EXTENDED TO MAY 15, 2020 Form 990-T **Exempt Organization Business Income Tax Return** OMB No. 1545-0687 (and proxy tax under section 6033(e)) 2018 For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Open to Public Inspections 501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification numbe Name of organization ( Check box if name changed and see instructions.) Check box if address changed KENYON COLLEGE 31-4379507 B Exempt under section Print Unrelated business activity code (See instructions.) X = 501(c)(3)Number, street, and room or suite no. If a P.O. box, see instructions. Type ] 408(e) [\_\_\_]220(e) EATON CENTER ] 408A \_\_\_\_\_530(a) City or town, state or province, country, and ZIP or foreign postal code ] 529(a) GAMBIER, OH 43022 525990 C Book value of all assets F Group exemption number (See instructions.) at end of year 902,863,590. G Check organization type ► X 501(c) corporation 501(c) trust ☐ 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here **SEE STATEMENT 1** . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No If "Yes," enter the name and identifying number of the parent corporation. The books are in care of **SHIRLEY** O'BRIEN Telephone number  $\triangleright$  740-427-5181 Part I Unrelated Trade or Business Income (A) income (B) Expenses (C) Net 1a Gross receipts or sales c Balance **b** Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 89,132. 89,132. 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4¢ Income (loss) from a partnership or an S corporation (attach statement) -3,517,452. STMT 2 -3,517,452. 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) -3,428,320. 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 16 16 <u>1</u>7 Bad debts \_\_\_\_\_ 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 22 23 Depletion 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 28 0. Total deductions. Add lines 14 through 28 29 29 -3,428,320. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 31 ,428,320. Unrelated business taxable income, Subtract line 31 from line 30

Form 990-T (2018)

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Part I	II Total Unrelated Business Taxable Income	_			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	362	2,19	92.
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  STMT 3	35	362	2,19	92.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
, ,	lines 33 and 34	36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		1	L.00	00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	-			
30	enter the smaller of zero or line 36	38			0.
Part I	V Tax Computation	1 00			<u> </u>
-	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39			0.
39	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	00			<del></del>
40		40			
44	Tax rate schedule or Schedule D (Form 1041)	41	+		
41	Proxy tax. See instructions	42			
42	Alternative minimum tax (trusts only)				
43	Tax on Noncompliant Facility Income. See instructions	43			0.
Dord N	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  / Tax and Payments	44			<u> </u>
Part \		83.3			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a				
b	Other credits (see instructions) 45b				
C	General business credit. Attach Form 3800 45c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	-			
е	Total credits. Add lines 45a through 45d	45e	-		
46	Subtract line 45e from line 44	46	-		0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)				_
48	Total tax. Add lines 46 and 47 (see instructions)		+		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			<u> </u>
	Payments: A 2017 overpayment credited to 2018	10.53			
	2018 estimated tax payments 50b				
	Tax deposited with Form 8868 50c				
	Foreign organizations: Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions) 50e				
	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total <b>&gt;</b> 50g		C		
51	Total payments. Add lines 50a through 50g	51		_	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		+		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	+		
Part V		00			
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
56	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1	169	NU
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here VNITED KINGDOM			х	Hart Carl
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				x
57	If "Yes," see instructions for other forms the organization may have to file.		·····	6 67	
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		9		
- 30	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	ledge and	d belief, it is true,		
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Here			RS discuss this arer shown below		ith
			ons)? X Ye		No
	Print/Type preparer's name Preparer's signature Date Check	-	TIN		
	OVER TOMORNIED B				
Paid	6/30/2020 6/30/2020		P00226!	559	
Prepa	arer ANDERSON TO NOT ON THE TO SEE THE TO SE		34-067		6
Use (	1111 SUPERIOR AVE, SUITE 700	•			
		(21)	6) 363-	-01	00
823711 0	<u> </u>	, == (	Form <b>9</b> 9		
OFOLUL O	W IV		, only		(-0.0)

Schedule A - Cost of Goods	Sold. Enter n	nethod of inver	ntory v	aluation > N/A			
1 Inventory at beginning of year				Inventory at end of yea	r		6
2 Purchases	_			Cost of goods sold. St			
3 Cost of labor			7	from line 5. Enter here		88	
4a Additional section 263A costs			1	line 2		,	7
(attach schedule)	4a		8	Do the rules of section			Yes No
b Other costs (attach schedule)			7 `	property produced or a	,	•	
5 Total. Add lines 1 through 4b	5		7	the organization?	•	,,	X
Schedule C - Rent Income (		roperty and	Per		ease	d With Real Prope	erty)
(see instructions)							
1. Description of property							
(1)		**			-		
(2)							
(3)		•					
(4)							
	2. Rent received						
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	or rent for	personai	conal property (if the percentag I property exceeds 50% or if sed on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total			0.		
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		_			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb			instru	ıctions)			
		*****	Τ.	2		3. Deductions directly conne to debt-finance	
			'	<ol><li>Gross income from or allocable to debt-</li></ol>	(a)	Straight line depreciation	(b) Other deductions
1. Description of debt-fin	anced property			financed property	\-'	(attach schedule)	(attach schedule)
(1)						June	
(2)							
(3)							
(4)					ļ		
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or all debt-finan	ndjusted basis locable to ced property schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)	*********			%			
(4)			<u> </u>	%			
			•			enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals				•		0.	0.
Totals  Total dividends-received deductions in	cluded in column	8				<b></b>	0.
Total derivative resolved deductions in							Form <b>990-T</b> (2018)

Schedule F - Interest, /				t Controlled O				(see inst		-		
Name of controlled organizate	tion	2. Emp identifica numb	ation (loss) (s	inrelated income see instructions)		al of specified nents made	included	of column 4 th in the contro ion's gross in	lling	6. Deductions directly connected with income in column 5		
(1)												
(2)					<u> </u>							
(3)					<u> </u>							
(4)												
Nonexempt Controlled Organi	izations											
7. Taxable Income		related income se instructions)		al of specified pay made	ments	10. Part of colu in the controll gross	mn 9 that is ing organiza s income	s included ation's		uctions directly connected ncome in column 10		
(1)												
(2)												
(3)												
(4)												
						Enter here and	nns 5 and 1 I on page 1 column (A),	, Part I,	Enter he	I columns 6 and 11. re and on page 1, Part I, ine 8, column (B).		
Totals					<b>&gt;</b>			0.		0.		
Schedule G - Investme		ne of a S	ection 501(c)	(7), (9), or (	17) Org	janization						
(see inst	ructions)					3. Deduction	ns T			5. Total deductions		
<b>1.</b> Desc	cription of incor	ne		2. Amount of	income	directly conne (attach sched	ected	4. Set-a (attach sc		and set-asides (col. 3 plus col. 4)		
(1)			y									
(2)												
(3)					****							
(4)		***************************************										
Tabela				Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B).		
Schedule I - Exploited	Exempt	Activity	Income, Othe	r Than Ad		g Income						
1. Description of exploited activity	2. G unrelated income	2. Gross elated business income from  3. Expenses directly connected with production of uselated		2. Gross unrelated business income from tade or business in the decidence of unrelated		4. Net incor from unrelate business (cominus colur gain, comput through	d trade or olumn 2 in 3). If a e cols. 5	5. Gross inco from activity is not unrela business inco	that ted	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(2)	1											
(3)	1									1		
(4)										1		
	Enter her page 1, line 10,	Part I, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).							Enter here and on page 1, Part II, line 26.		
Totals ► Schedule J - Advertisi	na Incon	0.	ostructions)	•						0.		
Part I Income From				nsolidated	Basis							
		•							r			
1. Name of periodical		2. Gross advertising income	3. Direct advertising cos	or (loss) (o ts col. 3), if a g	tising gain ol. 2 mìnus ain, comput hrough 7.	5. Circula e income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))	▶	0	).	0.			l_			0 Form <b>990-T</b> (201		

Total. Enter here and on page 1, Part II, line 14

Form 990-T (2018) KENYON CO	LLEGE						437950	7 Page 5		
Part II Income From Periocolumns 2 through 7 on a			a Sepai	rate Basis (For each	ch perio	dical listed in Pa	art II, fill in			
1. Name of periodical	2. Gross advertising income	ising advertising		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	s) (col. 2 minus a gain, compute income		minus 5. Circulation income		Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals from Part I	0.		0.					0.		
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, , col. (B).					Enter here and on page 1, Part II, line 27.		
Totals, Part II (lines 1-5)	0.		0.					0.		
Schedule K - Compensation	of Officers, I	Directo	rs, and	Trustees (see in	structio	ns)				
1. Name				2. Title		<ol><li>Percent of time devoted to business</li></ol>		ensation attributable elated business		
(1)						%				
(2)						%				
(3)						%				

Form 990-T (2018)

31-4379507

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

INVESTMENTS IN PARTNERSHIPS THAT GENERATED UNRELATED BUSINESS INCOME, HOTEL, SUMMER SPORTS CAMPS, AND CONFERENCES

TO FORM 990-T, PAGE 1

DESCRIPTION	NET INCOME OR (LOSS)
ALPINE INVESTORS VI, LP - ORDINARY BUSINESS INCOME (LOSS)	-242,653.
AMBERBROOK VI, LLC - ORDINARY BUSINESS INCOME (LOSS)	-219.
AMBERBROOK VII, LP - ORDINARY BUSINESS INCOME (LOSS)	-2,537.
ARCLIGHT ENERGY PARTNERS FUND V, LP - ORDINARY BUSINESS	
INCOME (LOSS)	66,972.
AUDAX SENIOR LOAN FUND I, LP - ORDINARY BUSINESS INCOME	
(LOSS)	537,894.
BROADVAIL CAP PARTNERS FUND I, LP - ORDINARY BUSINESS	
INCOME (LOSS)	-60,831.
CARLYLE EUROPE REAL ESTATE PARTNERS III, LP - ORDINARY	
BUSINESS INCOME (LOSS	108.
CHESAPEAKE INV III, LP - ORDINARY BUSINESS INCOME (LOSS)	-923.
COLLER INTL PARTNERS V-A, LP - ORDINARY BUSINESS INCOME	
(LOSS)	-1.
HEADLANDS CAPITAL SECONDARY FUND, LP - ORDINARY BUSINESS	
INCOME (LOSS)	2,116.
HEADLANDS CAPITAL SECONDARY FUND II, LP - ORDINARY	
BUSINESS INCOME (LOSS)	-16,683.
JEN IV LP - ORDINARY BUSINESS INCOME (LOSS)	174,891.
LUBERT-ADLER REAL EST FUND V, LP - ORDINARY BUSINESS	
INCOME (LOSS)	-84,152.
LUBERT-ADLER REAL EST FUND VI, LP - ORDINARY BUSINESS	
INCOME (LOSS)	-2,961.
LUBERT-ADLER REAL EST FUND VI-A, LP - ORDINARY BUSINESS	
INCOME (LOSS)	73.
MADISON DEARBORN CAP PARTNERS V-B, LP - ORDINARY BUSINESS	
INCOME (LOSS)	241,316.
MERCED PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS)	-450,125.
METROPOLITAN REAL ESTATE PARTNERS V, LP - ORDINARY	
BUSINESS INCOME (LOSS)	-4,049.
PARTNERS FOR GROWTH V LP - ORDINARY BUSINESS INCOME (LOSS)	69,081.
PAUL CAPITAL PARTNERS IX, LP - ORDINARY BUSINESS INCOME	100.
(LOSS)	100.
PRIVATE ADVISORS SMALL CO. BUYOUT FUND IV - ORDINARY	E 027
BUSINESS INCOME (LOSS)	5,837.
ROCKBRIDGE REAL ESTATE FUND III, LLC - ORDINARY BUSINESS	43,960.
INCOME (LOSS)	43,900.
ROCKBRIDGE HOSPITALITY FUND VI, LP - ORDINARY BUSINESS	-81,349
INCOME (LOSS)	-01,349.
SIGULER GUFF DIST. OPP. FUND II(E), LP - ORDINARY BUSINESS	897.
INCOME (LOSS)	697.

