** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Α	For the	2018 calendar year, or tax year beginning JUL 1, 2018 and end	ding J	UN 30, 20	19						
В	Check if applicable	C Name of organization		D Employer ide	ntificatio	n number					
	Addres change	KENYON COLLEGE									
	Name change Initial	Doing business as		31	-4379	507					
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address) EATON CENTER	om/suite	E Telephone nu 74		7-5181					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	28	38,791	130.					
	Amend return		H(a) is this a gro	up return							
	Application	F Name and address of principal officer: SEAN M. DECATUR		for subordir		Yes	X No				
	pendin	EATON CENTER, GAMBIER, OH 43022		H(b) Are all subordin			No				
ī	Tax-exe	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," atta			ons)				
		e: ► WWW.KENYON.EDU		H(c) Group exen		2	,				
		organization: X Corporation Trust Association Other ▶	1 Year o	of formation: 182			nicile: OH				
		Summary	1 = 10010		-1111 010	o or rogar dor					
- Control	A1110000000000000000000000000000000000	Briefly describe the organization's mission or most significant activities: SEE SC	HEDUI	LE O							
e e											
Governance	2	Check this box if the organization discontinued its operations or disposed	of more t	than 25% of its ne	t assets						
/eri	3	Number of voting members of the governing body (Part VI, line 1a)			3		41				
Ó	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	mun	40				
90	"	Fotal number of individuals employed in calendar year 2018 (Part V, line 2a)			5		1993				
Activities &	5				6		574				
ξ	6	Fotal number of volunteers (estimate if necessary)			***************************************	-2,653					
Aci	7 a	Fotal unrelated business revenue from Part VIII, column (C), line 12				-2,033	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 38	······		7b						
	١		<u> </u>	Prior Year	0 1	Current Ye					
ē	8 (Contributions and grants (Part VIII, line 1h)		90,667,70		18,168,					
Revenue	9 1	Program service revenue (Part VIII, line 2g)		14,402,40		24,073					
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		17,530,01		L7,060,					
_	י וון	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,194,24		3,236					
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		24,794,37		52,540					
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>36,853,70</u>		<u>11,080,</u>					
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.				
y,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		61,407,95	9. 6	52,953,	<u> 272.</u>				
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)			0.		<u> </u>				
9	. b	Fotal fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 4,857,403									
û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		49,900,76		53,343,	<u>611.</u>				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	48,162,43	5. 15	57,377,	011.				
	19	Revenue less expenses. Subtract line 18 from line 12		76,631,94	1.	5,163,	023.				
5	4		Beg	inning of Current Y		End of Ye	ar				
let Assets	20	Total assets (Part X, line 16)	8:	92,859,19	7. 90	02,863,	590.				
ASS	21	Fotal liabilities (Part X, line 26)	2:	96,860,24		8,588					
Net	22	Net assets or fund balances, Subtract line 21 from line 20	5	95,998,95	1. 60	04,274,	938.				
	art II	Signature Block									
Und	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and	nd statemer	nts, and to the best	of my know	ledge and be	lief, it is				
		, and complete. Declaration of preparer (other than officer) is based on all information of which									
		olar Mi									
Sig	n	Signature of officer		Date	1-1						
Hei	- 1	SEAN M. DECATUR, PRESIDENT		•	1812	ð					
		Type or print name and title									
		Print/Type preparer's name Preparer's signature		ate Che	:k	PTIN					
Pai	d k	Print/Type preparer's name Preparer's signature CHRISTOPHER B. ANDERSON Preparer's signature Character of the control of t									
	parer	Firm's name ► MALONEY + NOVOTNY LLC	•	Firm's EIN		1-06770					
	Only	Firm's address 1111 SUPERIOR AVE, SUITE 700									
CLEVELAND, OH 44114-2540 Phone no. (216) 363-010											
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)		1		X Yes	No				

Form	990 (2018) KENYON CC			31-4379507 Page 2
Pai	t III Statement of Program Servi	ce Accomplishments		
	Check if Schedule O contains a respo	onse or note to any line in this P	art III	
1	Briefly describe the organization's mission: SEE SCHEDULE O			- Auto-
			- 1111	
				all the same of th
2			year which were not listed on the	Yes X No
_	If "Yes," describe these new services on Sc	:hedule O.	the conductor and an arrangement of the conductor of the	Yes X No
3	Did the organization cease conducting, or not of "Yes," describe these changes on Schedu	ule O.		
4	Describe the organization's program service Section 501(c)(3) and 501(c)(4) organization	is are required to report the amo		
	revenue, if any, for each program service re	ported.	41,080,128.) (Revenu	. 126 535 032 \
4a	THE COLLEGE OFFERS 26	MAJORS LEADING T	<u> O A BACHELOR'S DEGF</u>	REE WITH A
	STUDENT-TO-FACULTY RAT		IN ADDITION, THE CO	
	10 CONCENTRATIONS; PRE PROFESSIONAL SCHOOL IN			
	MEDICINE; AND A NUMBER			
			AND MULTIFACETED IN	
	INTERCOLLEGIATE AND IN			
	SORORITIES AND FRATERN			
	FOREIGN COUNTRIES. TH	IE COLLEGE'S ON-C	CAMPUS ENROLLMENT IS	3 APPROXIMATELY
	1,700 STUDENTS.			LACTOR STATE OF THE STATE OF TH
			According to the second	
	A STANDARD CONTRACTOR	ALCOHOL:		
4b	(Code:) (Expenses \$	including grants of \$) (Revenu	e\$
			AL MODELS AND AND A CONTROL OF THE ADMINISTRATION OF THE ADMINISTR	
	PHONE TO A STATE OF THE STATE O			And the second s
	AND			
	Interview Control of the Control of		11/1/1/2007	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Emmanum			

4c	(Code:) (Expenses \$	including grants of \$) (Revenu	ıe \$)
		west		
		A Marian Control of Co		MANAGE
			AND SECONDARY	
				- WANTER .
	And the second s			
4d	Other program services (Describe in Sched	ule O.)		
_		ncluding grants of \$) (Revenue \$)
4e	Total program service expenses ▶	139,768,436.		
				Form 990 (2018

Form 990 (2018) KENYON COLLEGE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		1151023146600	50000000000
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
C		11c		х
نہ د	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
a		11d	х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	- 21	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	77	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	ا .م.	v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا	v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u>X</u>	
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		\ . ,	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
		Form	990	(2018)

94425S_1

Form	990 (2018) KENYON COLLEGE 31-4379	507	Pa	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	х	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	-	24c		Х
	any tax-exempt bonds?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Zoa		25a		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	200		
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	OEL		Х
	Schedule L, Part I	25b		- 21
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? f "Yes,"			х
	complete Schedule L, Part II	26		Λ
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			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
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):			v
	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	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			w
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1	. .	
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		7.7
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1	37	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l		37
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	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			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,,	
S	Note, All Form 990 filers are required to complete Schedule O	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	1 1 505		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 525	- 3000000000		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

832004 12-31-18

Form **990** (2018)

(gambling) winnings to prize winners?

Form	990 (2018) KENYON COLLEGE 31-4379	<u> 507</u>	Р	age 5
Par				
		100000000000000000000000000000000000000	Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	recoderosas (Silvi
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	E-1212-1-1012
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 Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u> </u>		
	to file Form 8282?	7c	3055A300034	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	elle-segge	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	_ـ ا		v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		47
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2018)
		1.011	,	(4010)

_	VENDON GOLLEGE		31-4379	507	_	6					
	990 (2018) KENYON COLLEGE tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 thi					age 6					
Га	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			"No" re	spons	ie:					
						X					
500	Check if Schedule O contains a response or note to any line in this Part VItion A. Governing Body and Management										
Sec	tion A. Governing Body and Management				Yes	No					
		ا ا	l 41		165	140					
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	3.1								
	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 0.	41.	40								
	2 Enter the number of voting the motion of included in this ray are very time and the product of the included in this ray are very time.										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					X					
	officer, director, trustee, or key employee?			2							
3	Did the organization delegate control over management duties customarily performed by or under the					v					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X					
6	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 ap			_		x					
	more members of the governing body?			7a		 ^ -					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					٠ <u>.</u>					
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				77						
а	The governing body?			8a	X	├─					
b	Each committee with authority to act on behalf of the governing body?			8b	X	 					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X					
Sec	tion B. Policies _{(This Section B} requests information about policies not required by the Internal Re	venue	Code.)			Т					
					Yes	1					
	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch			l							
	• • • • • • • • • • • • • • • • • • • •			10b 11a		x					
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a				12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	 					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," a	escribe		7.						
	in Schedule O how this was done			12c	X	 					
13	Did the organization have a written whistleblower policy?			13	X	-					
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				.,,						
а	The organization's CEO, Executive Director, or top management official			15a	X	 					
b	Other officers or key employees of the organization			15b	X	100000000000000000000000000000000000000					
	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 arrangen	nent w	rith a			1					
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	n's								
	exempt status with respect to such arrangements?			16b							
<u>Sec</u>	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶AK, CO, DC, MD, M										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990	T (Section 501(c)(3):	s only)	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	ıflict o	f interest policy, and	financ	ial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records 🕨								
	SHIRLEY O'BRIEN - 740-427-5181										
	EATON CENTER, GAMBIER, OH 43022										

832006 12-31-18

94425S_1

31-4379507 Page 7

Form 990 (2018)

KENYON COLLEGE

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer B		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BRACKETT B. DENNISTON	1.00	х						0.	0.	0.
CHAIR	1.00	^						U •	0.	V •
(2) JOSEPH E. LIPSCOMB	0.00	х						0.	0.	0.
VICE CHAIR (3) JUDITH GILBERT	1.00	^	\vdash				┢	0.	0.	<u></u>
SECRETARY	0.00	x						0.	0.	0.
(4) SUSAN BERGER	1.00	^		_	\vdash				<u> </u>	
TRUSTEE	0.00	x						0.	0.	0.
(5) THE RIGHT REVEREND THOMAS E. BR	1.00				┢	 	\vdash			
TRUSTEE	0.00	x						0.	0.	0.
(6) MARSHALL W. CHAPIN	1.00								***	
TRUSTEE	0.00	х						0.	0.	0.
(7) DIANE ELAM	1.00					1				
TRUSTEE	0.00	х						0.	0.	0.
(8) SAMIE KIM FALVEY	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(9) ROSE BRINTLINGER FEALY	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(10) JAMES FINN	1.00									
TRUSTEE	0.00	X				<u> </u>		0.	0.	0.
(11) NINA P. FREEDMAN	1.00							Ì		
TRUSTEE	0.00	X				<u> </u>	<u> </u>	0.	0.	0.
(12) PAUL J. GOLDBERGER	1.00									_
TRUSTEE	0.00	X						0.	0.	0.
(13) HOPE C. HARROD	1.00							_	_	_
TRUSTEE	0.00	X				$oxed{igspace}$	<u> </u>	0.	0.	0.
(14) AILEEN C. HEFFERREN	1.00							_	_	
TRUSTEE	0.00	X			_	┞	<u> </u>	0.	0.	0.
(15) PAMELA FEITLER HOEHN-SARIC	1.00								_	_
TRUSTEE	0.00	X	<u> </u>	 	_	<u> </u>	<u> </u>	0.	0.	0.
(16) THE RIGHT REVEREND MARK HOLLING	1.00								_	_
TRUSTEE	0.00	X	<u> </u>	 	<u> </u>	<u> </u>		0.	0.	0.
(17) DAVID HORVITZ	1.00	٠,						0.	0.	_
TRUSTEE	0.00	Х	Ц.	L			<u> </u>	<u>U.</u>	<u> </u>	0. Form 990 (2018)

