH	KENYON COLLEGE	TRUST					×
CHARITABLE REMAINDER TRUSTS (1)									
EATON CENTER								•	
GAMBIER, OH 43022	CHARITABLE TRUST	FL	KENYON COLLEGE	rrust					×
POOLED INCOME FUND (1)									
EATON CENTER									
GAMBIER, OH 43022	POOLED INC. FUND	ОН	KENYON COLLEGE	TRUST					×

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ŝ
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?	s with one or more rel	ated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
(S)				10		×
				19	×	
				4		×
e Logis of Idai guarantees by refated organization(s)				2		ł
f Dividends from related organization(s)				+		×
Sale of assets to related organization(s)				19		×
b Durchage of accept from related organization(c)			***************************************	+		×
				ij÷		×
Excrange of assets with related organization(s)				÷	×	4
Lease of facilities, equipment, of other assets to related organization(s)				-	1	
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	ınization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n	X	
Sharing of paid employees with related organization(s)				9	×	
 Beimbursement paid to related organization(s) for expenses 				1		×
Reimbursement paid by related organization(s) for expenses				19	×	

The transfer of cash or property to related organization(s)				+	×	
Outer transfer of cash of property to reface organization(s)		***************************************		:	>	
ام				Is	4	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete thi	s line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) PHILANDER CHASE CONSERVANCY	ጸ	166,809.	FMV			
(2) THE KENYON REVIEW	껖	131,657.	FMV			
(3) GRAHAM GUND GALLERY	껖	783,009.	FMV			
(4)						
(5)						
(9)						
632.163 09-06-16			Schedule B (Form 990) 2016	B (Forn	n 990)	2016

Schedule R (Form 990) 2016 KENYON COLLEGE

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.

1	ъ. д	I		I					l		l							l		I	16
3	Percentag ownershi																				Schedule R (Form 990) 2016
(3)	neral or inaging artner?	Yes No					 			 			 						 		(Form
	20 ma	<u>ر</u> ک									<u> </u>			 		•	 				ule R
()	amount in box 20 managing ownership	(Form 1065																			Sched
(F)	Dispropor- tionate allocations?	Yes No							 												
	E Dis	ع ا		_							-			 			 	┢			
(6)	Share of end-of-year	assets																			
(f)	٠,	income																			
(e)	501(c)(3) orgs.?	Yes No	 		 	 		_				 					 _		 		
(p)	Predominant income pa (related, unrelated, excluded from tax index	sections 512-514)																			
(2)	ë ë	country)																			
(q)	Primary activity																	Management of the Control of the Con			
(a) (b) (c) (d)	Name, address, and EIN of entity							To the state of th													

edule R (Form 990) 2016 KENYON COLLEGE	31-43/950/ Pag
rt VII Supplemental Information.	
Cappionist in the state of the	
Provide additional information for responses to questions on Schedule R. See instructions.	- ANSC -
	Manager 1