KENYON COLLEGE	31-4379507
SIGULER GUFF SMALL BUYOUT OPP. FUND II(T), LP - ORDINARY BUSINESS INCOME (LO	-2,948.
TAILWATER ENERGY FUND III, LP - ORDINARY BUSINESS INCOME (LOSS) VERDIS REAL ASSETS FUND, LP - ORDINARY BUSINESS INCOME	-1,531,523.
(LOSS) VORTUS INVESTMENTS II, LP - ORDINARY BUSINESS INCOME	42,219.
(LOSS) WHITMAN/PETERSON PARTNERS III, LP - ORDINARY BUSINESS INCOME (LOSS)	-183,911. -32,511.
YORKTOWN ENERGY PARTNERS IX, LP - ORDINARY BUSINESS INCOME (LOSS)	-77,993.
YORKTOWN ENERGY PARTNERS X, LP - ORDINARY BUSINESS INCOME (LOSS)	-153,972.
YORKTOWN ENERGY PARTNERS VII, LP - ORDINARY BUSINESS INCOME (LOSS) YORKTOWN ENERGY PARTNERS VIII, LP - ORDINARY BUSINESS	-18,975.
INCOME (LOSS) BUCKEYE PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS)	-104,023. -74,799.
CATALYST HEALTH VENTURES III, LP - ORDINARY BUSINESS INCOME (LOSS)	-634.
CHV PARTNERS FUND III, LP - ORDINARY BUSINESS INCOME (LOSS) ENERGY TRANSFER OPERATING, LP - ORDINARY BUSINESS INCOME	-360.
(LOSS)  EQM MIDSTREAM PARTNERS, LP - ORDINARY BUSINESS INCOME	-67,481.
(LOSS) GAUGE CAPITAL II, LP - ORDINARY BUSINESS INCOME (LOSS)	-21,313. -80,772.
GENESIS ENERGY, LP - ORDINARY BUSINESS INCOME (LOSS) LIME ROCK PARTNERS IV AF, LP - ORDINARY BUSINESS INCOME	-99,438.
(LOSS) MORGANTHALER PARTNERS VII - ORDINARY BUSINESS INCOME (LOSS)	-120,312. -116.
NGL ENERGY PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS) NUSTAR ENERGY PARTNERS, LP - ORDINARY BUSINESS INCOME	-126,902.
(LOSS) ROCKBRIDGE PORTFOLIO FUND I LP - ORDINARY BUSINESS INCOME	-35,796.
(LOSS) SILVER CREEK MIDSTREAM COINVEST LP - ORDINARY BUSINESS INCOME (LOSS)	33,663. -963,009.
WILLIAMS PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS)	-93,308.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-3,517,452.

31-4379507

## KENYON COLLEGE

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/09	1,247,748.	1,247,748.	0.	0.
06/30/10	1,582,318.	1,582,318.	0.	0.
06/30/11	819,405.	140,916.	678,489.	678,489.
06/30/12	1,137,963.	0.	1,137,963.	1,137,963.
06/30/13	623,613.	0.	623,613.	623,613.
06/30/14	675,211.	0.	675,211.	675,211.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	3,115,276.	3,115,276.

### **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

► Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No. 1545-0687 2018

ENTITY

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

Department of the Treasury Internal Revenue Service (99) Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number Name of the organization 31-4379507 KENYON COLLEGE 721110 Unrelated business activity code (see instructions) Describe the unrelated trade or business 
MOTEL Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 48,366. 1a Gross receipts or sales 48,366. **b** Less returns and allowances Cost of goods sold (Schedule A, line 7) 48,366. 48,366. Gross profit, Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) ... 4h c Capital loss deduction for trusts 4с Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions; attach schedule) 12 48,366. 48,366. Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 15 Salaries and wages 16 Repairs and maintenance 16 17 17 Bad debts \_\_\_\_\_ Interest (attach schedule) (see instructions) 18 18 25,513. 19 19 Taxes and licenses Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 91,582. Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 22 23 23 Depletion \_\_\_\_\_ Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 27 24,794. Other deductions (attach schedule) SEE STATEMENT 4 28 28 141,889.Total deductions. Add lines 14 through 28 29 29 -93,523. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) -93,523. Unrelated business taxable income. Subtract line 31 from line 30

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Page 3
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KENYON CO						31-43/9	7007	
Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation ▶ N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	r	L	6	
2 Purchases				Cost of goods sold. Su				
3 Cost of labor			1	from line 5. Enter here				
4a Additional section 263A costs			1	line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to	Ŋ	es No
<b>b</b> Other costs (attach schedule)			∣ĭ	property produced or a				
	5		_	the organization?	oquii ou	tor roodioj appij to	1.00	x
Schedule C - Rent Income (	From Real	Property and	l Per	sonal Property L	ease	d With Real Prope	ertv)	
(see instructions)	i i Oili i ioui i	roporty and					,,	
(GCC Instructions)						·············	····	
1. Description of property								
(4)								
(1)								
(2)				v				
(3)								
(4)						1		
		ed or accrued				3(a) Deductions directly o	connected with the inco	me in
<ul><li>(a) From personal property (if the perconal property is more</li></ul>	entage of than	of rent for p	personal	onal property (if the percentag property exceeds 50% or if	ge	columns 2(a) and	d 2(b) (attach schedule)	
10% but not more than 50%)		the re	nt is bas	ed on profit or income)				
(1)								
(2)								
(3)								
_(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions. Enter here and on page 1,		
here and on page 1, Part I, line 6, column					0.	Part I, line 6, column (B)	<b></b>	<u> </u>
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)	·			
						3. Deductions directly conne to debt-finance		
			'	. Gross income from or allocable to debt-	(a)	Straight line depreciation	(b) Other dedu	ections
1. Description of debt-fin	anced property			financed property	'*'	(attach schedule)	(attach sche	dule)
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition	5 Average	adjusted basis		Column 4 divided		7. Gross income	8. Allocable de	ductions
debt on or allocable to debt-financed property (attach schedule)	of or a	allocable to nced property		by column 5		reportable (column 2 x column 6)	(column 6 x total 3(a) and 3	of columns
proparty (andorroundary)		h schedule)				2 x column oy	O(a) and C	,(D))
(1)	2-1041E-1001-			%		. 1999	1	
(2)			<del>                                     </del>	%				
(3)			<del>                                     </del>	% %				
			<del>                                     </del>	%				
(4)	<u> </u>				_	inter here and an area 4	Enter here and or	naga 1
						nter here and on page 1, Part I, line 7, column (A).	Part I, line 7, col	
Takala						0.		0.
Totals				······	<u></u>	<u> </u>		0.
Total dividends-received deductions in	oldued III COIdiiii	10		<u></u>			Eorm 00	0-T (2018)
							FOHR 93	10 1 1 LU 10 1

## Form 4562

## **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

Attachment Sequence No. 179

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates Identifying number Name(s) shown on return 31-4379507 KENYON COLLEGE HOTEL **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . 12 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 . . . . 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 91,582 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (g) Depreciation deduction (e) Convention (a) Classification of property placed in service (business/investment use period 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs. 27.5 yrs. MM S/L h Residential rental ММ S/L 27.5 yrs. property 39 yrs. ММ S/L i Nonresidential real MM S/L property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. b 12-year

Part IV Summary (See instructions.)

21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 91,582 22 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions. . . . . . 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

30 yrs.

40 yrs.