832007 12-31-18

	COTTEGE								31-43/3	307 Page 0
Part VII Section A. Officers, Directors, T	rustees, Key Em	oloy	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)	·
(A)				C)			(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is botl	h an	compensation	compensation	amount of
	week (list any	_	Ceran	uau	recto	//uus	1	from	from related	other
	hours for	or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
•	organizations	truste	Institutional trustee		96	m per		(11 27 1000 111100)		and related
	below	Individual t	ution	 	m plo	est co	e.			organizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			
(18) RICHARD HOSKINS	1.00									
TRUSTEE		Х						0.	0.	0.
(19) LARRY H. JAMES	1.00									
TRUSTEE	0.00	X				<u> </u>		0.	0.	0.
(20) DANIEL KRAMER	1.00	1							_	_
TRUSTEE		X				<u> </u>		0.	0.	0.
(21) VICTORIE SMITH MCKENZIE	1.00									
TRUSTEE	0.00	X				<u> </u>		0.	0.	0.
(22) JEFFREY C. MORITZ	1.00							_	_	_
TRUSTEE		X				<u></u>	<u> </u>	0.	0.	0.
(23) LIZ MYERS	1.00									
TRUSTEE	0.00	X			L	<u> </u>		0.	0.	0.
(24) JAMES F. PARKER	1.00									
TRUSTEE	0.00	X			_		ļ	0.	0.	0.
(25) DONNA BERTOLET POSEIDON	1.00					İ			_	_
TRUSTEE	0.00	X		<u> </u>				0.	0.	0.
(26) MARK C. ROSENTHAL	1.00	1						_	_	_
TRUSTEE	0.00	X		<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
1b Sub-total		••••					ightharpoons	0.	0.	0.
c Total from continuation sheets to Par	t VII, Section A							2,586,440.	121,766.	625,164.
d Total (add lines 1b and 1c)								2,586,440.	121,766.	625,164.
2 Total number of individuals (including b	ut not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	100

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
PEPPER CONSTRUCTION CO.OF OHIO, 495 METRO PLACE SOUTH #350, DUBLIN, OH 43017	CONSTRUCTION	7,316,690.
AVI FOODSYSTEMS, INC. 2590 ELM ROAD NE, WARREN, OH 44483	FOOD SERVICE	5,753,002.
GUND PARTNERSHIP 47 THORNDIKE STREET, CAMBRIDGE, MA 02141	ARCHITECTURE&PLANNIN G	4,200,833.
SULLIVAN BUILDERS, INC., 6296 PROPRIETORS ROAD, WORTHINGTON, OH 43085	CONSTRUCTION	3,894,107.
SMOOT CONSTRUCTION CO. OF OHIO 1907 LEONARD AVENUE, COLUMBUS, OH 43219	CONSTRUCTION	3,632,120.
2 Total number of independent contractors (including but not limited to those liss \$100,000 of compensation from the organization > 36	ted above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 KENYON									31-437	9301	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(0			-	(D)	(E)	(F)	
Name and title	Average			Posi				Reportable	Reportable	Estimated	
Tunio una una	hours	(c		allt			ly)	compensation	compensation	amount of	
	per	├					Ϊ	from	from related	other	
	week					yee	ĺ	the	organizations	compensation	
	(list any	or director				empk		organization	(W-2/1099-MISC)	from the	
	hours for	or di	93			sated		(W-2/1099-MISC)		organization and related	
	related organizations	trustee	trust		e e	npens				organizations	
	below	dual t	Institutional trustee	<u>ا</u> ا	Key employee	Highest compensated employee				organizationo	
	line)	Individual t	Instit	Officer	Key e	Highe	Former				
(27) ALAN E. ROTHENBERG	1.00	\vdash		П		\vdash	_				
TRUSTEE	0.00	x	1					0.	0.	0	
(28) DEBORAH RATNER SALZBERG	1.00										
TRUSTEE	0.00	x						0.	0.	0	
(29) LARAE SCHRAEDER	1.00										
TRUSTEE	0.00	x						0.	0.	0.	
(30) YIJI SHEN STARR	1.00										
TRUSTEE	0.00	X						0.	0.	0	
(31) L'QUENTUS THOMAS	1.00										
TRUSTEE	0.00	Х						0.	0.	0	
(32) BARRETT TOAN	1.00										
TRUSTEE	0.00	X					L	0.	0.	0	
(33) SUSAN TOMASKY	1.00										
TRUSTEE	0.00	Х					<u> </u>	0.	0.	0	
(34) D. MATTHEW VOORHEES	1.00								_		
TRUSTEE	0.00	Х					<u> </u>	0.	0.	0	
(35) JENNIFER RUDOLPH WALSH	1.00							wante			
TRUSTEE	0.00	X						0.	0.	0	
(36) DOUGLAS WANG	1.00	l									
TRUSTEE	0.00	X	_				_	0.	0.	0	
(37) WENDY WEBSTER	1.00	l					İ			_	
TRUSTEE	0.00	X	_					0.	0.	0	
(38) ZALI WIN	1.00	l								,	
TRUSTEE		X	├					0.	0.	0	
(39) MATTHEW A. WINKLER	1.00	١.,							_	_	
TRUSTEE		X	⊢		_		⊢	0.	0.	0	
(40) ALEXANDER W. WRIGHT	1.00	₩.						0.	0.	0	
TRUSTEE	40.00	₽	┢			<u> </u>	├-	V •	V •	0	
(41) SEAN M. DECATUR		x	:	х				494,556.	0.	124,120	
PRESIDENT & TRUSTEE	40.00	┢	┢	Λ	\vdash	┢	┢	494,3301	0.	124,120	
(42) JOSEPH KLESNER PROVOST	0.00	┨		х				199,591.	0.	46,719	
(43) TODD BURSON	40.00	\vdash	\vdash	<u> </u>	 	 	╫	100,001.	· ·	40,715	
VP FOR FINANCE	0.00	1		x				178,213.	0.	49,053	
(44) MARK KOHLMAN	40.00	\vdash	 	<u> </u>		\vdash	\vdash	1,0,213			
CHIEF BUSINESS OFFICER	0.00	1		x				160,547.	0.	52,686	
(45) COLLEEN M GARLAND	40.00	\vdash	 	 			H			,	
VP FOR ADVANCEMENT	0.00	1		x				145,276.	0.	13,522	
(46) SHIRLEY O'BRIEN	40.00	T	 				T				
, ,	0.00	1		x			l	127,260.	0.	15,097	
CONTROLLER											

Nours Per Nours Per Nours Per Nours Per Nours Per Nours Per Nours Per Nours Per Nours Per Nours Per Nours Per Nours Per Nours Per Nours Per	LLEGE 31-43/	9301
Name and title	tees, Key Employees, and Highest Compensated Employees (continued)	
Name and title	(B) (C) (D) (E)	(F)
hours hour		Estimated
Per Week (list any hours for related organizations (list any hours for related organizations for related organizations below line) Per P	- · · · · · · · · · · · · · · · · · · ·	amount of
week (list any hours for related organizations below line) week (list any hours for related organizations below line) week (list any hours for related organizations below line) week (list any hours for related organizations below line) week (list any hours for related organizations below line) week (list any hours for related organizations) week (w.2/1099-MISC) week (w.2		other
(47) KATHRYN LAKE 40.00 X 66,980. 0.1 DIRBRDREL&PRES 0.00 X 66,980. 0.1 (48) RONALD GRIGGS 40.00 X 161,626. 0.5 (49) DIANE ANCI 40.00 X 210,784. 0.5 (50) MEREDITH BONHAM 40.00 X 169,173. 0.5 (51) JANET MARSDEN 40.00 X 149,215. 0.2 (52) DAVID H LYNN 40.00 X 71,514. 121,766. 1 (53) RIC S SHEFFIELD 40.00 X 149,527. 0.3 (54) SHARON L WILLIAMS 40.00 X 156,982. 0.1 (55) THEODORE O MASON 40.00 X 156,982. 0.1		compensation
(47) KATHRYN LAKE	(list any 불 기 불 기 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이	from the
(47) KATHRYN LAKE 40.00 X 66,980. 0.1 DIRBRDREL&PRES 0.00 X 66,980. 0.1 (48) RONALD GRIGGS 40.00 X 161,626. 0.5 (49) DIANE ANCI 40.00 X 210,784. 0.5 (50) MEREDITH BONHAM 40.00 X 169,173. 0.5 (51) JANET MARSDEN 40.00 X 149,215. 0.2 (52) DAVID H LYNN 40.00 X 71,514. 121,766. 1 (53) RIC S SHEFFIELD 40.00 X 149,527. 0.3 (54) SHARON L WILLIAMS 40.00 X 156,982. 0.1 (55) THEODORE O MASON 40.00 X 156,982. 0.1	hours for 불 (W-2/1099-MISC)	organization
(47) KATHRYN LAKE 40.00 X 66,980. 0.1 DIRBRDREL&PRES 0.00 X 66,980. 0.1 (48) RONALD GRIGGS 40.00 X 161,626. 0.5 (49) DIANE ANCI 40.00 X 210,784. 0.5 (50) MEREDITH BONHAM 40.00 X 169,173. 0.5 (51) JANET MARSDEN 40.00 X 149,215. 0.2 (52) DAVID H LYNN 40.00 X 71,514. 121,766. 1 (53) RIC S SHEFFIELD 40.00 X 149,527. 0.3 (54) SHARON L WILLIAMS 40.00 X 156,982. 0.1 (55) THEODORE O MASON 40.00 X 156,982. 0.1	related $\begin{bmatrix} 0 \\ 21 \\ 21 \end{bmatrix}$	and related
(47) KATHRYN LAKE	organizations strategy strate	organizations
(47) KATHRYN LAKE	pelow it it it it it it it it it it it it it	
DIRBRDRELEPRES	line) 필입 1호 등 중 명 년	
(48) RONALD GRIGGS 40.00 X 161,626. 0.5 VP FOR LBIS 0.00 X 161,626. 0.5 (49) DIANE ANCI 40.00 X 210,784. 0.5 VP ENROLL/DEAN ADM&FINAID 0.00 X 210,784. 0.5 (50) MEREDITH BONHAM 40.00 X 169,173. 0.6 VP FOR STUDENT AFFAIRS 0.00 X 169,173. 0.6 (51) JANET MARSDEN 40.00 X 149,215. 0.2 (52) DAVID H LYNN 40.00 X 71,514. 121,766. 1 (52) DAVID H LYNN 40.00 X 71,514. 121,766. 1 (53) RIC S SHEFFIELD 40.00 X 149,527. 0.3 (54) SHARON L WILLIAMS 40.00 X 156,982. 0.1 (55) THEODORE O MASON 40.00 X 156,982. 0.1		
VP FOR LBIS 0.00 X 161,626. 0.5 (49) DIANE ANCI 40.00 X 210,784. 0.5 VP ENROLL/DEAN ADM&FINAID 0.00 X 210,784. 0.5 (50) MEREDITH BONHAM 40.00 X 169,173. 0.4 VP FOR STUDENT AFFAIRS 0.00 X 169,173. 0.4 (51) JANET MARSDEN 40.00 X 149,215. 0.2 (52) DAVID H LYNN 40.00 X 71,514. 121,766. 1 (53) RIC S SHEFFIELD 40.00 X 149,527. 0.3 3 (54) SHARON L WILLIAMS 40.00 X 156,982. 0.1 1 (55) THEODORE O MASON 40.00 X 156,982. 0.1 1	0.00 X 66,980. 0.	18,533
(49) DIANE ANCI 40.00 X 210,784. 0.5 (50) MEREDITH BONHAM 40.00 X 169,173. 0.6 (51) JANET MARSDEN 40.00 X 149,215. 0.2 (51) JANET MARSDEN 40.00 X 149,215. 0.2 (52) DAVID H LYNN 40.00 X 71,514. 121,766. 1 (53) RIC S SHEFFIELD 40.00 X 149,527. 0.3 (54) SHARON L WILLIAMS 40.00 X 156,982. 0.1 (55) THEODORE O MASON 40.00 X 156,982. 0.1	40.00	
(49) DIANE ANCI 40.00 X 210,784. 0.5 VP ENROLL/DEAN ADM&FINAID 0.00 X 210,784. 0.5 (50) MEREDITH BONHAM 40.00 X 169,173. 0.4 VP FOR STUDENT AFFAIRS 0.00 X 169,173. 0.4 (51) JANET MARSDEN 40.00 X 149,215. 0.2 (52) DAVID H LYNN 40.00 X 71,514. 121,766. 1 (53) RIC S SHEFFIELD 40.00 X 149,527. 0.3 (54) SHARON L WILLIAMS 40.00 X 156,982. 0.1 ASSOC.VP FOR DEVELOPMENT 0.00 X 156,982. 0.1 (55) THEODORE O MASON 40.00 X 156,982. 0.1	0.00 X 161,626. 0.	52,101
VP ENROLL/DEAN ADM&FINAID 0.00 X 210,784. 0.5 (50) MEREDITH BONHAM 40.00 X 169,173. 0.4 VP FOR STUDENT AFFAIRS 0.00 X 169,173. 0.4 (51) JANET MARSDEN 40.00 X 149,215. 0.2 VP FOR COMMUNICATIONS 0.00 X 71,514. 121,766. 1 (52) DAVID H LYNN 40.00 X 71,514. 121,766. 1 (53) RIC S SHEFFIELD 40.00 X 149,527. 0.3 (54) SHARON L WILLIAMS 40.00 X 156,982. 0.1 (55) THEODORE O MASON 40.00 X 156,982. 0.1		
Solution Solution		59,972
VP FOR STUDENT AFFAIRS 0.00 X 169,173. 0.4 (51) JANET MARSDEN 40.00 X 149,215. 0.2 VP FOR COMMUNICATIONS 0.00 X 149,215. 0.2 (52) DAVID H LYNN 40.00 X 71,514. 121,766. 1 (53) RIC S SHEFFIELD 40.00 X 149,527. 0.3 3 (54) SHARON L WILLIAMS 40.00 X 156,982. 0.1 1 (55) THEODORE O MASON 40.00 X 156,982. 0.1 1		
STATE STAT		46,616
VP FOR COMMUNICATIONS 0.00 X 149,215. 0.2 (52) DAVID H LYNN 40.00 X 71,514. 121,766. 1 (53) RIC S SHEFFIELD 40.00 X 149,527. 0.3 PROFESSOR 0.00 X 149,527. 0.3 (54) SHARON L WILLIAMS 40.00 X 156,982. 0.1 ASSOC.VP FOR DEVELOPMENT 0.00 X 156,982. 0.1 (55) THEODORE O MASON 40.00 X 156,982. 0.1		
(52) DAVID H LYNN		28,731
EDITOR-KENYON REVIEW 0.00 X 71,514. 121,766. 1 (53) RIC S SHEFFIELD 40.00 PROFESSOR 0.00 X 149,527. 0. 3 (54) SHARON L WILLIAMS 40.00 ASSOC.VP FOR DEVELOPMENT 0.00 X 156,982. 0. 1 (55) THEODORE O MASON 40.00		20,731
(53) RIC S SHEFFIELD 40.00 PROFESSOR 0.00 X 149,527. 0.3 (54) SHARON L WILLIAMS 40.00 X 156,982. 0.1 ASSOC.VP FOR DEVELOPMENT 0.00 X 156,982. 0.1 (55) THEODORE O MASON 40.00 X 156,982. 0.1		19,887
PROFESSOR 0.00 X 149,527. 0.3 (54) SHARON L WILLIAMS 40.00 X 156,982. 0.1 ASSOC.VP FOR DEVELOPMENT 0.00 X 156,982. 0.1 (55) THEODORE O MASON 40.00 Image: Control of the control		13,007
(54) SHARON L WILLIAMS 40.00 ASSOC.VP FOR DEVELOPMENT 0.00 X 156,982. 0.1 (55) THEODORE O MASON 40.00 Incompany of the control of the con		39,471
ASSOC.VP FOR DEVELOPMENT 0.00 X 156,982. 0. 1 (55) THEODORE O MASON 40.00		37,411
(55) THEODORE O MASON 40.00		17 220
		17,329
ASSOC.PROVOST FOR DIVERS., EQUITYEINC U.UU X 145,196. U. 4		41 227
	0.00 X 145,196.	41,327
	 	
		
		
 	 	
<u>├</u> ──┤		
Total to Part VII, Section A, line 1c 2,586,440. 121,766. 62		

Form 990 (2018) KENYON COLLEGE
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response o	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
र र	1 a	Federated campaigns	1a					
ran		Membership dues	1b					
2 0	С	Fundraising events						
T A		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributi	1 1	1,425,901.				
Sign		All other contributions, gifts, gran	1 1		The product of the			
but		similar amounts not included above	ve 1f	16,742,726.				200000000000000000000000000000000000000
Ę Ġ	g	Noncash contributions included in lines	1a-1f: \$	3,547,380.				
Sign	h	Total. Add lines 1a-1f		>	18,168,627.			
				Business Code				
e l	2 a	TUITION AND FEES	-	900099	100,480,436.	100,480,436.		
Program Service Revenue	b			900099	22,752,162.	22,752,162.		
Sign	С	BOOKSTORE		451211	841,228.	841,228.		
eXe	d							
<u>6</u> 9	е							
<u>r</u>	f	All other program service reve	nue					
\blacksquare	g	Total. Add lines 2a-2f			124,073,826.			
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)			7,446,077.		-3,428,320.	10,874,397.
	4	Income from investment of tax	k-exempt bond p	roceeds 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	48,366.					
		Less: rental expenses	141,889.					
	c	Rental income or (loss)	-93,523.	l				
	d	Net rental income or (loss)		·····	-93,523.		-93,523.	
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	135,723,932.					
	b	Less: cost or other basis						
		and sales expenses	123,680,075.	2,429,132.				
	c	Gain or (loss)	12,043,857.	-2,429,132.				
		Net gain or (loss)		>	9,614,725.			9,614,725.
<u>o</u>	8 a	Gross income from fundraising	g events (not					
evenue		including \$	of					
Şev.		contributions reported on line	•					
Other Re		Part IV, line 18				-24-52		
ŧ		Less: direct expenses						
9		Net income or (loss) from fund	=	>				
	9 a	Gross income from gaming ac						
		Part IV, line 19		-				
		Less: direct expenses						
		Net income or (loss) from gam		······				22-14
	10 a	Gross sales of inventory, less				50000		
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale		D				
		Miscellaneous Revenu	е	Business Code	1 572 269	704,172.	868,196.	
	11 a			721110	1,572,368.		000,190.	
	b	ETYPO		812300	65,534.	65,534.		
	С			900099	29,710.	29,710. 1,662,690.		
		All other revenue			1,662,690.	1,302,030.		
	_	• • • • • • • • • • • • • • • • • • • •		····· 🟲	3,330,302.	126 535 032	-2,653,647.	20,489,122.
	12	Total revenue. See instructions		P	162,540,034.	126,535,932.	-2,053,047.	5 000 (0040)

832009 12-31-18

Form 990 (2018) KENYON COLLEGE
Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor				Γ
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		одренеес		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	39,106,241.	39,106,241.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,973,887.	1,973,887.		
4	Benefits paid to or for members				•
5	Compensation of current officers, directors,	4 000 504	004 464	4 066 000	220 454
	trustees, and key employees	1,839,691.	234,464.	1,266,077.	339,150
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	14 546 206	20 000 212	2 464 606	2 154 405
7	Other salaries and wages	44,546,326.	39,927,313.	2,464,606.	2,154,407
8	Pension plan accruals and contributions (include	2 (20 0(1	2 221 E01	210 506	170 77/
	section 401(k) and 403(b) employer contributions)	3,629,861.	3,231,501.	219,586.	178,774 488,112
9	Other employee benefits	9,616,845.	8,301,472.	827,261.	168,300
0	Payroll taxes	3,320,549.	2,759,904.	392,345.	100,300
1	Fees for services (non-employees):				
а	Management	1 1 (1 7 7 4	E4 400	1 107 245	***
b	Legal	1,161,774.	54,429.	1,107,345.	-
	Accounting	110,143.		110,143.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	1 552 542		1 FF3 F43	
f	Investment management fees	1,553,543.		1,553,543.	
g	Other. (If line 11g amount exceeds 10% of line 25,	2 202 760	2 502 125	841,016.	20 610
	column (A) amount, list line 11g expenses on Sch O.)	3,382,760.	2,502,125.	041,010.	39,619
12	Advertising and promotion	1 106 556	64E E0E	366,147.	94,814
13	Office expenses	1,106,556. 1,655,411.	645,595. 381,920.	1,273,491.	34,014
4	Information technology	1,000,411.	301,320.	1,4/3,491.	
15	Royalties	4,070,805.	3,511,672.	524,079.	35,054
16	Occupancy	4,776,690.	4,179,232.	328,355.	269,103
7	Travel	4,110,030.	4,1/9,434.	320,333.	209,10
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,917,434.	10,412,096.	505,338.	
20	Interest	10,911,434.	10,412,000.	303,330.	*
21	Payments to affiliates Depreciation, depletion, and amortization	11,765,838.	11,056,483.	592,566.	116,789
22	• • • • • • • • • • • • • • • • • • • •	174,064.	109,961.	64,103.	110//02
23	Insurance Other expenses. Itemize expenses not covered	1/4,001.	105/501.	02/2000	
24	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.) FOOD SERVICE	4,627,270.	4,627,270.		
a	OFF CAMPUS STUDIES PROG	4,510,953.	4,510,953.		
b	INSTRUCTIONAL SUPPORT	1,327,371.	1,327,371.		
c	PRINTING	855,076.	585,103.	98,980.	170,993
d		1,347,923.	329,444.	216,191.	802,288
e	All other expenses	157,377,011.		12,751,172.	4,857,403
25	Joint costs. Complete this line only if the organization			,,	-,00/,20.
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

ar	tΧ	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	27,887,383.	2	61,682,517		
1	3	Pledges and grants receivable, net			32,250,109.	3	31,442,573
1	4	Accounts receivable, net			1,650,527.	4	1,763,426
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted en	nployees. Complete			
		Part II of Schedule L				5	
-	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined under			
1		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of secti	ion 50 [.]	1(c)(9) voluntary			
3		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Haack	7	Notes and loans receivable, net				7	
۱ ۲	8	Inventories for sale or use			1,001,520.	8	1,016,41
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis, Complete Part VI of Schedule D	10a	413,596,083.			
	b	Less: accumulated depreciation	10b	160,136,262.	246,795,168.		
	11	Investments - publicly traded securities			186,878,396.		133,598,794
	12	Investments - other securities. See Part IV, line 1			361,632,710.		
	13	Investments - program-related. See Part IV, line 1			4,919,677.		4,737,74
	14	Intangible assets	00 042 505	14	45 250 50		
	15	Other assets. See Part IV, line 11			29,843,707.		47,359,50
4	16	Total assets. Add lines 1 through 15 (must equa			892,859,197.		902,863,59
	17	Accounts payable and accrued expenses	8,572,983.	1	10,966,25		
	18	Grants payable		18			
-	19	Deferred revenue			270 027 060	19	200 441 02
	20	Tax-exempt bond liabilities			270,037,869.		268,441,82
- 1	21	Escrow or custodial account liability. Complete F		***************************************	an and	21	
3	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee		•			
		Complete Part II of Schedule L				22	
١.	23	Secured mortgages and notes payable to unrela		•		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines Schedule D			18,249,394.	25	19,180,570
-	oe.	Schedule D Total liabilities. Add lines 17 through 25			296,860,246.		298,588,652
┪	26	Organizations that follow SFAS 117 (ASC 958)			250,000,240.	20	250,500,05
				K liefe P (11) allu			
3	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets			292,554,172.	27	322,099,41
3	28	Temporarily restricted net assets			112,025,756.		79,962,46
3	29				191,419,023.		202,213,05
[]		Organizations that do not follow SFAS 117 (AS					
:		and complete lines 30 through 34.		-,,		1	
	30	Capital stock or trust principal, or current funds				30	
{	31	Paid-in or capital surplus, or land, building, or eq				31	
ا :	32	Retained earnings, endowment, accumulated inc				32	
ונ			,				COA 074 034
Net Assets of Fund Balances	33	Total net assets or fund balances			595,998,951.	33	604,274,938