S/L

MM

ММ

c 30-year

d 40-year

Pa	entertainme	pperty (Include ent, recreation, o	r amusem	ent.)											
	Note: For an 24b, columns	ny vehicle for wh s (a) through (c) of	icn you are Section A.	all of S	ine si Section B	andard 3, and 9	mileag Section	e rate Cifap	plicable.	iucung	lease e	xpense	, comp	nete of	II <b>y</b> 24a
		Depreciation and									passer	nger au	tomobil	es.)	
248	Do you have evidence								24b If "\					Yes	No
	(a) Type of property (list vehicles first)	(b)  Date placed in service	(c) Business/ investment us percentage		(d) or other ba	Bas	(e) is for depre siness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention	Depre	h) eciation uction	Elected s	(i) section 179 ost
25	Special depreciation the tax year and us										. 25				
26	Property used more							-							
				%											
		Y		%											
				%										]	
27	Property used 50%	or less in a qualifi	ed business	use:										· · · · · · · · · · · · · · · · · · ·	
				%						S/L -					
				%						S/L -					
			l	%						S/L -					
28	Add amounts in col													NAME OF THE PROPERTY OF THE PR	A film of the
29	Add amounts in col	lumn (i), line 26. E											. 29		
					Inform										
Cor	mplete this section for	r vehicles used by	a sole prop	rietor,	partner,	or othe	r "more	than	5% owne	er," or r	elated p	erson.	lf you p	rovided	vehicle
to y	our employees, first ans	swer the questions ir	Section C to							T		Τ .		T	
					a) icle 1		<b>b)</b> icle 2		(c) hicle 3		d) icle 4		e) icle 5		(f) icle 6
30	Total business/investment miles driven during the year (don't include commuting miles)			• • • • • • • • • • • • • • • • • • • •											
31	Total commuting m	iles driven during	the year .											ļ	
32	Total other p	ersonal (nonco	mmuting)												
	miles driven														
33	Total miles drive lines 30 through 32				0		0		0		0		0		(
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
77	use during off-duty		•								ļ				
35	Was the vehicle														
	than 5% owner or r														
36															T
•	use?									]					
		ction C - Questic		nplove	rs Who	Provi	de Vel	nicles	for Use	by Th	eir Em	evolar	es		
Ans	swer these question													who a	ren't
	re than 5% owners o				-							•			
	Do you maintain a				ohibits	all ner	sonal u	se of	vehicles	inclu	dina co	mmutir	na. bv	Yes	No
	your employees?														
	employees? See th														
39															
40	Do you provide m	nore than five ve	hicles to y	our en	nployee	s, obta	in infor	matio	n from	your e	mploye	es abo	ut the		
	use of the vehicles,	, and retain the inf	ormation re	ceived	?										
41	Do you meet the re	equirements conce	erning quali	fied aut	omobile	demo	nstratio	n use?	See ins	truction	is .				
	Note: If your answ	er to 37, 38, 39, 4	10, or 41 is	"Yes,"	don't co	mplete	Section	n B for	the cov	ered ve	hicles.			i i i i i i i i i i i i i i i i i i i	
Pa	art VI Amortizat														
	(a) Description o		(b) Date amor begin	tization	An	(c) nortizable	amount		(d) Code se		Amorti perio	zation od or	Amortiz	<b>(f)</b> ation for t	his year
42	Amortization of cos	sts that begins dur	ing your 20	18 tax	vear (se	e instr	uctions)	: :			1	<u> </u>			
			T 7-3: -0		1		/								
					<u> </u>										
43	Amortization of cos	sts that began hef	ore your 20	18 tax	vear			1			.1	43			
44	Total. Add amoun	ts in column (f). S	ee the instr	uctions	for whe	ere to re	eport					44			
	. Jun umoun	(.), •						<del></del>	· · · · ·	<del></del>				orm 456	2 (0040

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
KENYON INN EXPENSES		24,794.
TOTAL TO SCHEDULE M, PAR	RT II, LINE 28	24,794.

### **SCHEDULE M** (Form 990-T)

Department of the Treasury

Internal Revenue Service (99)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

► 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). OMB No. 1545-0687

ENTITY

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

lame of the organization  KENYON COLLEGE			31-43		
Unrelated business activity code (see instructions)   6116	00	A11.0			-
Describe the unrelated trade or business   SUMMER S	PORTS	CAMPS			
Part I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a Gross receipts or sales 391,452.		204 450			
b Less returns and allowances c Balance		391,452	•		
2 Cost of goods sold (Schedule A, line 7)					004 450
3 Gross profit. Subtract line 2 from line 1c	. 3	391,452	•		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)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
c Capital loss deduction for trusts	. 4c				
5 Income (loss) from a partnership or an S corporation (attach					
statement)	. 5		55.5		
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				
Exploited exempt activity income (Schedule I)	. 10				
11 Advertising income (Schedule J)	. 11				
Other income (See instructions; attach schedule)	. 12				
13 Total. Combine lines 3 through 12	. 13	391,452	•		391,452
Part II Deductions Not Taken Elsewhere (See instru deductions must be directly connected with the	e unrelate	d business inco	me.)		
Compensation of officers, directors, and trustees (Schedule K)				14	72,920
15 Salaries and wages				15	14,484
16 Repairs and maintenance				16	14,404
17 Bad debts				17	
INTERPORT				18	
19 Taxes and licenses				19	
Charitable contributions (See instructions for limitation rules)			20 247	20	
21 Depreciation (attach Form 4562)	• • • • • • • • • • • • • • • • • • • •	21	20,347	1	20 247
Less depreciation claimed on Schedule A and elsewhere on retu				22b	20,347
23 Depletion				23	
24 Contributions to deferred compensation plans				24	10 000
25 Employee benefit programs				25	12,802
26 Excess exempt expenses (Schedule I)				26	QUARTER I
27 Excess readership costs (Schedule J)				27	120 422
Other deductions (attach schedule)		SEE STA	TEMENT 5	28	139,433
29 Total deductions. Add lines 14 through 28				29	259,986
30 Unrelated business taxable income before net operating loss de	duction, Su	htract line 29 from li	ne 13	30	131,466.
Deduction for net operating loss arising in tax years beginning o				500000000000000000000000000000000000000	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

131,466.

KENYON CO						31-4379	9507	
Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory v	aluation 🕨 N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6	
2 Purchases				Cost of goods sold. Su		i i		
3 Cost of labor				from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to	Yes No	
b Other costs (attach schedule)				property produced or a	cquired	for resale) apply to		
5 Total Add lines 1 through 4b	5			the organization?		***************************************	X	
Schedule C - Rent Income (	From Real	Property and	d Pers	sonal Property L	ease	d With Real Prope	erty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued				0/2/0-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		
' rent for personal property is more than ' of rent for p			personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	columns 2(a) an	connected with the income in d 2(b) (attach schedule)	
(1)		1						
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b> 0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)	,			
			١,			<ol> <li>Deductions directly conn to debt-finance</li> </ol>		
• • • • • • • • •			'	, Gross income from or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions	
1. Description of debt-fir	nanced property			financed property	1/	(attach schedule)	(attach schedule)	
•								
(1)		w						
(2)			4			······································		
(3)								
(4)								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	4. Amount of average acquisition 5. Average debt on or allocable to debt-financed of or a		6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).	
Totals				<b>.</b>		0.	0.	
Total dividends-received deductions in	cluded in colum	 n 8				<u> </u>	0.	
TOTAL MITIMUMO TOUGHTON MUMORIONS II	.v.auvu iii voidilli							

## Form **4562**

## **Depreciation and Amortization** (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

KENYON	COLLEGE		SU	MMER SI	PORTS CA	MPS		31-4379507
Part I	Election To Expense C							
	Note: If you have any li							
	num amount (see instructions)							
	cost of section 179 property p							
	shold cost of section 179 prope	•	•					
4 Redu 5 Dollar separa	ction in limitation. Subtract line limitation for tax year. Subtract line 4 fron tely, see instructions	e 3 from line 2. If zero on the state of the	r less, enter - 0 If married filing	0			5	
6	(a) Description		_		siness use onl			
7 Listed	d property. Enter the amount fro	om line 29			7			
8 Total	elected cost of section 179 pro	operty. Add amounts i	n column (c),	lines 6 and	7		8	
9 Tenta	ative deduction. Enter the <b>small</b>	er of line 5 or line 8					9	
	over of disallowed deduction fr							
	ess income limitation. Enter th							
2 Section	on 179 expense deduction. Add	d lines 9 and 10, but o	don't enter m	ore than line	11 <u></u>	<u> </u>	12	
3 Carry	over of disallowed deduction to	o 2019. Add lines 9 ar	nd 10, less line	e 12	<b>▶</b> 13			
l <b>ote:</b> Dor	n't use Part II or Part III below fo							
Part II	Special Depreciation /	Allowance and Ot	her Depred	ciation (D	on't include	e listed proper	ty. See in:	structions.)
4 Spec	ial depreciation allowance f	or qualified property	y (other tha	an listed	property) pl	aced in servi	ce	
durin	g the tax year. See instructions,						14	
5 Prope	erty subject to section 168(f)(1)	election					15	
6 Other	r depreciation (including ACRS)		<i></i> .			<u> </u>	16	20,347
	MACRS Depreciation (							
			Sec	tion A				
7 MAC	RS deductions for assets place	ed in service in tax yea	rs beginning b	efore 2018			17	
8 If you	u are electing to group any	assets placed in ser	vice during	the tax yea	ar into one	or more gene	al_	
asset	accounts, check here	<u> </u>						
	Section B - Assets	s Placed in Service	During 201	8 Tax Yea	r Using the	General Dep	reciation	System
(;	a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/inv only - see in	depreciation estment use astructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>9a</b> 3-ye	ear property							
<b>b</b> 5-ye	ear property							
c 7-ye	ear property							
d 10-ye	ear property							
e 15-ye	ear property							
f 20-ye	ear property							
g 25-ye	ear property				25 yrs.		S/L	
h Resid	dential rental				27.5 yrs.	ММ	S/L	
prope					27.5 yrs.	ММ	S/L	
i Nonr	esidential real				39 yrs.	ММ	S/L	
prope						ММ	S/L	
	Section C - Assets	Placed in Service D	uring 2018	Tax Year	Using the	Alternative De	preciatio	n System
0a Class	,,						S/L	
<b>b</b> 12-ye	ear				12 yrs.		S/L	
<b>c</b> 30-ye					30 yrs.	ММ	S/L	
d 40-ye					40 yrs.	ММ	S/L	
	Summary (See instruct	tions.)	I		•			
	d property. Enter amount from I						21	
	. Add amounts from line 12,				column (a)	and line 21 F		
here	and on the appropriate lines of	your return. Partnershi	ps and S corp	oorations - s	ee instru <u>ctio</u>		1	20,345
	assets shown above and place on of the basis attributable to s		the curren	t year, ent	er the			