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number KENYON COLLEGE

Reason for Public Charity Status (All organizations must complete this part) See instructions 31-4379507

		ricason for rabile (onanty Otatas (All organizations must co	mbiere m	is part.) Se	e iristructions.		
Γhe	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, ch	neck 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 orga	nization described in se	ction 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:	•	•					
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	一	An organization that norma	-				•	oublic described in	
		section 170(b)(1)(A)(vi). (C	•	, .,	•				
8		A community trust describe		1)(A)(vi), (Complete Part	II.)				
9	一	An agricultural research org				ed in conju	nction with a land-grant	college	
Ĭ		or university or a non-land-g							
		university:	,			, ,			
10		An organization that norma	Ilv receives: (1) more	than 33 1/3% of its supr	ort from c	ontributio	ns. membership fees, an	d gross receipts from	
	_	activities related to its exen	•						
		income and unrelated busin							
		See section 509(a)(2). (Co		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	,	
11		An organization organized	•	vely to test for public saf	etv. See	section 50)9(a)(4).		
12	同	An organization organized	*					purposes of one or	
_		more publicly supported or	•	•	-				
		lines 12a through 12d that							
а		Type I. A supporting orga	* *					aivina	
Ī	•	the supported organization	•	•		_			
		organization. You must o			, .			,, ,	
k		Type II. A supporting org	•		ion with its	s supporte	d organization(s), by hav	ving	
	· I	control or management of							
		organization(s). You mus							
,		Type III functionally inte	<u>-</u>		in connect	tion with, a	and functionally integrate	ed with.	
	-	its supported organizatio	•					•	
c	· [Type III non-functionally						zation(s)	
•	·	that is not functionally int							
		requirement (see instruct	-	- '	-				
•		Check this box if the orga	•	-					
	-	functionally integrated, or					, , , , , , , , , , , , , , , , , , ,		
1	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	• •				
Ċ		vide the following information	about the supporte	d organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
					·				

r _a +								1	

Schedule A (Form 990 or 990-EZ) 2018 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and			And the state of t			
	membership fees received. (Do not						
	include any "unusual grants.")	13765306.	<u>20180274.</u>	<u>40140292.</u>	90667709.	18168627.	182922208
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	12765206	20100274	40140000	00667700	10160627	102022200
	Total. Add lines 1 through 3	13/65306.	201802/4.	40140292.	9000//09.	<u> </u>	182922208
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	1.70					
	supported organization) included on line 1 that exceeds 2% of the	and the second					
	amount shown on line 11,						
							48818961.
_	Public support. Subtract line 5 from line 4.	No.					134103247
	etion B. Total Support		The state of the s				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	13765306.	20180274.	40140292.	90667709.	18168627.	182922208
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6383220.	6312394.	5868679.	6071451.	7494443.	32130187.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		- Marian III				
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						015050005
11	Total support. Add lines 7 through 10					F70	215052395
12						Manager 1	,114,791.
13	First five years. If the Form 990 is fo						L [
Sec	organization, check this box and stoction C. Computation of Publ	p nere ic Support Per	centage				
	Public support percentage for 2018 (column (fl)		14	62.36 %
	Public support percentage for 2017	•				15	60.42 %
	33 1/3% support test - 2018. If the						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2017. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	
_	and stop here. The organization qua						► 1
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	nd see instruction	s
***					Sch	edule A (Form 990	or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 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.)

Sec	tion A. Public Support			γ			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)			100			
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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 assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			L	<u> </u>		
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						▶□
Sec	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2018 (column (f))		15	%
	Public support percentage from 2017			***************************************		16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	018 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2018. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						ightharpoonup
L	33 1/3% support tests - 2017. If the						and
r.	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization						•
	23 10-11-18	and not official a	207 07 1110 17, 10	<u>., 100, 011001(t</u>			or 990-EZ) 2018

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	ı A. Al	l Sup	oorting	Orga	nizations
---------	---------	-------	---------	------	-----------

- 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.
- 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?
- 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 (as 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		
3b		
3c		
4a		
4b		
4c		
5a 5b		
5c		
6		
7		
8		
9a		111 - 11
9b		
90		
10a		
10b 990 or 99	90-F7	2018

emergency temporary reduction (see instructions)	O	
Check here if the current year is the organization	n's first as a non-functionally integrated Type III supporting organization ((see
instructions).		

Minimum asset amount for prior year (from Section B, line 8, Column A)

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

Schedule A (Form 990 or 990-EZ) 2018

3

7

4 Enter greater of line 2 or line 35 Income tax imposed in prior year

3

4

5

rar	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions	Current Year					
1	Amounts paid to supported organizations to accomplish exe	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity			***			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		-			
4	Amounts paid to acquire exempt-use assets			4.			
5	Qualified set-aside amounts (prior IRS approval required)			*			
6	Other distributions (describe in Part VI). See instructions.		event.				
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reason-						
	able cause required- explain in Part VI). See instructions.		-				
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
С	From 2015			ALCOHOL STATE			
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D,						
	line 7: \$	0.4000	All S				
	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
_	and 4c.						
8	Breakdown of line 7:						
	Excess from 2014						
	Excess from 2015		Care and the care				
	Excess from 2016						
	Excess from 2017						
е_	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

832028 10-11-18

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number Name of the organization 31-4379507 KENYON COLLEGE Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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** [X] 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

KENYON COLLEGE

31-4379507

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,028,850.	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		\$ 742,823.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>422,666.</u>	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	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 Oncash Occash If for noncash contributions.)

Name of organization

Employer identification number

KENYON COLLEGE

31-4379507

	Noncash Property (see instructions). Use duplicate copies of Pa		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBICLY TRADED STOCK		
2		\$\$.	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
I			

Name of or	ganization		Employer identification number				
KENYON	I COLLEGE		31-4379507				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	etion 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		200					
	A CAMPAGNA AND A CAMP						
	A A A A A A A A A A A A A A A A A A A	(e) Transfer of gift	ANTONIO III III III III III III III III III				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		ERISING CONTROL SOCIAL CONTROL					
	- 141/20						
- -	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	2/0////						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			\$ - A - A - A - A - A - A - A - A - A -				
ŀ	AND THE STREET S	(e) Transfer of gift	·				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	Section 1997						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KENYON COLLEGE

Employer identification number 31-4379507

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	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		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 a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose cor	nferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t 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 e	ducation) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization during the tax
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
			and the state of t
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservation	n easements during the year
_			(1/D)(i)
8	Does each conservation easement reported on line 2(d) abov		
•	and section 170(h)(4)(B)(ii)?		
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion s intancial statements that describes the	organization a accounting for
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	er Similar Assets.
365/35/GRI	Complete if the organization answered "Yes" on Form		
19	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		•
b	If the organization elected, as permitted under SFAS 116 (AS		d balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e		
	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 tre	asures, or other similar assets for financial ga	
_	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		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018

832051 10-29-18

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	(d) Book value		
1a Land		2,205,745.		2,205,745.		
b Buildings		342,324,280.	117,406,393.	224,917,887.		
c Leasehold improvements						
d Equipment		41,772,463.	27,031,714.	14,740,749.		
e Other		27,293,595.	15,698,155.	11,595,440.		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)						

Schedule D (Form 990) 2018

Part VII Investm	ents - Other	Securities.
------------------	--------------	-------------

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. 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-or	f-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) HEDGE & ALTERN. EQUITY			
(B) FUNDS	247,176,017.	END-OF-YEAR MARKET V	ALUE
(C) PRIVATE EQUITY FUNDS	50,801,328.	END-OF-YEAR MARKET V	ALUE
(D) REAL ESTATE FUNDS	16,960,672.	END-OF-YEAR MARKET V	ALUE
(E) COMMODITIES FUNDS	22,694,749.	END-OF-YEAR MARKET V	ALUE
(F) FIXED INCOME ALTERNATIVE			
(G) FUNDS	30,170,032.	END-OF-YEAR MARKET V	VALUE
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	367,802,798.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-or	f-year market value
(1)			
(2)			
(3)		4000000	
(5)			
(6)		materia.	
		TO THE STATE OF TH	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) CONSTRUCTION IN PROGRESS			40,299,672.

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	40,299,672.
(2) INTEREST IN CHAR. TRUSTS	2,675,970.
(3) OTHER ASSETS	4,383,861.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	★ 47,359,503.

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	2,877,200.
(3) DEPOSITS AND ADVANCES	1,954,159.
(4) LIAB.FOR POST-RETIREMENT BEN.	7,277,807.
(5) ANNUITIES AND OTHER FUNDS PAYABLE	5,715,543.
(6) GOVERNMENT LOAN FUNDS	1,355,861.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25,)	19,180,570.

^{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) 2018

Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Ret	urn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.					
1	Total revenue, gains, and other support per audited financial statements			1	<u> 135,086,649.</u>		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	2,805,779.				
b	Donated services and use of facilities	2b					
C	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)	2d	9,816,723.				
e	Add lines 2a through 2d			2e	12,622,502.		
3	Subtract line 2e from line 1			3	122,464,147.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,553,543. 38,522,344.				
b	Other (Describe in Part XIII.)	4b	38,522,344.				
c	Add lines 4a and 4b			4c	40,075,887.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)				162,540,034.		
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		h Expenses per R	eturi	n.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.					
1	Total expenses and losses per audited financial statements			1	126,683,845.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 (8 8				
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
c	Other losses	2c					
d	Other (Describe in Part XIII.)	2d	9,382,721.				
е	Add lines 2a through 2d			2e	9,382,721.		
3	Subtract line 2e from line 1			3	117,301,124.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,553,543.				
b	Other (Describe in Part XIII.)	4b	38,522,344.				
С	Add lines 4a and 4b			4c	40,075,887.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	157,377,011.		
1-7/C0-990303/A	rt XIII Supplemental Information.						
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 11	b and 2b; Part V, line 4;	Part 2	X, line 2; Part XI,		
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	dditional info	rmation.				
PAI	RT III, LINE 1A:						
FI	NANCIAL STATEMENT FOOTNOTE REGARDING ART (COLLECT	ION:				
					*		
COI	LLECTION AND WORKS OF ART - COLLECTIONS AF	RE NOT	CAPITALIZED	UN:	DER THE		
PRO	OVISIONS OF ASC 958-605, REVENUE RECOGNIT	<u> </u>	CONTRIBUTIONS	S R	ECEIVED.		
ALI	WORKS OF ART AND COLLECTIONS ARE HELD FO	OR PUBI	IC EXHIBITION	NC			
EDU	JCATION, OR RESEARCH; ARE PROTECTED, KEPT	UNENCU	MBERED, CARI	ED :	FOR AND		
PRI	SERVED; AND ARE SUBJECT TO POLICIES GOVER	RNING 1	HEIR USE. P	RIO	R TO ASC		
95	8-605 ADOPTION, THE COLLEGE DID CAPITALIZE	E WORKS	OF ART AND	CO	LLECTIONS.		
<u>AT</u>	JUNE 30, 2019 AND 2018, THE NET BOOK VALUE	UE OF I	THESE ITEMS	IS	\$1,862,696		
<u>AN</u> 1	O IS REFLECTED IN THE EQUIPMENT SECTION OF	F THE C	CONSOLIDATED	ST.	ATEMENTS		
<u>OF</u>	FINANCIAL POSITION.				14400000		

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, 2019 AND 2018 WERE NOT

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 KENYON COLLEGE Part XIII Supplemental Information (continued)	31-4379507 Page 5
SIGNIFICANT TO THESE CONSOLIDATED FINANCIAL STATEMENTS. T	THERE WERE NO
UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2019.	HERE WERE NO
	A PYAMINATION DV
A Company of the Comp	
THE INTERNAL REVENUE SERVICE, AS WELL AS VARIOUS STATE AN	ID LOCAL TAXING
AUTHORITIES, GENERALLY FOR THREE YEARS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	THE ON A THE OR
BOOKSTORE COST OF GOODS SOLD, WHICH WAS NETTED WITH REVEN	HOE ON LINE SD
OF PART VIII OF FORM 990 BUT SHOWN AS AN EXPENSE ON	
FINANCIAL STATEMENTS	1,359,357.
CHANGE IN INTEREST RATE SWAP OBLIGATION	307,185.
ADJUSTMENT FOR REVENUE OF RELATED ORGANIZATIONS INCLUDED	IN CONSOLIDATED
FINANCIAL STATEMENTS	8,150,181.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	9,816,723.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FINANCIAL AID EXPENSE, WHICH WAS NETTED WITH TUITION INCO	OME ON FINANCIAL
STATEMENTS BUT SHOWN AS AN EXPENSE IN PART IX OF FORM 990	38,522,344.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
BOOKSTORE COST OF GOODS SOLD, WHICH WAS NETTED WITH REVEN	NUE ON LINE 2D
OF PART VIII OF FORM 990 BUT SHOWN AS AN EXPENSE ON	
FINANCIAL STATEMENTS	1,359,357.
ADJUSTMENT FOR EXPENSES OF RELATED ORGANIZATIONS INCLUDED	O IN CONSOLIDATED
FINANCIAL STATEMENTS	8,023,364.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	9,382,721.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
	Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