	rt V Listed Property (Include	automohi	عما	certair	o oth	er vel	niclas	certa	in air	craft	and	nroner	ty use	d for
Fa	Irt V Listed Property (Include entertainment, recreation, o Note: For any vehicle for wh	r amuseme	nt.)									•	•	
	24b, columns (a) through (c) of	f Section A	using II of S	ection l	Bands	nnieag Section	Cifa:	e or ded oplicable.	lucting	lease e	expense	, comp	iete on	ı <b>y</b> ∠4a,
	Section A - Depreciation and									passer	nger au	tomobile		
242	Do you have evidence to support the bus							24b If "\					Yes	No
		(c)	111 030	Clairred		(e)	NO	1					T'	
	(a) (b)	Business/		(d)	Bas	is for depr	eciation	(f)	1	3)		h) 	(i	
	Type of property (list	investment use	Cost	or other b		siness/inve	stment	Recovery period	Meti Conve			ciation action	Elected so	
		percentage				use only	)						250 00 00 00 00 00	
25	Special depreciation allowance for													
	the tax year and used more than 50%	in a qualifie	d busi	ness us	e. See	instruct	ions			. 25			1000	
26	Property used more than 50% in a qu	ualified busine	ess us	e:										
		%	1					l			1			
		%	<del> </del>						<b></b>				<u> </u>	
		<u> </u>	<del> </del>						<b></b>				<del>                                     </del>	
		<u>%</u>	4					L						
27	Property used 50% or less in a qualif	ied business i	use:					T					T	
		%	·						S/L -					
		%							S/L -					
		%							S/L -					
28	Add amounts in column (h), lines 25	through 27 I	Enter	here ar	nd on lir	ne 21 n	age 1		<u> </u>	28				
	Add amounts in column (i), line 26. E											. 29	***********	
29	Add amounts in column (i), line 20. E											.   29	<u></u>	
		Section												
	nplete this section for vehicles used by												rovided	vehicles
to y	our employees, first answer the questions in	n Section C to	see if y	ou meet	an exce	ption to	comp	leting this	section f	or those	vehicle	S.		
			(;	a)		b)		(c)	(0	i)		e)	(1	
20	Total business/investment miles driv	en during	Vehi	icle 1	Veh	icle 2	Vŧ	ehicle 3	Vehi	cle 4	Veh	icle 5	Vehi	cle 6
30	the year (don't include commuting m													
24			.,						<u> </u>					
	Total commuting miles driven during								<b>_</b>					
32	•	mmuting)												
	miles driven												<u> </u>	
33	Total miles driven during the y	ear. Add												
	lines 30 through 32			0		0		0		0		0		0
34	Was the vehicle available for		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>-</b>	use during off-duty hours?	. –												
۰-		1							1					
35	Was the vehicle used primarily by	1					l							
	than 5% owner or related person?												<b> </b>	
36	Is another vehicle available for	personal												
	use?													
	Section C - Question	ons for Emp	oloye	rs Who	Provi	de Vel	nicles	for Use	by Th	eir Em	ploye	es		
Δns	swer these questions to determine if												who a	ren't
	re than 5% owners or related persons.			op (		p. 0 g					-, ·	,,,,,,,,		
	· · · · · · · · · · · · · · · · · · ·										.,		Yes	No
37	Do you maintain a written policy s											ig, by	103	
	your employees?													
38	Do you maintain a written policy								-		ling, by	your		
	employees? See the instructions for	vehicles used	by co	orporate	e office	rs, direc	tors,	or 1% or	more ov	vners				
39	Do you treat all use of vehicles by em	nployees as p	erson	al use?										
	Do you provide more than five ve					in infor	matio	n from	your er	nployee	es abou	ut the		
	use of the vehicles, and retain the infe													
44	Do you meet the requirements conce				domo	netratio			truction					
41													5400000	
	Note: If your answer to 37, 38, 39, 4	10, 01 4 1 IS	res, c	ion i co	mpiete	Section	1 0 101	the cove	ered ver	iicies.			L	
Pa	rt VI Amortization													
		(b)								(е			<b>(5</b> )	
	(a)	Date amortiz	ation	Δ,,,	(C) Portizable	amount		(d)		Amorti		A mortiza	(f) ation for th	nie veer
	Description of costs	begins		An	ortizable	amount		Code se	-CHOII	perio percer		AHIOFHZ	ation for th	по уваг
42	Amortization of costs that begins dur	ing your 201	8 tax	vear (se	e instri	ictions)				F 5. 501	9-1			
74	Amortization of costs that begins du	119 your 201	Jun				·							
		<u> </u>					L				<del>                                     </del>			
43	Amortization of costs that began bef	ore your 201	8 tax	year							43			
44	Total. Add amounts in column (f). S	ee the instru	ctions	for whe	ere to re	eport .		<u></u>	<u></u>		44			
ICA												Fo	m 456	2 (2018)

31-4379507

## KENYON COLLEGE

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
FOOD SERVICE CONTRACTED SERVICES TRAVEL UTILITIES OTHER EXPENSES		68,024. 61,505. 760. 7,642. 1,502.
TOTAL TO SCHEDULE M, PART II, L	INE 28	139,433.

### **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

Employer identification number

OMB No. 1545-0687

ENTITY

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

► 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

KENYON COLLEGE			31-43/95	30 /
Unrelated business activity code (see instructions)   9000				
Describe the unrelated trade or business CONFERED	NCES			
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 476,744.				
b Less returns and allowances c Balance		476,744.		
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c		476,744.		476,744
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach				
statement)	5			
6 Rent income (Schedule C)				
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			
Exploited exempt activity income (Schedule I)	10			
1 Advertising income (Schedule J)	11			
Other income (See instructions; attach schedule)				
3 Total. Combine lines 3 through 12	13	476,744.		476,744
Part II Deductions Not Taken Elsewhere (See instrudeductions must be directly connected with the Compensation of officers, directors, and trustees (Schedule K)	e unrelate	d business incon	ne.)	
				0 = 000
5 Salaries and wages 6 Repairs and maintenance				341
7 Bad debts 8 Interest (attach schedule) (see instructions)				
9 Taxes and licenses				
O Charitable contributions (See instructions for limitation rules)				
1 Depreciation (attach Form 4562)				
Less depreciation claimed on Schedule A and elsewhere on ret	urn	22a	22b	1
3 Depletion				
4 Contributions to deferred compensation plans				
5 Employee benefit programs				7,621
6 Excess exempt expenses (Schedule I)			26	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

210,128.

246,018.

230,726.

230,726.

27

28

29

30

27

28

29

30

Excess readership costs (Schedule J)

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

Unrelated business taxable income. Subtract line 31 from line 30

Other deductions (attach schedule) SEE STATEMENT 6

Total deductions. Add lines 14 through 28

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

instructions)

	Page

Form 990-T (2018)								Page :
KENYON CO	LLEGE					31-4379	507	
Schedule A - Cost of Good		method of inven						
1 Inventory at beginning of year	1 - 1			Inventory at end of yea		200	6	
2 Purchases			<b>-</b>	Cost of goods sold. S		199		
3 Cost of labor	3		4	from line 5. Enter here				
4a Additional section 263A costs							7	lv. lu.
(attach schedule)			8	Do the rules of section	263A (\	with respect to		Yes No
<b>b</b> Other costs (attach schedule)	4b		4	property produced or	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?	· · · · · · · · · · · · · · · · · · ·			X
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	.ease	d With Real Prope	rty)	
1. Description of property								
(1)								
(2)				w				
(3)				···				
(4)						1		
		ed or accrued				3(a) Deductions directly o	onnected with the i	ncome in
rent for personal property is more than 'of rent for p				sonal property (if the percenta I property exceeds 50% or if sed on profit or income)	ige	columns 2(a) and	2(b) (attach schedu	ıle)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columi		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		0.
Schedule E - Unrelated Dek		Income (see	instru	ıctions)		1. m. (1. m. o) oojoniin (2)		
***************************************			T .	-		3. Deductions directly conne		ole
4			'	<ol><li>Gross income from or allocable to debt-</li></ol>	(a)	Straight line depreciation	(b) Other d	leductions
1. Description of debt-fi	nanced property			financed property	``	(attach schedule)	(attach schedule)	
(1)								
(2)			1		1			
(3)						.**		
(4)						·		
4. Amount of average acquisition	5 Average	adjusted basis	1	6. Column 4 divided	<b>1</b>	7. Gross income	8. Allocable	e deductions
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to inced property h schedule)	'	by column 5		reportable (column 2 x column 6)	(column 6 x to	otal of columns nd 3(b))
(1)	<del>-1</del>		1	%				
(2)			1	%				
(3)			1	%				
(4)				%				
				,		inter here and on page 1, Part I, line 7, column (A).	Enter here an Part I, line 7,	
Totals				_		0.		0.
Totals Total dividends-received deductions in	ncluded in colum	 n 8						0.
I OLGI GIVIGENUS-LEGEIVEG GEGGGGGGIS II	noidusa ili soldilli						Form	990-T (2018)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
FOOD SERVICE CONTRACTED SERVICES OTHER EXPENSES		182,598. 19,823. 7,707.
TOTAL TO SCHEDULE M, PART II, LI	NE 28	210,128.

### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service **Capital Gains and Losses** 

➤ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. 
☐ Go to www.irs.gov/Form1120 for instructions and the latest information.

2018

Name

Employer identification number

31-4379507 KENYON COLLEGE Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (h) Gain or (loss), Subtract to enter on the lines below. column (e) from column (d) and combine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (h) Gain or (loss), Subtract column (e) from column (d) and ombine the result with column (g) (0) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on -12,503. Form(s) 8949 with Box F checked 101,635. 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 89,132. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 89,132. 17 Net capital gain, Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 89,132. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital losses in the instructions.

Schedule D (Form 1120) 2018

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

31-4379507

KENYON COLLEGE Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check.

X (F) Long-term transactions not reported to you on Form 1099-B

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If y in column	at, if any, to gain or ou enter an amount (g), enter a code in . See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
AMBERBROOK VI, LLC							1,237.
AMBERBROOK VII, LP							596.
AUDAX SENIOR LOAN							
FUND I, LP					·		29,511.
CARLYLE EUROPE							
REAL ESTATE							
PARTNERS III,							5,156.
COLLER INTL							
PARTNERS V-A, LP							665.
HEADLANDS CAPITAL							
SECONDARY FUND, LP							50.
HEADLANDS CAPITAL							
SECONDARY FUND II,							
LP			·				28.
LUBERT-ADLER REAL							
EST FUND V, LP							272.
MADISON DEARBORN							
CAP PARTNERS IV,							
LP							<26.>
MADISON DEARBORN					<u> </u>		
CAP PARTNERS V-B,							
LP							<68,854.>
METROPOLITAN REAL							
ESTATE PARTNERS V,							
LP							248.
PRIVATE ADVISORS							
SMALL CO. BUYOUT							
FUND I							11,303.
VERDIS REAL ASSETS							
FUND, LP							158.
YORKTOWN ENERGY							
PARTNERS IX, LP							1,141.
2 Totals. Add the amounts in colur	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and incl	ude on your					
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if E	Box F above is c	hecked)		1		l	<12,503.>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

823012 11-28-18

Form 8949 (2018)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

31-4379507

KENYON COLLEGE	31-437950
Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from you statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was rep broker and may even tell you which box to check.	r broker. A substitute orted to the IRS by your

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

OD) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (E) Langutarm transactions not reported to you on Form 1099.B

X (F) Long-term transactions no	t reported to you	on Form 1099-B					· · · · · · · · · · · · · · · · · · ·
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	Adjustment, if any, to gain o loss. If you enter an amount in column (g), enter a code ir column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr.)		see <i>Column (e)</i> in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
YORKTOWN ENERGY							
PARTNERS X, LP							740.
YORKTOWN ENERGY							
PARTNERS VII, LP							624.
YORKTOWN ENERGY					***************************************		
PARTNERS VIII, LP							4,648.
	( <u>-</u>						
			<del></del>				
1200-2004			***************************************				
			****				
			***************************************				
1			4				
- Levenson							
							<b>_</b>
			***************************************				
2 Totals. Add the amounts in colu							
negative amounts). Enter each to	tal here and incl	ıde on your					
Schedule D, line 8b (if Box D ab							
above is checked), or line 10 (if I	•						
Note: If you checked Box D above b			was incorrect ent	ter in column (e) the	hasis as I	reported to the IRS	and enter an

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

823012 11-28-18

Form 8949 (2018)

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

OMB No. 1545-0184

► Go to www.irs.gov/Form4797 for instructions and the latest information. Name(s) shown on return

31-4379507

KEN	YON COLLEGE						:	31-4379507
	ter the gross proceeds from sales or	exchanges repo	rted to you for 2	018 on Form(s) 10	99-B or 1099-S	40.00		
	substitute statement) that you are in	ncluding on line 2	, 10, or 20				1	
Par	t I Sales or Exchanges	of Property U	Jsed in a Tra	ide or Busines	ss and Involun	tary Conv	ersio	ns From
	Other Than Casualty	/ or Theft-Mo	st Property	Held More Tha	an 1 Year (see	instructions)		
2	2 (a) Description of property (b) Date acquired (mo., day, yr.) (c) Date sold (mo., day, yr.) (d) Gross sales allowed or allowed or allowable since acquisition					(f) Cost or of basis, plu improvements expense of s	s s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SE	E STATEMENT 7							101,635.
3	Gain, if any, from Form 4684, line 3	9					3	
4	Section 1231 gain from installment	sales from Form	6252, line 26 or	37			4	
5	Section 1231 gain or (loss) from like	-kind exchanges	from Form 8824	·			5	
6	Gain, if any, from line 32, from othe	r than casualty or	theft				6	
7	Combine lines 2 through 6. Enter th	e gain or (loss) he	ere and on the a	ppropriate line as t	follows		7	101,635.
	Partnerships and S corporations. line 10, or Form 1120S, Schedule K	, line 9. Skip lines	8, 9, 11, and 1	2 below.				
	Individuals, partners, S corporation from line 7 on line 11 below and ski 1231 losses, or they were recapture the Schedule D filed with your return	p lines 8 and 9. If ed in an earlier ye	line 7 is a gain a ar, enter the gai	and you didn't hav n from line 7 as a lo	e any prior year se	ction		
	Names and mot postion 1921 los	age from prior vo	ara Saa inatriia	tions			8	
9	Nonrecaptured net section 1231 los Subtract line 8 from line 7. If zero of line 9 is more than zero, enter the a	r less, enter -0 If mount from line 8	line 9 is zero, er 3 on line 12 belo	nter the gain from I w and enter the ga	ain from line 9 as a	low. If long-term		101,635.
	capital gain on the Schedule D filed			s			9	101,033.
Par	t II Ordinary Gains and	Losses (see in	structions)					
10	Ordinary gains and losses not inclu-	ded on lines 11 th	rough 16 (inclu	de property held 1	vear or less):			***************************************
	Ordinary gains and losses not more	T	li cagni i c (mola		1			
		<del>-</del>						
		+	····					
	- Company							
11	Loss, if any, from line 7		<u> </u>	1	1		11	( )
12	Gain, if any, from line 7 or amount f						12	
13	Gain, if any, from line 31						13	
	Net gain or (loss) from Form 4684, I						14	
14	Ordinary gain from installment sales						15	
15	Ordinary gain or (loss) from like-kind						16	
16 47							17	
17	Combine lines 10 through 16 For all except individual returns, en						11	
18	a and b below. For individual returns, en			э арргорпасе ше с	or your return and s	skih iii ies		
а	If the loss on line 11 includes a loss	•		(b)(ii), enter that p	art of the loss here	e. Enter		
_	the loss from income-producing pro							
	used as an employee.) Identify as fr						18a	
h	Redetermine the gain or (loss) on lin					•••••		
	Schedule 1 (Form 1040), line 14						18b	
	For Denominal Reduction Act A							Form 4797 (2018)

Pa	rt III Gain From Disposition of Propert	y Un	der Sections 1245	5, 1250, 1252	2, 1254	I, and 1255	(see i	nstructions)
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 125	5 property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
Α								
В								
<u>C</u>								
D			ı		-+			
	These columns relate to the properties on lines 19A through 19D.	<b>&gt;</b>	Property A	Property	В	Property	С	Property D
)	Gross sales price (Note: See line 1 before completing.)	20			-			
	Cost or other basis plus expense of sale	21			_			
2	Depreciation (or depletion) allowed or allowable	22						
3	Adjusted basis. Subtract line 22 from line 21	23						
<u>.                                    </u>	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:	OE-						
	Depreciation allowed or allowable from line 22  Enter the smaller of line 24 or 25a	25a 25b					_	
	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.	230						
а	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
	Section 291 amount (corporations only)	26f		····				
	Add lines 26b, 26e, and 26f	26g						
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a		<del></del>				
	Line 27a multiplied by applicable percentage	27b						
	Enter the smaller of line 24 or 27b  If section 1254 property:	27c					-	
	Intrangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
_b	Enter the smaller of line 24 or 28a	28b						
9 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b	Enter the smaller of line 24 or 29a, See instructions	29b						
uı	nmary of Part III Gains. Complete property c	olumn	s A through D through	line 29b before	going to	o line 30.		
)	Total gains for all properties. Add property columns	A thro	ough D, line 24				30	
1	Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from					ortion	31	
	from other than casualty or theft on Form 4797, line	6	•		·		32	
<b>)</b>	rt IV Recapture Amounts Under Sectio	ns 1	79 and 280F(b)(2)	When Busin	ess U	se Drops to	50%	or Less
	(see instructions)					(a) Section 179	n	(b) Section 280F(b)(2)
3	Section 179 expense deduction or depreciation allo	wable	in prior years		33			
4					34			
5	Recapture amount. Subtract line 34 from line 33. Se				35			
	2 12-10-18							Form 4797 (20

818012 12-10-18

FORM 4797	PRO	PERTY HELI	MORE THAN	ONE YEAR	ST	ATEMENT 7
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
AMBERBROOK VI,						928
AMBERBROOK VII, LP ARCLIGHT ENERGY						-1,415
PARTNERS FUND V, LP BROADVAIL CAP						4,354
PARTNERS FUND I, LP HEADLANDS CAPITAL						96,758
SECONDARY FUND II, LP						-442
LUBERT-ADLER REAL EST FUND V, LP PRIVATE ADVISORS						-3,811
SMALL CO. BUYOUT FUND I SIGULER GUFF						-123
SMALL BUYOUT OPP. FUND II(T						-121
VERDIS REAL ASSETS FUND, LP						8,776
YORKTOWN ENERGY PARTNERS IX, LP						-1,379
YORKTOWN ENERGY PARTNERS X, LP						-14
YORKTOWN ENERGY PARTNERS VII, LP						-1,876
TOTAL TO 4797, PA	RT I, LINE	2				101,635

## Return of U.S. Persons With Respect to Certain Foreign Partnerships

► Attach to your tax return. ► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year

Internal Revenue				beginning	JUL	1 , 2018	, and endi	ng JU	N 3	0	2019	Sequence	e No. 118
Name of perso	on filing this r	eturn							F	iler's	identificat	ion numbe	Г
										3	1-437	9507	
KENYO	ON COL	LEGE											
		filing this form with	n your tax retur	n)		A Category of	of filer (see C	Categories o	of Filers			ind check app	olicable box(es)):
EATON (	CENTER					1		2			X	4	
GAMBIE	R, OH	43022				B Filer's tax	J	Մև 1	<u>, 2</u>	01	3 , and endi	<sub>ng</sub> JUN	30,2019
		: Nonrecourse \$				course financi					Other	\$	
D If filer is a r	member of a	consolidated group l	but not the par	ent, enter the fo	ollowing	information abo	out the pa	rent:	1		wa		
Name							Y		EIN		w		
Address	. ,					3 1	_						T T
		pecified foreign finan		reported on th	is torm.	See instruction	s						<u>L</u>
r mormation	n about certai	n other partners (se	e msuucuons <i>j</i>								(4)	Check applica	able box(es)
	(1) Name			(2) Addres	ss		(3) Ide	entification	number		Category 1	Category 2	Constructive owner
G1 Name and a	address of fo	reign partnership					A				2(a) EIN	(if any)	•
		<b>g p</b>									98	-1044	657
AXIOM A	ASIA P	RIVATE CA	PITAL I	UND II	I, L	P					2(b) Refe	rence ID nu	ımber
		RE, HUTCH									•		se laws organized
GEORGE	TOWN,	GRAND CA	YMAN Ç	YMAN I	SLAN	DS KY1-	-				CAYMA		
4 Date of organization		rincipal place f business		Principal busin activity code n					8a (		icy	8b (see i	ange rate nstructions)
		<u>YMAN ISLA</u>		523900	) [.	INVESTM	ENTS		USD	) 			
<del>distance</del>		formation for the for				T a 01 1 - 16 41				- 4 4 ! ! -			
1 Name, add	iress, and idei	ntification number o	t agent (it any)	in the United S	states	2 Check if the	-	partnersi	<b>-</b> ,	ıst 1116 n 880		7 Form 10	ee.
							orm 1042	 ra Earm 1				Form 10	00
						Service Co		ie roiiii i	1000 18	IIIEU,	•		
3 Name and	address of fo	reign partnership's a	agent in count	v of organizatio	n if any		33	erson(s) wit	th custo	dy of t	he books and	records of th	ne foreign
		RIV.CAP.A			Jii, ii uiiy	STATE		ET F	UND	SI	RVICI	ES (HOI	NG KONG)
PO BOX						68/F,8	FIN	ANCE	ST	. CI	ENTRAI		
GEORGE	TOWN,	GRAND CA	YMAN C	YMAN I	SLA	HONG	KONG						
5 During th	he tax year, d	id the foreign partne	rship pay or a	crue any intere	est or roy	alty for which t	he deduct	ion is not	t				
allowed i	under section	267A? See instruct	ions								🕨	Yes	No
If "Yes," e	enter the tota	l amount of the disal	llowed deducti	ons							🕨	\$	
6 Is the pa	artnership a se	ection 721(c) partne	rship, as defin	ed in Temporar	y Regula	tions section 1.	.721(c)-1T	(b)(14)?			🕨	Yes Yes	X No
		cations made by the									▶	Yes	X No
		58, Info Return of U.S. Pe					Foreign Bra	nches (FBs	s), att				
•		ip classified under th		•						-	EXEMP	TED L	P
		interest in the foreig										□ vaa	X No
	-	3(d)-1(b)(4) or part trate unit or combine										Yes Yes	=======================================
		meet <b>both</b> of the fol			Ulisuliuai	eu ioss, as uti		y. 1.1500	o(u)- I(	0)(0)	(11):	103	140
1. The pa	artnership's t	otal receipts for the	tax year were I	ess than \$250,0	000.		l				•	Yes	No
		rtnership <sup>i</sup> s total asse le Schedules L, M-1,		of the tax year v	vas iess i	nan \$1 million.	·						
Sign Here Only	Under penaltie	s of perjury, I declare tha	at I have examine	d this return, includ	ding accon	panying schedule	es and state	ments, and	to the b	est of	my knowledg	ge and belief,	it is true,
if You're Filing This Form	correct, and co	mplete. Declaration of p	reparer (other tha	n general partner o	or Ilmited I	ability company n	nember) is b	ased on all	Intorma	иол о	wnicn prepa	rer nasany ki	nowleage.
Separately and Not With Your													
Tax Return.	Signatur	e of general partner or l	imited liability cor	npany member									Date
Paid	CHR/PST	OPHER B.		Preparer's signa	iture			Date		f	heck	if PTIN	
	ANDERS				····					s	elf-employed		226559
Use	Firm's name	►MALONEY									EIN ►	34-06	77006
Only	Firm's addres		JPERIOR		UITE	700				Phone		61 20	3-0100
	I W. ( / W.T.	0 611 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	71 T T T T T T T T T T T T T T T T T T T	- 411							1	n 1 4 h	3 - II I III