SCHEDULE E

Department of the Treasury Internal Revenue Service

(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.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

KENYON COLLEGE

Employer identification number 31-4379507

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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	##.S	tl		YES	NO
other governing instrument, or in a resolution of its governing body? 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? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 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? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all caladigues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4a		Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 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? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions 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? 6a X Has the organization receive any financial aid or assistance from a governmental agency? 6b Copies of the organization or either line 6a or line 6b, explain on Part II. Does the organization or eithy that it has compiled with the applicable requirements of sections 4.01 through 4.05 of			1	Х	
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, If "No," please explain. If you need more space, use Part II 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? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4a		Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II. 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? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistence are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Solocular or other financial assistance? Educational policies? Solomer 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? 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? If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	AGUGA.
the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II. Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scolarships or other financial assistance? Employment of faculty or administrative staff? Scolarships or other financial assistance? Scholarships or other financial assistance? Students' rights or privileges? 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 is right to such aid ever been revoked or suspended? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of					
If you need more space, use Part II 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? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student adminisions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of facultiors? List of facilities? Scholarships or other financial assistance?					
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? Records indicating the racial composition of the student body, faculty, and administrative staff? 4a X Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Scholarships or other financial assistance? Educational policies? Scholarships or other financial assistance? Seducational policies? Scholarships or other financial assistance? Seducational policies? Students' rights or gaministrative staff? Segumployment of faculty or administrative staff? Segumployment or faculty or administrative staff? Segumployment or faculty or administrative staff? Segumployment or faculty or administrative staff? Segumployment or faculty or administrative staff? Segumployment or faculty or administrative staff? Segumployment or faculty or administrative staff? Segumployment or faculty or administrative staff? Segumployment or private in a successful staff. Segumployment or private in a successful staff. Segumployment or private in a successful staff. Segumployment or private in a successful staff. Segumployment or private in a successful staff. Segumployment or private in a successful staff. Segumployment or private in a successful staff. Segum	٠	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
PROVIDED TO ALL PROSPECTIVE AND ENROLLED STUDENTS. Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarshipe? 4d X Records indicating the racial composition of the student body, faculty, and administrative staff? 4b X Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarshipe? 4d X If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Scholarships or other financial assistance? 5d Description of faculty or administrative staff? Scholarships or other financial assistance? 5d Description of faculty or administrative staff? 5c Description of faculty or administrative staff? 5d Description of faculty or administrative staff? 5d Description of faculty or administrative staff? 5d Description of faculty or administrative staff? 5d Description of faculty or administrative staff? 5d Description of faculty or administrative staff? 5d Description of faculty or administrative staff? 5d Description of faculty or administrative staff? 5d Description of faculty or administrative staff? 5d Description of faculty or administrative staff? 5d Description of faculty or administrative staff? 5d Description of faculty or administrative staff? 5d Description of faculty or administrative staff? 5d Description of faculty or administrative staff? 5d Description of faculty or administrative staff? 5d Description of faculty or administrative staff? 5d Description of faculty or administra		If you need more space, use Part II	3	X	20310300
PROVIDED TO ALL PROSPECTIVE AND ENROLLED STUDENTS. Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Sc Clausational policies? Educational policies? Sp Cuber 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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of					
Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Seducational 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? 6a X Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization recrify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of					
Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		PROVIDED TO ALL PROSPECTIVE AND ENROLLED STUDENTS.			
Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	,				
Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of					
Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? 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 receive any financial aid or assistance from a governmental agency? 6a X To be the organization receive any financial aid or assistance from a governmental agency? 6b If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of					
Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Stype of all material used by the organization or on its behalf to solicit contributions? 4c			_		<u> </u>
admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Luse 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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			4b	X	ļ
Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 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's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of					
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Se 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's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of				, 	<u> </u>
Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Sc 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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			4d	X	1000000
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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of					
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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of					
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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of					
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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of					
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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of					V
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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of					X
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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of				<u> </u>	X
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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			—	 	X
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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of					X
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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		,		<u> </u>	^
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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of				-	X
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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		, -		 	^X
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? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			_ 5n		1 4
Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		1	l
Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			10.0		
Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of					
Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of					
Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of				v	
If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		· · · · · · · · · · · · · · · · · · ·		 ^	 x
Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			6b		1 1
		Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	x	

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

Schedule E (Form 990 or 990-EZ) 2018

Schedule E (Form 990 or 990-EZ) 2018 KENYON COLLEGE 31-4379507 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.
Also provide any other additional information.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
GOVERNMENT FINANCIAL AID - KENYON COLLEGE RECEIVES STUDENT FINANCIAL
ASSISTANCE FROM THE U.S. DEPARTMENT OF EDUCATION. THE ASSISTANCE CONSISTS
OF THE FOLLOWING FEDERAL PROGRAMS: NATIONAL DIRECT STUDENT LOANS, PELL
GRANTS, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, AND COLLEGE WORK
CHILD I DOCUME THE COLLEGE ALSO DESCRIBES SOME DESCRIBED SHE AND
STUDY PROGRAMS. THE COLLEGE ALSO RECEIVES SOME RESEARCH GRANTS AND
EQUITOMENT CDANTE EDOM MADIOUS COMEDIMENTAL ACENCIES
EQUIPMENT GRANTS FROM VARIOUS GOVERNMENTAL AGENCIES.

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

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

31-4379507

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

United States.

3 Activities per Region. (II	(b) Number of	(c) Number of	n be duplicated if additional space is n	(e) If activity listed in (d)	(f) Total
(a) Hegion	offices	employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
CENTRAL AMERICA AND		m and region	- AMAZONIA		
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	40,295
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	992
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	OTHER	683
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	GRANTMAKING		27,521
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	INVESTMENTS		209604073
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	421,795
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	5,424
EAST ASIA AND THE					<u> </u>
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,				į	
CAMBODIA,	0	0	PROGRAM SERVICES	STUDENT RECRUITMENT	13,179
3 a Subtotal	0	0			210,113,962
b Total from continuation		Ì			
sheets to Part I	0	0			6,522,440
c Totals (add lines 3a					
and 3b)	0	0			216,636,402

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

Schedule F (Form 990) 2018

	KENYON Con of Activities		Schedule F (Form 990), Part I, line 3	31-437	9507 Page 1
(a) Region	(b) Number of offices in the 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
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,	0	0	GRANTMAKING		140,728.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	3,812,600.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	43,694.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	STUDENT RECRUITMENT	2,178.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	OTHER	1,450.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	GRANTMAKING		1,411,436.
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	109,740.
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	518.
MIDDLE EAST AND					
NORTH AFRICA	0	0	PROGRAM SERVICES	OTHER	771.
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,	l .				
DJIBOUTI, EGYPT,	0	0	GRANTMAKING		49,998.
Totals		<u> </u>			

Schedule F (Form 990) Part I Continuation	KENYON C on of Activities		• (Schedule F (Form 990), Part I, line 3	3)	9507 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 SERVICES	36,375.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	PROGRAM SERVICES	STUDENT RECRUITMENT	2,084.
NORTH AMERICA -					,
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	PROGRAM SERVICES	OTHER	498.
RUSSIA AND			Landers de la company		
NEIGHBORING STATES -					
ARMENIA, AZERBIJAN,					
BELARUS,	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	91,140.
RUSSIA AND	1				,
NEIGHBORING STATES -					
ARMENIA, AZERBIJAN,	0	0	GRANTMAKING		63,006.
BELARUS, SOUTH AMERICA -	- ·		GRANIERRING		03,000.
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,		0	PROGRAM SERVICES	EDUCATIONAL SERVICES	293,549.
COLUMBIA, ECUADOR,	•	· ·	PROGRAM SERVICES	EDUCATIONAL SERVICES	273,547
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,		^	DDOGDAN GEDUTGEG	EDUCATIONAL DECEADOR	720
COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	728,
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					100 450
COLUMBIA, ECUADOR,	0	0	GRANTMAKING		180,452
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,		_			
INDIA, MALDIVES,	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	40,796.
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,					
INDIA, MALDIVES,	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	709.
Tatala .	.]				
<u>Totals</u>		L			<u> </u>

Schedule F (Form 990)	KENYON C	OLLEGE		31-437950	Page 1
Part I Continuatio	n of Activitie	s per Region	Schedule F (Form 990), Part I, line 3	3)	
(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	GRANTMAKING		22,452.
SUB-SAHARAN AFRICA -					1
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	130,829.
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	PROGRAM SERVICES	EDUCATIONAL RESEARCH	6,819.
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	PROGRAM SERVICES	OTHER	1,596.
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,		İ			
BOTSWANA, BURKINA					
FASO,	0	0	GRANTMAKING		78,294.
		chanter .			
		1			

Totals	.	<u> </u>			6,522,440.

Page 2

Part II 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) 2018
(h) Description of noncash assistance						Schedi
(g) Amount of noncash assistance					empt •	
(f) Manner of cash disbursement					ecognized as tax-ex	
(e) Amount of cash grant					foreign 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					s listed above that are re isel has provided a secti entities	
(b) IRS code section and EIN (if applicable)					recipient organization h the grantee or coun other organizations or	
1 (a) Name of organization					 Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has p 3 Enter total number of other organizations or entities 	1

KENYON COLLEGE

Schedule F (Form 990) 2018 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.

rattili cali be uuplicateu ii audiioliai space is fleedeu	dutional space is needed	i.	30 ton 0000 ((L)	(a) Manager of	30 tallom (3)	(x)	(h) Mothod of
(a) Type of grant or assistance	(b) Region	recipients	cash grant	cash disbursement	noncash	noncash assistance	(book, FMV, appraisal, other)
	CENTRAL AMERICA						
	AND THE CARIBBEAN						
	- ANTIGUA &				,		
EDUCATION ASSISTANCE	BARBUDA, ARUBA,	1	27,521.	CREDIT TO ACCOUNT	0.		
	EAST ASIA AND THE						
	PACIFIC -						
	AUSTRALIA,						
EDUCATION ASSISTANCE	BRUNEI, BURMA,	10	140,728.	CREDIT TO ACCOUNT	0.		
	EUROPE (INCLUDING						
	ICELAND &						
	GREENLAND) -						
EDUCATION ASSISTANCE	ALBANIA, ANDORRA,	71	1411436.	CREDIT TO ACCOUNT	0		
	MIDDLE EAST AND						
	NORTH AFRICA -						
	ALGERIA, BAHRAIN,						
EDUCATION ASSISTANCE	DJIBOUTI, EGYPT,	4	49,998.	CREDIT TO ACCOUNT	0.		
	RUSSIA AND						
	NEIGHBORING						
	STATES - ARMENIA,						
EDUCATION ASSISTANCE	AZERBIJAN,	4	.900, 69	CREDIT TO ACCOUNT	0		
	SOUTH AMERICA -						
	ARGENTINA,						
	BOLIVIA, BRAZIL,						
EDUCATION ASSISTANCE	CHILE, COLUMBIA,	10	180,452.	CREDIT TO ACCOUNT	0.		
	SOUTH ASIA -						
	AFGHANISTAN,						
	BANGLADESH,						
EDUCATION ASSISTANCE	BHUTAN, INDIA,	1	22,452.	CREDIT TO ACCOUNT	0.		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
EDUCATION ASSISTANCE	BURKINA FASO,	4	78,294.	CREDIT TO ACCOUNT	0.		
						Sched	Schedule F (Form 990) 2018

42

Schedule F (Form 990) 2018

SCHEDULE 1 (Form 990)

Department of the Treasury

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

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

OMB No. 1545-0047	2018	Complete Com
-------------------	------	--

► Attach to Form 990.