810651 12-26-18 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 8865 (2018)

			KENYON COLLEGE						I. b b		-4379	<u> 507</u>	Page 2
Sch	edul		onstructive Ownership of Partnership										
		ac	ddress, and U.S. taxpayer identificatio	n number	_					966 1112	u ucuons.		
			a X Owns a direct interest		b		OWN	s a constructiv	/e interest			Check if	Check if
			Name		Address				Identification	numbe	er (if any)	foreign	direct
									w			person	partner
Sch	edul	e A-1 Co	ertain Partners of Foreign Partnersh	n (see in	structions)								
biologo		(2,00,000)		<u> </u>				ľ	C120000000				Check if
			Name		Address				Identifi	cation n	umber (if any)		foreign person
									4				
Sch	edul	e A-2 Fo	oreign Partners of Section 721(c) Pa	rtnership									
Na		foreign	Address		Country of organization	ide		. taxpayer ation number	Check if rela U.S. transf			tage intere	
	part	ner	mussaan		(if any)		(	(if any)	O.O. trainsr	44	Capital		rofits
												%	<u>%</u>
			1									%	<u>%</u>
10000000000000000000000000000000000000	2-17-211-5-43		nave any other foreign person as a dir ffiliation Schedule. List all partnersh			forei	an n	artnerchin nw	ne a direct inte	L	Yes		<u>No</u>
001	eaui		idirectly owns a 10% interest.	ips (iorei	gir or domesuc) in winch the	s lui eli	gn þ	artificianip ow	iis a uii cot iiit	11 631 01			
		111	unectly owns a 10% interest.		· .ws			T	EIN		Total or	rdinary	Check if foreign
			Name		Address				(if any)		income		partner- ship
			110		· ************************************								1
			- Water American										
Sch	edul	e B In	come Statement - Trade or Busines	Income									
Caut	ion:	Include <b>only</b>	trade or business income and expens	es on line	es 1a through 22 below. See	the in	nstru	ictions for moi	re information.				
	1 a	Gross receip	ots or sales			18	a						
	b	Less returns	s and allowances			11	b			1c	<u> </u>		
	2	Cost of good	***************************************							2			
<u>n</u>	3		. Subtract line 2 from line 1c							3_			
Income	4	-	come (loss) from other partnerships, e							4			
드	5		ofit (loss) (attach Schedule F (Form 1							5			
	6		ss) from Form 4797, Part II, line 17 (a							7			
	7		ne (loss) (attach statement)							8	-		
	8 9		e (loss). Combine lines 3 through 7 wages (other than to partners) (less							9	<u> </u>	<del>*****</del>	
	10		payments to partners							10			
us)	11		maintenance							11			
nitatio	12	Bad debts								12			
for lin	13	Rent								13			
ctions	14		censes							14			
(see instructions for limitation	15		instructions)							15			
			n (if required, attach Form 4562)										
Deductions	b		iation reported elsewhere on return			16	6b			16c			
čţi	17									17	ļ		
edu	18		plans, etc.							18	+		
Δ	19		enefit programs							19	-		
	20		ctions (attach statement)		•••••					20			
	21		tions. Add the amounts shown in the siness income (loss) from trade or b							21	1		
_	22 23		under the look-back method - compl							23			
	24		under the look-back method - incom		•					24			
Payment	25		nputed underpayment (see instruction							25			
'ayr	26		(see instructions)							26			
	27		ce due. Add lines 23 through 27							27			
Tax and	28		ee instructions)							28			
<b>∃</b>	29		ed. If line 28 is smaller than line 27, 6							29			
	30	Overpayme	nt. If line 28 is larger than line 27, en	ter overpa	ayment					30			

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### **SCHEDULE O** (Form 8865)

(Rev. December 2018) Department of the Treasury Internal Revenue Service

## Transfer of Property to a Foreign Partnership (Under Section 6038B)

➤ Attach to Form 8865. See the Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transfero			2012				Filer's ident	ifying numl 37950			
Name of foreign p	KENYON partnership AX		SIA PRIVATE	CAPITAL	FUND	I EIN (if any)		Referenc		ber (se	e instr)
<ul><li>b If "Yes," wa</li><li>2 Was any ir</li><li>time therea</li></ul>	s the gain deferral Itangible property t after, a platform co	method appl ransferred co ntribution as	rship (as defined in Temp lied to avoid the recognit onsidered or anticipated defined in Regulations s	ion of gain upon th to be, at the time o	ne contributi of the transfe	21(c)-1T(b)(14))? S on of property? er or at any	See instructions	<u> </u>	Yes Yes Yes	X	No No No
Part I T	ransfers Reportabl	e Under Sec	ction 6038B								
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis		(e) Recovery period	(f) Section 70- allocation me			(g) ecogniz transfer	ed
Cash	07/01/18		238,000.	aliet State of the state of the							
Stock, notes receivable and payable, and other securities											
Inventory											
Tangible property used in trade or business											
Intangible property described in section 197(f)(9)											
Intangible property, other than intangible property described in section 197(f)(9)				1000							
Other property											
Totals			238,000.								
3 Enter the t			in the partnership: (a) Be orted (see instructions):		16.83	44 %	(b) After	the transfe	er 16.	680	12 %
Part II D	ispositions Report	ahla IIndar	Section 6038R							····	
(a) Type of property	(b) Date of original transfer	С	(c) (d) Date of Manner of disposition		ed by	(f) Depreciation recapture recognized by partnership	(g) Gain alloc to parti		recaptu	(h) reciatio re alloc partner	
,			L schedule subject to gain e the Instructions for Fo		section 904(	f)(3) or section 904		Schedule	Yes O (Form 8		X No 12-2018

### Return of U.S. Persons With Respect to Certain Foreign Partnerships

Information furnished for the foreign partnership's tax year

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Attachment Sequence No. 118 JUL 1 , 2018, and ending **JUN** 30 . 2019 beainnina Name of person filing this return Filer's identification number 31-4379507 KENYON COLLEGE Filer's address (if you aren't filing this form with your tax return) A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 3 X EATON CENTER 2018 and ending JUN 30, 2019 beginning JUL GAMBIER, OH 43022 C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; EIN Name Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 2 Constructive owner 2(a) EIN (if any) G1 Name and address of foreign partnership 98-1422853 2(b) Reference ID number LIME ROCK PARTNERS IV AF, LP 3 Country under whose laws organized 274 RIVERSIDE AVE, 3RD FLOOR CAYMAN ISLANDS WESTPORT, CT06880 8b Exchange rate (see instructions) Date of organization 5 of business 6 Principal business activity code number 7 Principal business activity 8a Functional currency INVESTMENTS 04/17/2018CAYMAN ISLANDS 523900 USD H Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: X Form 1065 X Form 1042 X Form 8804 Service Center where Form 1065 is filed: E-FILE Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any LIME ROCK MANAGEMENT LP 274 RIVERSIDE AVE., 3RD FLOOR WESTPORT, During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not X No allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions X No Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? Yes X No Were any special allocations made by the foreign partnership? Enter the no, of Forms 8858, Info Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return How is this partnership classified under the law of the country in which it's organized? 10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate X No unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Yes b | f "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. □No Yes 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, Sign Here Only correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge if You're Filing This Form Separately and Not With Your Signature of general partner or limited liability company member Date Tax Return Date CHRASTOPHER B. Check Paid self-employed P00226559 ANDERSON Preparer Firm's name ►MALONEY + NOVOTNY LLC Firm's EIN 34-0677006 Use Firm's address ▶1111 SUPERIOR AVE, SUITE 700 Phone no. Only 216) 363-0100 CLEVELAND, OH 44114-2540

810651 12-26-18 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 8865 (2018)

Forn	1 886	65 (2018) KENYON COLLEGE							31	-4379	507	Page 2
Scl	edul	lle A Constructive Ownership of Partnershi	nterest	. Check the boxes that appl	y to the	filer. If you	ı check l	oox <b>b</b> , enter	the nai	me,		
		address, and U.S. taxpayer identification	n numbe	r (if any) of the person(s) wi	hose int	terest you c	onstruc	tively own. S	ee inst	ructions.		
		a Owns a direct interest		b [	0	wns a cons	tructive	interest				
		Name		Address				Identification	numher	· (if any)	Check if foreign	Check if direct
		Raile		Addiooo						( =,)	person	partner
		Marie Committee										<u> </u>
58248			. /					**				<u> </u>
Sci	redul	Ile A-1 Certain Partners of Foreign Partnersh	i <b>p</b> (see ir I	istructions)				4				Check if
		Name		Address				Identifi	cation nu	umber (if any)		foreign
												person
_		· · · · · · · · · · · · · · · · · · ·										
Sci	luhar	ile A-2 Foreign Partners of Section 721(c) Pa	rinershin	(see instructions)								
		of foreign		Country of		J.S. taxpayer		Check if relat	ted to	Percent	age intere	st
		rtner Address		organization (if any)	iden	tification num (if any)	ber	U.S. transfe	eror 🗂	Capital	P	rofits
											%	%
											%	%
Doe	s the	partnership have any other foreign person as a dir							🗀	Yes		No
Scl	redul	ile A-3 Affiliation Schedule. List all partnersh	ips (forei	gn or domestic) in which the	e foreig	n partnersh	ip owns	a direct inte	rest or			
		indirectly owns a 10% interest.								1		Obselvis
		Name		Address				EIN (if any)		Total or income		Check if foreign partner-
_								(11 (211))		Income		ship
—	ım z	A MEMENTO										+-
25/42/4/200	edul O'T'A	ATEMENT 8  Ile B Income Statement - Trade or Busines	e Income									ш.
HIPCASSING A	2007,000,000	: Include only trade or business income and expens			the ins	tructions fo	or more	information.				
Out		a Gross receipts or sales			_							
									1 1c			
	2								2			
Φ	3	Gross profit. Subtract line 2 from line 1c							3			
Income	4	Ordinary income (loss) from other partnerships,							4			
드	5	Net farm profit (loss) (attach Schedule F (Form 1	040))						5			
	6	Net gain (loss) from Form 4797, Part II, line 17 (	attach For	m 4797)					6			
	7	Other income (loss) (attach statement)							7			
_	8	Total income (loss). Combine lines 3 through 7							8			
	9	Salaries and wages (other than to partners) (less							9			
(\$)	10	Guaranteed payments to partners							10			
tations	11	Repairs and maintenance							11			
(see instructions for limitation	12 13	Bad debts Rent							13			
ons fe	14	Taxes and licenses							14			
struct	15	Interest (see instructions)							15			
see in		a Depreciation (if required, attach Form 4562)										
S		b Less depreciation reported elsewhere on return							16c			
žį	17	Depletion (Don't deduct oil and gas depletion.)							17			
Deductions	18	Retirement plans, etc.							18			
۵	19	Employee benefit programs							19			
	20	Other deductions (attach statement)							20			
_	21	Total deductions. Add the amounts shown in the							21			
_	22	Ordinary business income (loss) from trade or							22			
	23	Interest due under the look-back method - comp							23			
ent	24	Interest due under the look-back method - incom							24			
Payment	25 26	BBA AAR imputed underpayment (see instruction Other taxes (see instructions)							25 26			
	26 27	Total balance due. Add lines 23 through 27							27	<del> </del>		
and	28	Payment (see instructions)							28			
Tax	29	Amount owed. If line 28 is smaller than line 27,							29			
•	30	Overpayment. If line 28 is larger than line 27, er							30			

94425S\_1

## SCHEDULE O (Form 8865)

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

## Transfer of Property to a Foreign Partnership (Under Section 6038B)

Attach to Form 8865. See the Instructions for Form 8865.

OMB No. 1545-1668

Name of transfero	r			3.904/1 0/11/	10000 101 111	<u> </u>	and the latest more	Filer's identi	ifying number
Name of foreign p	KENYON artnership LI			RTNERS	IV AF	, LP	EIN (if any)	)	379507 Reference ID number (see instr
<ul><li>b If "Yes," wa</li><li>2 Was any in time therea</li></ul>	s the gain deferral tangible property to	method app ransferred c ntribution as	lied to avoid onsidered o defined in	the recognit r anticipated Regulations s	ion of gain up to be, at the ti	on the cont me of the tr	n 1.721(c)-1T(b)(14))? S ribution of property?	See instructions	Yes No
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) rket value of transfer	(d Cost or bas	other	(e) Recovery period	(f) Section 704 allocation me	
Cash Stock, notes receivable and payable, and other securities	06/22/18		2,471	,874.					
Inventory									100 and 100 an
Tangible property used in trade or business									
Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9)	06/20/18								
Other property									
	ransferor's percent formation Required		in the partn			fer •	0000 %	(b) After	the transfer 12.9300 %
Part II D  (a) Type of property	ispositions Report  (b)  Date of original transfer		Section 603 (c) Date of position	(d) Manner of disposition	rec	(e) Gain ognized by urtnership	(f) Depreciation recapture recognized by partnership	(g) Gain alloc to partr	
	s any transfer repor					nder section	904(f)(3) or section 90-		Yes X No

## Return of U.S. Persons With Respect to Certain Foreign Partnerships

► Attach to your tax return. ► Go to www.irs.gov/Form8865 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year , 2019 beginning JUL 1 , 2018, and ending **JUN** 30

Attachment Sequence No. 118

OMB No. 1545-1668

Name of pers	on filing this return					1		tion number	r
שניאדע	ON COLLEGE					3	1-437	9507	
	s (if you aren't filing this form wi	th your tay retu	rn\	▲ Category o	f filer (see Categories of	Filers in th	a instructions	and check ant	olicable box(es)):
EATON	, ,	iii your iax rotu	1117	1 [	2		X	4	modble bex(eeg).
GAMBIE				B Filer's tax	year JUL 1	201		MIIT,	30,2019
	re of liabilities; Nonrecourse \$	· · · · · · · · · · · · · · · · · · ·	Qualified nonre	1 - pagirining		,201	Other		<u> </u>
	member of a consolidated group	hut not the na					Office	_Ψ	
Name	member of a consolidated group	but not the pa	rent, enter the following in	inoi mation abi	out the parent.	EIN			
Address						LIN			
	ny excepted specified foreign fina	ancial assets are	e reported on this form S	ee instruction	2				
	on about certain other partners (s		•	oo mon action					
<u> </u>	on about contain other partners to	oo mon donone					(4)	Check applica	able box(es)
	(1) Name		(2) Address		(3) Identification nu	mber	Category 1	Category 2	Constructive owner
G1 Name and	address of foreign partnership	. '					2(a) EIN	(if any)	<u> </u>
a i mano ana	. aaa. ooo oo oo oo go par meremp						98	-1191	594
VY CAP	ITAL HOLDINGS I	LIMITED					2(b) Refe	erence ID nu	ımber
PO BOX	146, TRIDENT (	CHAMBER	S				3 Country	under who	se laws organized
ROAD T	OWN, TORTOLA BI	RITISH '	VIRGIN ISLAI	NDS VG1			BRITI		RGIN ISL
4 Date of organization	on 5 Principal place		Principal business activity code number	7 Principal bus activity	siness 8	a curre	tional ncv	8b Excha	ange rate nstructions)
	2014 BRITISH VI	RGIN I		NVEŚTM		SD		,	
H Provide th	ne following information for the f	oreign partners	hip's tax year:						
1 Name, add	dress, and identification number	of agent (if any	) in the United States	2 Check if th	ne foreign partnershi <mark>j</mark>	must fi	e:		
				Fo	orm 1042	Form 88	04 X	🗌 Form 106	65
				Service Co	enter where Form 106	35 is filed	i:		
				E-FI					
3 Name and	l address of foreign partnership's	agent in count	ry of organization, if any	4 Name and a partnership,	ddress of person(s) with and the location of such	custody of books and	the books and Frecords, if dif	drecords of th liferent	e foreign
					<del></del>				
5 During	the tax year, did the foreign partr								[ <del></del> ]
	under section 267A? See instru							Yes	X No
	enter the total amount of the dis							\$	
	artnership a section 721(c) partn			ons section 1.	721(c)-1T(b)(14)?			Yes Yes	
	ny special allocations made by th	٠,						Yes	X No
-	no. of Forms 8858, Info Return of U.S.				Foreign Branches (FBs),				
-	this partnership classified under			*******				ED CO	MPANY
	e filer have an interest in the fore							<u> </u>	[ <del>5</del> 2]
	der Reg. 1.1503(d)-1(b)(4) or pai							Yes	
	does the separate unit or combinishing describing the factorship meet <b>both</b> of the f			ed loss, as defi	ned in Reg. 1.1503(d	)-1(b)(5	)(II)?	Yes	L No
	ns partnership ineet <b>both</b> of the f partnership's total receipts for the				)		_	<u></u>	
2. The v	alue of the partnership's total as	sets at the end	of the tax year was less th	nan \$1 million.	<b>)</b>			Yes	L No
	don't complete Schedules L, M- Under penalties of perjury, I declare t	1, and M-2.	d this return, including accom	nanvina schadula	s and statements and to	the heet o	f my knowled	ge and helief	it is trus
Sign Here Only if You're Filing	correct, and complete. Declaration of								
This Form Separately and								1.6	
Not With Your								<b>-  ▶</b>	
Tax Return.	Signature of general partner or	limited liability co	mpany member Preparer's signature		Date	Г		PTIN	Date
Paid	CHRASTOPHER B.		1 sparer a aignature				Check	if	22655
Preparer	ANDERSON		OMNTA T. C				self-employed		226559
Use			OTNY LLC	700			s EIN 🕨	34-06	77006
Only		<u> </u>		700		→ Phor	e no.	61 36	3-0100
	I DEVELOPED OF		- 1 44 1 I				( /. i	0/ 30	, — w i w a