Schedule I (Form 990) (2018) **ջ** □ Employer identification number 31-4379507 (h) Purpose of grant or assistance 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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ► Go to www.irs.gov/Form990 for the latest information. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (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) 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Part I General Information on Grants and Assistance (p) EIN KENYON COLLEGE criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Internal Revenue Service Part

KENYON COLLEGE

Page 2

31-4379507

Schedule I (Form 990) (2018) KENY

Part

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.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 0. 0. ٥. 43,962. 968,940. 37,578,033. (c) Amount of cash grant 1098 (b) Number of recipients 18 101 (a) Type of grant or assistance PRIZES TO STUDENTS TUITION REMISSION SCHOLARSHIPS

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

٥.

351,043

77

RESEARCH FELLOWSHIPS

٠.

37,280

PART I, LINE 2:

LEGAL FELLOWSHIPS

FELLOWSHIPS, AND OTHER - SCHOLARSHIPS, GRANT FUNDS MONITORING USE OF EDUCATIONAL PROGRAM GRANTS ARE MONITORED THROUGH THE COLLEGE'S FINANCIAL

AID COMPLIANCE PROCEDURES. PRIZES TO STUDENTS ARE AWARDED FOR ACADEMIC

MERIT.

31-4379507 Page 2	
	tes (Schedule I (Form 990), Part III.)
KENYON COLLEGE	Assistance to Individuals in the United States (Schedu
ule I (Form 990) KENYO	II Continuation of Grants and Other ₱

Schedule I (Form 990) KENYON COLLEGE Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	uals in the United	States (Schedule	l (Form 990), Part III	(:	31-4379507 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATIONAL ENRICHMENT	25.	71,075.	•0		
S-STEM SCHOLARSHIPS	18.	43,908.	•0		
DALTON FELLOWSHIPS	ť	12,000.	•0		
	Ξ				Schedule I (Form 990)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

KENYON COLLEGE

Part I Questions Regarding Compensation

Employer identification number 31-4379507

			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)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant 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:			
а	Receive a severance payment or change-of-control payment?	<u>4a</u>		<u> </u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	2007	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:			v
	The organization?	5a	<u> </u>	X
b	Any related organization?	5b		
	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:			x
	The organization?	6a	 -	$\frac{\Lambda}{X}$
b	Any related organization?	6b		A
_	If "Yes" on line 6a or 6b, describe in Part III.		l	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		x
_	not described on lines 5 and 6? If "Yes," describe in Part III		5	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		X
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	-		42
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	ו פ	<u> </u>	L

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

Schedule J (Form 990) 2018

Page 2

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

For each individual whose compensation must be reported 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)(f)-(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 V	W-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	Ξ	379,556.	115,000.	0	93,125.	30,995.	618,676.	0
PRESIDENT & TRUSTEE	: 3	0		0	• 0	0.	• 0	0
(2) JOSEPH KLESNER	Ξ	199,591.	0	0	19,729.	.066,980.	246,310.	• 0
PROVOST	<u> </u>	0	0	0		0.	• 0	0
(3) TODD BURSON	Ξ	178,213.	0	0	17,886.	31,167.	227,266.	• 0
VP FOR FINANCE	€	0	0.	.0				0.
(4) MARK KOHLMAN	Ξ	160,547.	0.	.0	16,380.	36,306.	213,233.	0.
CHIEF BUSINESS OFFICER	Ξ	0	0.	0.		0.	- 1	0
(5) COLLEEN M GARLAND	Ξ	145,276.	0.	0	13,062.	460.	158,798.	0.
VP FOR ADVANCEMENT	€	• 0	0.	.0	0.	0.	- 1	0
(6) RONALD GRIGGS	€	161,626.	0.	0.	16,395.	35,706.	213,727.	0.
VP FOR LBIS	€	0	0	• 0	• 0	0.	0.	0.
(7) DIANE ANCI	Ξ	210,784.	0	0	21,345.	38,627.	. 270,756.	0.
VP ENROLL/DEAN ADM&FINAID	҈	0.	0.	0	0.			0.
(8) MEREDITH BONHAM	Ξ	169,173.	0.	0	16,898.	29,718.	215,789.	0
VP FOR STUDENT AFFAIRS	Ξ	0	0.	• 0	0.	0.		0
(9) JANET MARSDEN	Ξ	149,215.	.0	0.	14,487.	14,244.	177,946.	0.
VP FOR COMMUNICATIONS	(ii)	• 0	0.	.0	0.	0.		0.
(10) DAVID H LYNN	ω	71,514.	0.	0.	6,779.	579.		0
EDITOR-KENYON REVIEW	Œ	•	0.		11,542.			0.
(11) RIC S SHEFFIELD	Ξ	137,418.	0.	12,109.	13,167.	26,304.	188,99	0.
PROFESSOR	(iii)		0.	0	- 1			0.
(12) SHARON L WILLIAMS	Θ	156,982.	0.	0.	14,88	2,443.	174,311.	0.
ASSOC. VP FOR DEVELOPMENT	Œ		0.	0.			- 1	0.
(13) THEODORE O MASON	(0)	138,443.	0.	6,753.	14,101.	27,226.	186,523.	0.
ASSOC. PROVOST FOR DIVERS., EQUITY&INC		0	0.	0.	0.	0	0.	0
	Θ							
	⊞		THE PARTY OF THE P					
	Ξ							
	Ξ							
	Ξ							
	Œ							

Schedule J (Form 990) 2018

Page 3

Part III Supplemental Information

Schedule J (Form 990) 2018

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, BENEFITS PROVIDED TO OFFICERS - THE COLLEGE PROVIDED THE FOLLOWING BENEFITS

SEAN DECATUR: PAYMENT OF MEMBERSHIP DUES FOR THE MOUNT TO ITS PRESIDENT, VERNON ROTARY CLUB AND THE UNION CLUB; RESIDENCE ON CAMPUS FOR PERSONAL USE

THE PRESIDENT'S AS WELL AS JOB-RELATED ACTIVITIES; MAID SERVICE FOR

ON-CAMPUS HOME; AND A DISCRETIONARY SPENDING ACCOUNT TO FURTHER THE

COLLEGE'S MISSION. THE COLLEGE DID NOT TREAT THE VALUE OF THE REMAINING

BENEFITS AS TAXABLE INCOME FOR THE PRESIDENT AS EXPENSES WERE INCURRED FOR

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

FOR COLLEGE PURPOSES SINCE THE PRESIDENT HOSTS MANY FUNCTIONS AT THE

RESIDENCE

PART I, LINE 4B:

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN - EMPLOYER CONTRIBUTION TO

SECTION 457(F) PLAN FOR SEAN DECATUR: \$67,000.

Schedule J (Form 990) 2018

Н ENTITY

Department of the Treasury Internal Revenue Service

SCHEDULEK

Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public 2018 Inspection

OMB No. 1545-0047

Yes No 54,874. (i) Pooled ,081,745. financing × × × × Employer identification number 31-4379507 5,136,619 × × ŝ (g) Defeased (h) On behalf Yes × × × × Ω of issuer Ω, Yes × ŝ × × × 40,683,466. 518,366. 165,100. Yes × × × ŝ 2015 ပ (f) Description of purpose 40, Yes × × I ΙN ΙN 100189867.SEE PART VI SEE PART 5,136,619.SEE PART PART 44,153,017. 44,637,452. 484,435. M ŝ 2013 40683466.SEE В 44637452. Yes × × × (e) Issue price 100,467,203. 10,237,220. 956,478. 89,273,505. 43,680,000 ŝ 201011/29/16 02/11/10 05/28/15 07/24/13 (d) Date issued Yes × × × × 34-6849674|67756DJG2| 34-6849674|67756AR38| 34-6849674|67756DBF2| 34-6849674|67756DFW1| (c) CUSIP # Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if (p) Issuer EIN COLLEGE issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? OHIO HIGHER EDUCATIONAL Working capital expenditures from proceeds OHIO HIGHER EDUCATIONAL OHIO HIGHER EDUCATIONAL OHIO HIGHER EDUCATIONAL KENYON B FACILITY COMMISSION C FACILITY COMMISSION Capital expenditures from proceeds FACILITY COMMISSION D FACILITY COMMISSION Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion final allocation of proceeds? (a) Issuer name Amount of bonds retired Other unspent proceeds Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Part II Proceeds Parti

∞|

6

9 Ξ 2 5

9

Ŋ

3

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

5

9

4

7

Schedule K (Form 990) 2018

2 ENTITY **Employer identification number**

31-4379507

Open to Public OMB No. 1545-0047

Inspection

Supplemental Information on Tax-Exempt Bonds ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

KENYON COLLEGE

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULEK

(Form 990)

Schedule K (Form 990) 2018 (g) Defeased (h) On behalf (i) Pooled Ŷ financing × × Yes ŝ ŝ × × ۵ of issuer Yes Yes ŝ M × Yes ŝ O (f) Description of purpose Yes Z 51393477. SEE PART VI 75669523. SEE PART 77,227,002. 669,523. 14,870,347. 61,687,132. 1,070,000. M × × S B Yes × (e) Issue price 52,986,312. 46,789,058. 524,160. 5,673,094. × × ŝ 11/29/16 ⋖ (d) Date issued 12/14/17 Yes × × 34-6849674|67756DJG2| 34-6849674|67756DPD2| (c) CUSIP# Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if (b) Issuer EIN issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds OHIO HIGHER EDUCATIONAL OHIO HIGHER EDUCATIONAL FACILITY COMMISSION B FACILITY COMMISSION Credit enhancement from proceeds Capital expenditures 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 final allocation of proceeds? (a) Issuer name Amount of bonds retired Other unspent proceeds Total proceeds of issue Other spent proceeds Bond Issues Part II Proceeds Part ∞ 9 O ß 15 9 က 9 F 4 17 ပ 12 5

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

ENTITY 1

A	LC,	Schedule K (Form 990) 2018 KENYON COLLEGE			31-4	-4379507	Я 	ENTITY	H	Page 2
Ves No Yes Yes No Yes Yes <td>Yes No Yes No Yes No No</td> <td></td> <td>•</td> <td></td> <td></td> <td>~</td> <td></td> <td></td> <td></td> <td></td>	Yes No Yes No Yes No		•			~				
X	X	ner in a partnership. or a member of an LLC.		å						2
X	X			X		×		×		×
X	X	ments that may result in private business use of		X	×		×		×	
X	X	or service contracts that may result in private		×	×	,	×		X	
X	X	organization routinely engage bond counsel or other outside agement or service contracts relating to the financed property?			×		×		X	
		eements that may result in private business use of		×		×		×		×
101	Of W W W W W W W W W	ne organization routinely engage bond counsel or other outside earch agreements relating to the financed property?								
Of	March Marc	Enter the percentage of financed property used in a private business use by antition other than a section 6/14/69 organization or a state or local procument.		%		%		%		%
207	407	Enter the percentage of financed property used in a private business use as a result of				2				
	201	zation,		;		;		•		ì
A	X	ation, or a state or local government		% %		% %		% %		% %
X	No Yes No Yes No Yes No Yes No Yes No X X X X X X X X X	et the private security or payment test?						1		
X	X	Has there been a sale or disposition of any of the bond-financed property to a non-		Þ		Þ		Þ		
X	X	ner than a 50 I(c)(3) organization since the bonds were issued ? The percentage of bond-financed property sold or disposed		4		4		4		4
all nonqualified	all nonqualified all nonqualified ents under A B C B C A B			%		%		%		%
procedures to ensure that all nonqualified condance with the requirements under contract or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualified contracts or ensure that all nonqualif	procedures to ensure that all nonqualified ordance with the requirements under ordance with the requirements under conduction and attention was X	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
A control of the requirements under bights of the reduction and date the rebate computation was X	Age Rebate, Yield Reduction and the rebate computation was X									
A B C D ge Rebate, Yield Reduction and date the rebate computation was Yes No Yes	A B C ge Rebate, Yield Reduction and date the rebate computation was Yes No Yes No Yes No Yes No Yes No X		}		;		ł		;	
ge Rebate, Yield Reduction and date the rebate computation was Yes No Yes	ge Rebate, Yield Reduction and date the rebate computation was Yes No No Yes Xes No Yes Xes	41-12 and 1.145-2?	×		×		×		×	
ge Rebate, Yield Reduction and date the rebate computation was Yes No Yes Yes No Yes Yes Yes Yes	ge Rebate, Yield Reduction and date the rebate computation was Yes No Yes No Yes No X		\			a a				
X	X	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	1 1					Ž
X	X X X X X Adate the rebate computation was X X X X X X X X X X	Penalty in Lieu of Arbitrage Rebate?		×		×		×		×
		ollowing apply?							1	
A X X X X X X X X X X X X X X X X X X X	X X X X X X X X X X X X X X X X X X X			×		×	×	P	×	
X	x			♦	-	4		4 :	4	
*	X		×		×			×		×
X X X	X X X	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	4 4 4			*		*		>		×

Schedule K (Form 990) 2018 KENYON COLLEGE			31-	31-4379507	图	ENTITY	7	Page 2
Part III Private Business Use								
		A		8		S	Δ	***************************************
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	2×	Yes	% ×	Yes	No No	Yes	S S
Willich Owned property intainced by tax-exempt bounds? 2. Are there any lease arrangements that may result in private business use of				1				
	×			×				
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?	×			×				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?	×							-
c Are there any research agreements that may result in private business use of		Þ		×				
		4		4				
d If res to line Sc, does the organization foutiliery engage boild course or outside coursel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		.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		.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?			- Constitution of the Cons					
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under	Þ		Þ					
74	4		∢					
Part IV Arbitrage								
	,	A		n .	ķ	<u>ا</u>	Ω	
1 Has the issuer filled Form 8038-1, Arbitrage Rebate, Yield Reduction and	Yes	S ×	Yes	۵ ×	res	0 <u>N</u>	Tes	NO
-		4		4				
2 If "No" to line 1, did the following apply?	Ļ		\$					
a Rebate not due yet?	¥		4	-				-
b Exception to rebate?		×		×			ŀ	
c No rebate due?		×		×				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
3 Is the bond issue a variable rate issue?		×		×				
22						Sch	Schedule K (Form 990) 2018	n 990) 2018

Page 3

31-4379507 KENYON COLLEGE Schedule K (Form 990) 2018

Part IV Arbitrage (Continued)

	¥		Ω		S		٥	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	Š	Yes	S N	Yes	Š
hedge with respect to the bond issue?		×		×		×		×
b Name of provider								
c Term of hedge								!
d Was the hedge superintegrated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×		×		×
b Name of provider								Ī
c Term of GIC								
6 Were any gross proceeds invested beyond an available temporary period?		×		×		×		×
7 Has the organization established written procedures to monitor the requirements of	Þ		×		×		×	
Secuon 140? Description Description Correction Action			1		4		*	
	•			8	0			
Has the organization established written procedures to ensure that violations of	Yes	ON CON	Yes	No	Yes	2	Yes	Š
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	×		×		×		×	
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	s on Schedule	K. See instru	ctions					
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY	COMMISSION	SION						
DATE THE REBA	-	5						
(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY		NOIS						
DATE THE REBATE COMPUTATI	5/09/2018	8						
DESCRIPTION OF PURPOSE - PART I, ROW A, COLUMN F:								
THE ISSUE WAS ISSUED TO 1) ADVANCE REFUND THE FOLLOWING	Trowing	BOND I	ISSUE:					
OHIO HIGHER EDUCATIONAL FACILITY COMMISSION, STATE	PE OF OHIO	IIO HIGHER	HER					
FACILITY ADJUSTABLE MEDIUM TERM	NUE BONDS	S (KENYON	YON					
COLLEGE 2002 PROJECT), ISSUED DECEMBER 10, 2002,	AND 2)	CURREN	CURRENT REFUND	Ð				
IG BOND ISSUES: A) OHIO HIGHER		CILLTY						
COMMISSION, STATE OF OHIO HIGHER EDUCATIONAL FACILITY		ADJUSTABLE	LE DEMAND	AND				
JJECT), ISS	JED DECE	DECEMBER 1	10, 1992;	;				
ISSION,	STATE OF OHIO HIGHER	OHIO	HIGHER					
EDUCATIONAL FACILITY [ADJUSTABLE DEMAND] REVENUE BONDS (KENYON COLLEGE	BONDS (KENYON	COLLEC	Ä				
ND C)	OHIO HIGHER EDUCATIONAL	R EDUC	ATIONAI	.7				
Ж	EDUCATIONAL FACILITY	CILLTY						
ADJUSTABLE DEMAND REVENUE BONDS (KENYON COLLEGE 1	1999 PRC	PROJECT),	ISSUED					
832123 11-01-18						Sct	nedule K (Fo	Schedule K (Form 990) 2018

			31-	4379507		 		Page 3
Part IV Arbitrage (Continued)								
4. Has the organization or the governmental issuer entered into a qualified	Yes	ON.	Yes	S S	Yes	2	Yes	No
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?		1		ļ				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×				
b Name of provider								
c Term of GIC					-			
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		×		×				
7 Has the organization established written procedures to monitor the requirements of	Þ		×					
Part V Procedures To Undertake Corrective Action			1:					
	A			В		U	D	_
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	Š	Yes	Š	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable	•							
regulations?	×		×					
ntal Information. Provide additional information for n	on Schedule	K. See instru	ctions					
IV, ARBITRAGE, LINE 2C:	- 1							
н	COMMISSION	NOIS						
DATE THE REBATE COMPUTATION WAS PERFORMED: 04	04/23/2015	5						
	- 1	1						
	COMMISSION	SION						
DATE THE REBATE COMPUTATION WAS PERFORMED: 05	05/09/2018	ω			***************************************			
PRECETTENTON OF PIRPOSE - PART T ROW A COLUMN F:								
SSITED TO 1) ADVANCE REFUND THE	LOWING		ISSUE:					
OHIO HIGHER EDUCATIONAL FACILITY COMMISSION, STATE	E OF OF	"	HER					
I TERM R	TUE BONI	S (KENYON	YON					
DECEMBER 10, 2002,	AND 2)	CURRENT REFUND	T REFU	Q				
HER EDU		FACILITY						
HER EDUCATIONAL	FACILITY AL	ADJUSTABLE DEMAND	LE DEM	AND		•		
1992 PROJECT),	ш	MBER 1	0, 1992;	2;				
IONAL FACILITY COMMISSION, S	\circ	OF OHIO						
CILITY [ADJUSTABLE DEMAND	BONDS ((KENYON	COLLEGE	題				
1998 PROJECT), ISSUED AUGUST 26, 1998; AND C) OHIO HIGHER EDUCATIONAL	O HIGHE	R EDUC	ATIONA	٥				
IIO HIGHER EDUCAT	ONAL FA	CILITY			ALL CONTRACTOR OF THE CONTRACT			
ADJUSTABLE DEMAND REVENUE BONDS (KENYON COLLEGE 1	1999 PRC	PROJECT),	ISSUED					
832123 11-01-18						Sc	Schedule K (Form 990) 2018	m 990) 2018

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 Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

K	ENYON CO	OLLEGE						31	<u>-43</u>	795	07		
Part I Excess Bene	fit Transact	t ions (section 50	1(c)(3), secti	on 501(c)(4), and 50°	1 (c)(29) organization:	s only)	•				
Complete if the o	rganization an	swered "Yes" on F	orm 9	90, Pa	rt IV, line 25a or 25b	, or	Form 990-EZ, Pa	art V, I	ne 40I	b.			
4	(h)	Relationship betw			ified						(d)	Corre	cted?
(a) Name of disqualified p	erson '	person and or			(0	;) De	escription of tran	sactio	n		Ye	es	No
14-16-14-14-14-14-14-14-14-14-14-14-14-14-14-													
2 Enter the amount of tax is	ncurred by the	organization mana	agers	or disq	ualified persons duri	ng t	he year under						
section 4958									> \$				
3 Enter the amount of tax,									▶ \$				
	-												
Part II Loans to and	l/or From In	iterested Pers	ons.	•									
Complete if the c	organization an	swered "Yes" on F	orm 9	990-EZ,	, Part V, line 38a or F	orm	990, Part IV, lin	e 26; d	or if the	e orgai	nizatio	n	
reported an amo	unt on Form 99	00, Part X, line 5, 6											
(a) Name of	(b) Relationshi			oan to or	(e) Original	(f) Balance due		, ,,,	(h) App by boa	ard or		ritten
interested person	with organization	on of loan		ization?	principal amount			deta	ult?	comm	ittee?	agree	ment?
			То	From				Yes	No	Yes	No	Yes	No
			<u> </u>										
			ļ										
													<u> </u>
						<u> </u>							
				<u> </u>									
				_								<u> </u>	<u> </u>
	ļ					L		062245					
Total	-! D	enefiting Inter		d Dox	> \$								
		_											
		swered "Yes" on F					I				. D		
(a) Name of interested p	person	(b) Relationship interested pers			(c) Amount of assistance		(d) Type assistan		1) Purp assista		Ī
		the organiza		u	assistance		l dociotar.	00			4001011		
													**
									-				
									+		****		-
									\dashv				
									\dashv				-
									\dashv				
						····			$\neg \dagger$				
		· · · · · · · · · · · · · · · · · · ·						*	一				
					<u> </u>		 		-				

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

Schedule L (Form 990 or 990-EZ) 2018

31-4379507 Page 2 Schedule L (Form 990 or 990-EZ) 2018 KENYON COLLEGE Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's revenues? (b) Relationship between interested (d) Description of (a) Name of interested person (c) Amount of transaction transaction person and the organization Yes No 91,466. SALARY X SPOUSE OF OFFICER MARLA KOHLMAN 30,200. SALARY X JEANNE GRIGGS SPOUSE OF KEY EMPL. 72,162. SALARY X SPOUSE OF KEY EMPL. JAY BONHAM X 23,050. SALARY CHILD OF KEY EMPL. WALKER GRIGGS 35% CONTROLLED ENTITY OF S SUBSTANTIAL CONTRIB 4,200,833. PYMT. FOR SE X Supplemental Information. Part V Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: 35% CONTROLLED ENTITY OF SUBST.CONTRIBUTOR (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SUBSTANTIAL CONTRIBUTOR (C) AMOUNT OF TRANSACTION \$ 4,200,833. (D) DESCRIPTION OF TRANSACTION: PYMT.FOR SERVICES (E) SHARING OF ORGANIZATION REVENUES? = NO PART IV - ADDITIONAL INFORMATION ABOUT BUSINESS TRANSACTIONS: A PARTNERSHIP OWNED MORE THAN 35% BY A SUBSTANTIAL CONTRIBUTOR PROVIDED SERVICES TO THE COLLEGE. THE COLLEGE PERFORMED DUE DILIGENCE PROCEDURES TO ENSURE THAT THE PAYMENT FOR THE SERVICES RENDERED WAS AT THE FAIR MARKET VALUE FOR SUCH SERVICES BASED ON INDUSTRY NORMS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

KENYON COLLEGE

Employer identification number 31-4379507

Pal	TI 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	(c Method of c noncash contrib	leterminin	_	;
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		1.	NOM. VALUE			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	190	3,259,813.	STOCK QUOT	E		
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			V				
15	Real estate - Residential							
16	Real estate - Commercial		ļ	- A				
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			12 011	OMITED TAN	TATATIO	חדום	······
25	Other (EVENT HOSTING)	X	6		OTHER-EXP			
26	Other (SUPPLIES FOR)	X	10		OTHER-NOMI OTHER-NOMI			
27	Other (ARCHIVAL RECO)	X	1		OTHER-NOMI.	MAL V	ALL	<u>, E. </u>
28	Other (<u> </u>	<u> </u>					
29	Number of Forms 8283 received by the organization completed Form 82			1 1				
	for which the organization completed Form 62	os, Part IV,	Dollee Ackilowled(Jennent [29]	AND THE RESERVE OF THE PERSON	Ţ,	Yes	No
20-	During the year, did the organization receive by	v contributio	on any property ren	orted in Part I lines 1 throug	sh 28 that it		163	140
Sua	must hold for at least three years from the date							
	exempt purposes for the entire holding period			Willow to rodallog to bo a		30a	HARRIST	X
h	If "Yes," describe the arrangement in Part II.	·						
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribu	tions?	31	x	
	Does the organization hire or use third parties				***************************************			
JLA	contributions?					32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	y for which column (a) is che	cked,			
	describe in Part II.							
			Hana fau Faum 00		Caba dula		0001	0040

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

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018

832142 10-18-18

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.

Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

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, AND

832211 10-10-18

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

Schedule O (Form 990 or 990-EZ) (2018)

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. AS AN UNDERGRADUATE INSTITUTION, KENYON FOCUSES UPON THOSE STUDIES THAT ARE ESSENTIAL TO THE INTELLECTUAL AND MORAL DEVELOPMENT OF ITS STUDENTS. THE CURRICULUM IS NOT DEFINED BY THE INTERESTS OF GRADUATE OR PROFESSIONAL SCHOOLS, BUT BY THE FACULTY'S UNDERSTANDING OF WHAT CONTRIBUTES TO LIBERAL EDUCATION. THE FACULTY'S FIRST INVESTMENT IS IN KENYON'S STUDENTS. THE COLLEGE CONTINUES TO THINK OF ITS STUDENTS AS PARTNERS IN INQUIRY, AND SEEKS THOSE WHO ARE EARNESTLY COMMITTED TO LEARNING. IN THE FUTURE, KENYON WILL CONTINUE TO TEST ITS ACADEMIC PROGRAM AND MODES OF TEACHING AND LEARNING AGAINST THE NEEDS OF ITS STUDENTS, SEEKING TO BRING EACH PERSON TO FULL REALIZATION OF INDIVIDUAL EDUCATIONAL POTENTIAL. TO BE A RESIDENTIAL COLLEGE MEANS MORE THAN THAT THE COLLEGE PROVIDES DORMITORY AND DINING SPACE FOR ITS STUDENTS. IT ARGUES A RELATIONSHIP BETWEEN STUDENTS AND PROFESSORS THAT GOES BEYOND THE CLASSROOM. IT EMPHASIZES THAT STUDENTS LEARN AND DEVELOP, INTELLECTUALLY AND SOCIALLY, FROM THEIR FELLOWS AND FROM THEIR OWN RESPONSES TO CORPORATE LIVING. KENYON REMAINS A SMALL COLLEGE AND EXEMPLIFIES DELIBERATE LIMITATION. WHAT IS INCLUDED HERE IS SPECIAL, WHAT IS EXCLUDED IS NOT NECESSARY TO OUR PURPOSES. FOCUS IS BLURRED WHEN THERE IS DISPERSION OVER LARGE NUMBERS OR OVER A LARGE BODY OF INTERESTS. KENYON REMAINS COMPREHENSIBLE. ITS DIMENSIONS ARE HUMANE AND NOT OVERPOWERING. PROFESSORS, KNOWING STUDENTS OVER YEARS, Schedule O (Form 990 or 990-EZ) (2018) 832212 10-10-18

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

832212 10-10-18

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:

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

POLICY IS DISTRIBUTED AT THE FALL MEETING OF THE BOARD OF TRUSTEES.

ANNUALLY, OFFICERS AND TRUSTEES ARE ASKED TO DISCLOSE CONFLICTS, AND THESE

DISCLOSURES ARE MONITORED. IF A CONFLICT ARISES, THE PERSON IS NOT

PERMITTED TO VOTE OR PARTICIPATE IN THE DISCUSSION OF THE PROPOSED

TRANSACTION. PEOPLE WHO ARE INDEPENDENT OF THE INDIVIDUAL MAKE THE DECISION

ON THE TRANSACTION.

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

OF SENIOR STAFF. RECOMMENDATIONS ARE PRESENTED TO AND APPROVED BY THE

EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THE TRUSTEES ARE INDEPENDENT

OF THE INDIVIDUALS FOR WHOM COMPENSATION DECISIONS ARE BEING MADE. THE

DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMMITTEE ARE NOTED IN THE

COMMITTEE'S MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABILITY OF DOCUMENTS - THE COLLEGE MAKES ITS FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE COLLEGE MAKES ITS GOVERNING

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization KENYON COLLEGE	Employer identification number 31-4379507
DOCUMENTS AND CONFLICT POLICY AVAILABLE TO THE PUBLIC UPON	REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN INTEREST RATE SWAP OBLIGATION	307,185.
	A MANAGEMENT OF THE STATE OF TH
	Edition (A)
AND AND AND AND AND AND AND AND AND AND	
	CONTRACTOR OF THE STATE OF THE
	Advantage Top 1
	- Landarina

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. ▶ Attach to Form 990.

2018

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

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

KENYON COLLEGE

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Employer identification number 31-4379507

Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets <u>@</u> Total income 3 Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) controlled entity? Yes × × Direct controlling KENYON COLLEGE KENYON COLLEGE entity Public charity status (if section н 501(c)(3)) LINE 12A, LINE 7 Exempt Code section 501(C)(3) 501(C)(3) 9 Legal domicile (state or foreign country) OHIO OIHC Primary activity LAND PRESERVATION 9 PUBLICATIONS -31-1711213Name, address, and EIN of related organization THE KENYON REVIEW - 31-1443804 PHILANDER CHASE CONSERVANCY 209 CHASE AVE EATON CENTER 209 CHASE AVE EATON CENTER <u>a</u> GAMBIER, OH 43022 GAMBIER, OH 43022

Š

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

38-1678376, 209 CHASE AVE EATON CENTER,

GAMBIER, OH 43022

GREAT LAKES COLLEGES ASSOCIATION, INC.

THE FIVE COLLEGES OF OHIO - 31-1440434

209 CHASE AVE EATON CENTER

GAMBIER, OH 43022

Schedule R (Form 990) 2018

M

N/A

LINE 12B, II

501(C)(3)

MICHIGAN

EDUC, CONSORTIUM

M

N/A

Ħ

LINE 12B,

501(C)(3)

OHIO

EDUC, CONSORTIUM

67

31-4379507

KENYON COLLEGE

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(၁)	(p)	(e)		(b)	14.00
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512((SL)(a)
of related organization		foreign country)	section	status (if section		organization?	on?
				501(c)(3))		Yes	№
GRAHAM GUND GALLERY - 46-3140140							
209 CHASE AVE EATON CENTER							
	ART GALLERY	онго	501(C)(3)	LINE 12A, I	KENYON COLLEGE	×	
KOKOSING NATURE PRESERVE - 47-2482300							
209 CHASE AVE EATON CENTER							
	CEMETERY	онто	501(C)(13)	N/A	KENYON COLLEGE	×	
	•						
	-						
	the second secon						

						,	
		All the state of t					

31-4379507

Page 2

Schedule R (Form 990) 2018 KENYON COLLEGE

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. PartIII

organizations treated as a corporation of trust during the tax year.	Jillig ule tak year.								
(a)	(q)	(၁)	(p)	(e)	(t)	(6)	ε	9	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	🚡	Percentage ownership	512(b)(13) controlled entity?	(13) 190 190 190
		country)		or trust)		assets		Yes No	٩
KENYON INN MANAGEMENT CO 31-1646746									
209 CHASE AVE EATON CENTER									
GAMBIER, OH 43022	HOTEL MGMT.SVC.	ЮН	KENYON COLLEGE	C CORP	28,171.	101,802.	100%	×	
CHARITABLE REMAINDER TRUSTS (8)									
EATON CENTER									
GAMBIER, OH 43022	CHARITABLE TRUST	ОН	KENYON COLLEGE	TRUST					×
CHARITABLE REMAINDER TRUSTS (1)									
EATON CENTER									
GAMBIER, OH 43022	CHARITABLE TRUST	FL	KENYON COLLEGE	TRUST					×
POOLED INCOME FUND (1)									
EATON CENTER									
GAMBIER, OH 43022	POOLED INC.FUND	ОН	KENYON COLLEGE	TRUST					×
								-	

Schedule R (Form 990) 2018

Page 3

70

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				λ	Yes
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?	with one or more rel	ated organizations listed i	in Parts II-IV?		2022
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1 a	×
Gift. grant. or capital contribution to related organization(s)				1b	×
(3iff grant or capital contribution from related organization(s)				2	×
				┡	×
				╀	×
e Loans or loan guarantees by related organization(s)				ש	4
					Þ
f Dividends from related organization(s)				÷	4
g Sale of assets to related organization(s)				19	×
Purchase of assets from related organization(s)				4	×
Exchange of assets with related organization(s)				ï	×
				┝	×
k Lease of facilities, equipment, or other assets from related organization(s)				+	×
l Performance of services or membership or fundraising solicitations for related organization(s)	iization(s)			7	×
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			T,	×
	s)u(s)			1 ₂	×
				10	×
					-
p Reimbursement paid to related organization(s) for expenses				9	×
q Reimbursement paid by related organization(s) for expenses				19	×
r Other transfer of cash or property to related organization(s)				+	×
s Other transfer of cash or property from related organization(s)				15	×
2 If the answer to any of the above is "Yes," see the instructions for information on who	no must complete thi	s line, including covered	must complete this 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	olved	
(1) PHILANDER CHASE CONSERVANCY	R	242,470.	FMV		
(2) THE KENYON REVIEW	ጸ	136,904.	FMV		
(3) GRAHAM GUND GALLERY	R	848,590.	FMV		
(4)					
(5)					
(9)					
832163 10-02-18	7.0		Schedule R (Form 990) 2018	R (Form 9	90) 2018

71

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

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

(a) (b) (c) (d)	(q)	(0)	(p)	(e)		(6)	ε	(9)	S	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income properties (related, unrelated,	partners sec. 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate	amount in box 20 managing ownership	General or managing partner?	Percentage ownership
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
		MANUEL CONTROL OF THE PROPERTY								
Andrew Control of the										
	-									
			-	-			•			
The state of the s										
And the second s										
			•							
				.14						

		٤								
								Schedule	R (Forn	Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 KENYON COLLEGE	31-4379507 Page !
Schedule R (Form 990) 2018 KENYON COLLEGE Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions.	
Trondo additional mornation for responded to quiestions on extraordination.	
	A A CARLO CONTROL CONT
A CARLOS CONTROL CONTR	
	Min
AND AND AND AND AND AND AND AND AND AND	
4.000	
	- William 17 -

A CONTRACTOR OF THE CONTRACTOR	

16240630 138919 94425S

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

Employer identification number

31-4379507

Department of the Treasury Internal Revenue Service (99) Name of the organization

KENYON COLLEGE

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

OMB No. 1545-0687

ENTITY

2

	Inrelated business activity code (see instructions) \blacktriangleright <u>61160</u>	0		_				
	Describe the unrelated trade or business SUMMER SP	ORT	S CAMPS	3	ı			
Part I Unrelated Trade or Business Income			(A) Ind	(A) Income (B) Expen		s (C) Net		
1 a	Gross receipts or sales 391,452.	1						
b	Less returns and allowances c Balance	1c	39:	1,452.				
2	Cost of goods sold (Schedule A, line 7)	2						
3	Gross profit. Subtract line 2 from line 1c	3	39:	1,452.			391	,452.
4 a	Capital gain net income (attach Schedule D)	4a					****	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			96 all 92		MM 1-1	
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Schedule C)	6						*
7	Unrelated debt-financed income (Schedule E)	7				·		
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Schedule F)	8						
9	Investment income of a section 501(c)(7), (9), or (17)							
	organization (Schedule G)	9						
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11						
12	Other income (See instructions; attach schedule)	12						
13	Total. Combine lines 3 through 12	13	39	1,452.		ļ.	391	452.
Pa	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the u	unrela	ted busin	ess incor	ne.)	· · · · · · · · · · · · · · · · · · ·	r contributi	ons,
14	Compensation of officers, directors, and trustees (Schedule K)					14		000
15							14	<u>,920.</u>
16	Repairs and maintenance					16	14	,484.
17	Bad debts					17		
18	Interest (attach schedule) (see instructions)					18		
19	Taxes and licenses							
20	Charitable contributions (See instructions for limitation rules)	• • • • • • • • • • • • • • • • • • • •			20 247	20		
21	Depreciation (attach Form 4562)			21	20,347.	-	20	2 4 77
22	Less depreciation claimed on Schedule A and elsewhere on return					22b 23	∠0	<u>,347.</u>
23	Depletion							
24	Contributions to deferred compensation plans						10	902
25	Employee benefit programs					25	14,	,802.
26	Excess exempt expenses (Schedule I)				•••••	26		
27	Excess readership costs (Schedule J)					27		

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

28

29

30

28

29

30

Other deductions (attach schedule) SEE STATEMENT 5

Total deductions. Add lines 14 through 28

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

139,433.

259,986.

131,466.