810651 12-26-18 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 8865 (2018)

	n 886 r <b>edul</b>		KENYON COLLEGE onstructive Ownership of Partnership	Interest	Check the boxes that apply	v to the	filer. If you che	eck bo	ox <b>b</b> , ente			-4379! ne.	507	Page 2
			ddress, and U.S. taxpayer identificatio											
			a Owns a direct interest		<b>b</b> [		vns a construct							
			X COMMENT										Check if	Check if
			Name		Address				Identificatio	n nun	nber (	(if any)	foreign person	direct partner
Sch	iedul	e A-1 C	ertain Partners of Foreign Partnersh	ip (see in	structions)									
			Name		Address				Identii	ficatio	n nur	mber (if any)		Check if foreign
_					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									person
														<u> </u>
				-1	(ii			<u> </u>						J
			oreign Partners of Section 721(c) Pa T	rtnersnip	(See Instructions)  Country of	υ	S, taxpayer		O		Т	Percent	age intere	est
Na	me of part	foreign iner	Address		organization (if any)		ification number (if any)	ľ	Check if rela U.S. trans		<u>`</u>  -	Capital	<del>-</del>	rofits
_					(ii diiy)		(1. 2.1.)/				1		%	%
											1		%	<del>//</del>
Does	s the	partnership h	nave any other foreign person as a dir	ect partne	er?				<u> </u>		<u> </u>	Yes	<del>"</del>	No
-			ffiliation Schedule. List all partnersh			foreigr	partnership o	wns a	direct int	erest	or	<del></del>		
-			directly owns a 10% interest.											
			NI		Address				EIN		П	Total or		Check if foreign
			Name		Address				(if any)		$\perp$	income	or loss	partner- ship
											_			
Herese	75557 190							<u> </u>			$\perp$	****		
1900/1900/20	edul	55-36-20-03-2	come Statement - Trade or Busines		a da Harrick 00 balani Caa	Ale a lea a		:	form etiem					
Cau			trade or business income and expens				T	ore m	iormation	·				
	l		ots or sales											
										1 2	_			
4	3	Cost of goo	. Subtract line 2 from line 1c								_			
Income	4		come (loss) from other partnerships,								$\neg$			-
<u>u</u>	5		ofit (loss) (attach Schedule F (Form 1								_			
	6		ss) from Form 4797, Part II, line 17 (a							-	3			
	7	Other incom	ne (loss) (attach statement)							7	7			
	8		e (loss). Combine lines 3 through 7							1.8	3			
	9		I wages (other than to partners) (less							1	•			
_	10		payments to partners							1	_			
ations)	11		maintenance							1				
r ii mit	12									_	2			
(see instructions for limitatio	13		rancae							1	4			
truction	14 15		censes e instructions)							1				
see ins		,	n (if required, attach Form 4562)				1		********		•			
			riation reported elsewhere on return				1			16	Sc			
tior	17						•			1				
Deductions	18		plans, etc.							1	8			
Õ	19		enefit programs							_1	9			
	20		ctions (attach statement)							2	0			
	21		tions. Add the amounts shown in the							2	_			
	22		siness income (loss) from trade or t							2				
	23		under the look-back method - compl							2				
ent	24		under the look-back method - incom								4			·····
Payment	25		nputed underpayment (see instruction							2				
J Pa	26 27		(see instructions)							2	7			
anc	2 <i>1</i> 28		ee instructions)							2				
Tax and	29		ed. If line 28 is smaller than line 27, 6							2	$\neg$			
_	30		nt. If line 28 is larger than line 27, en								0			
	_		· · · · · · · · · · · · · · · · · · ·											

### **SCHEDULE O** (Form 8865)

(Rev. December 2018) Department of the Treasury

## Transfer of Property to a Foreign Partnership (Under Section 6038B)

▶ Attach to Form 8865. See the Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transfero							Filer's identi			
Name of foreign p	KENYON artnership VY		EGE TAL HOLDING	S LIMITED		EIN (if any	)	3795 Referen		ber (see instr)
<ul><li>b If "Yes," wa</li><li>2 Was any in time therea</li></ul>	s the gain deferral tangible property t fter, a platform con	method app ransferred c ntribution as	olied to avoid the recogn considered or anticipated s defined in Regulations	nporary Regulations section ition of gain upon the conton to be, at the time of the traction 1.482-7(c)(1)?	ribution of p ansfer or at	oroperty? any	See instructions	[	Yes Yes	X No No
Part I Tr	ansfers Reportabl	e Under Se	ction 6038B							
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis		e) ry period	(f) Section 704 allocation me			(g) ecognized transfer
Cash	07/01/18		4,999,437.							D 70 PD
Stock, notes receivable and payable, and other securities										
Inventory									,	
Tangible property used in trade or business										
Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9)										
Other property	1.0440000									
Totals	The state of the s		4,999,437							
			in the partnership: (a) E orted (see instructions	Before the transfer •	0000	%	(b) After	the trans	fer •	4300 %
Part II D	spositions Report	able Under	Section 6038B							
(a) Type of property	(b) Date of original transfer		(c) (d) Date of Manner of disposition		re	(f) preciation ecapture cognized partnership	(g) Gain alloc to partn		recaptu	(h) reciation re allocated partner
Name of the last o										
			schedule subject to gain e the Instructions for Fe	recognition under section	904(f)(3) o	r section 90		>	Yes O (Form 8	X No

## Return of U.S. Persons With Respect to Certain Foreign Partnerships

Information furnished for the foreign partnership's tax year

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

, 2018, and ending JUN 30 , 2019 beginning JUL 1

Attachment Sequence No. 118

Name of pers	son filing this return					ì	s identificat イールンフ		
TETERTS	ON GOLLEGE					3	1-437	9507	
	ON COLLEGE ss (if you aren't filing this form wi	th vour tay ratu	rn\	A Category	f filer (see Categories o	f Filers in th	instructions s	and check ann	licable hox(es)):
	CENTER	ui youi tax ittu	111)	A Category	Tiller (see Categories o	_	X	A CONTRACTOR	ilicable box(es)).
				B Filer's tax	year JUL 1	201		TITN	30,2019
GAMBIE	· · · · · · · · · · · · · · · · · · ·		Ovalified name			,201			30,2012
	are of liabilities; Nonrecourse \$	. h t	*****	ecourse financi			Other	φ	
	a member of a consolidated group	but not the pa	rent, enter the following	information and	out the parent.	EIN			
Name						I EIII			
Address			a reported on this form	Can instruction					
	any excepted specified foreign fina			See mstructions	S	***********			<u></u>
F Information	on about certain other partners (s I	ee msu ucuons	)				(4)	Check applica	ble box(es)
	(1) Name		(2) Address		(3) Identification r	number	Category 1	Category 2	Constructive owner
							Catogory .	outogo, y z	00,100,000
Od Nama and	d address of fareign portnership						2(a) EIN	if any)	L
G1 Name and	d address of foreign partnership						1 ' '	-1342	517
TV CDZ	CE, LP							rence ID nu	
VI DEF	CE, HE						[ [ ]	. 01.00 12 110	
DO BOX	847, ONE CAPIT	יאד. דמי	CE.				3 Country	under who:	se laws organized
GEORGE	<u>-</u>			IDS KV1-			САУМА		
Data of	I Dringing place	1 PHAIN C	Principal business activity code number	7 Principal bus	siness	8a Func	lianal		ange rate nstructions)
4 organizati	2016 CAYMAN ISLA			INVESTM		USD	псу	on (see it	istructions)
	he following information for the fo								
	Idress, and identification number			2 Check if th	ne foreign partnersh	nip must fi	e:		
i italiio, ao	iai voo, ana raominication nambor	or agonic (ii airy	, III 1.10 OIII.00 OIII.00	ļ	orm 1042	Form 88		Form 106	35
					enter where Form 1	•			
				E-FI			•		
3 Name and	d address of foreign partnership's	agent in count	ry of organization, if any	/ 4 Name and a	ddress of person(s) wit and the location of suc	h custody of	the books and	records of th	a foreign
• 1141119 4111	a aaa aaa aa	-g	.,	par unu un p			,		
5 During	the tax year, did the foreign partn	ership pay or a	ccrue any interest or ro	yalty for which t	he deduction is not				
allowed	d under section 267A? See instruc	ctions						Yes	X No
	enter the total amount of the dis							\$ <u></u>	
6 Is the p	partnership a section 721(c) partn	ership, as defin	ed in Temporary Regula	ations section 1.	721(c)-1T(b)(14)?			Yes	X No
	ny special allocations made by the							Yes	X No
	e no. of Forms 8858, Info Return of U.S. I				Foreign Branches (FBs				
	this partnership classified under						LTD.P	ARTNE	RSHIP
	he filer have an interest in the fore								
	der Reg. 1.1503(d)-1(b)(4) or par							Yes Yes	X No
	does the separate unit or combinate			ted loss, as defi	ned in Reg. 1.1503	(d)-1(b)(5)	)(ii)? ►	Yes	No
	his partnership meet <b>both</b> of the fo partnership's total receipts for the	• .			)				
2. The	value of the partnership's total as:	sets at the end	of the tax year was less	than \$1 million.	<b></b>			Yes	L No
If "Yes,	<u>" don't complete Schedules L, M-</u>	1. and M-2.			1	to the best s	f my lenguilade	o and haliaf i	t lo truo
Sign Here Only if You're Filing	correct, and complete. Declaration of								
This Form								1.6	
Separately and Not With Your								<b>-  ▶</b>	
Tax Return.	Signature of general partner or	limited liability co			Date		<del> 1</del>	, PTIN	Date
Paid	CHRYPSTOPHER B.		Preparer's signature		Date		Check	if	006550
Preparer	ANDERSON			*****			self-employed		226559
Use			OTNY LLC	700				<u> 34-U6</u>	77006
Only		UPERIOR 44114-2		₹ 700		Phor	ie no.	61 26	3-0100
	CLEVELAND OH	44114-/	13411			1	121	סכ יט	<b>ユーハエハハ</b>

810651 12-26-18 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 8865 (2018)

with the same of	8865 (2018)	KENYON COLLEGE						ე.	<u>1-4</u> 379.	E 0 7	Done
Sche	dule A	Constructive Ownership of Partnersh	nip Interes	t. Check the boxes that ap	ply to th	ne filer. If you che	ck box h. er			507	Page
		address, and o.s. taxpayer identificat	ion numbe	r (if any) of the person(s) v	whose i	nterest you const	ructively ow	n. See inc	structione		
		a Owns a direct interest		b		Owns a construct	live interect	. 000 111	an denons.		
		Name				- mio a donoti dol	avo microst		·	Check if	Check i
	<del></del>			Address			Identifica	tion numb	er (if any)	foreign	direct
				· · · · · · · · · · · · · · · · · · ·						person	partner
										**	<del> </del>
Sche	dule A-1	Certain Partners of Foreign Partners	<b>hip</b> (see in	structions)							<u> </u>
		Name						<del></del>			Check it
				Address			lder	tification n	umber (if any)		foreign
	· · · · · · · · · · · · · · · · · · ·										person
								*			
	dule A-2	Foreign Partners of Section 721(c) Pa	artnership	(see instructions)	11						
	of foreign partner	Address		Country of		U.S. taxpayer	Ohanla it	[	Porconto		
		1.1.1.000		organization (if any)	iden	tification number (if any)	Check if re U.S. tran		Percenta Capital		
				······································	<u> </u>	(1. 4.13)			<del></del>		ofits
						***		+ +	%		%
oes th	ie partnership	have any other foreign person as a dir	ect partner	?	Ĺ			<del></del>	%		%
3ched	ule A-3	Affiliation Schedule. List all partnersh	ips (foreig	or domestic) in which the	foreign	n partnership our		<u>L</u>	_ Yes		No
		ndirectly owns a 10% interest.	-	. or domostio, in which the	s roreigi	n partnersnip owi	ns a direct in	terest or			
			<u> </u>	· · · · · · · · · · · · · · · · · · ·		<del></del>					
		Name		Address			EIN (if any)		Total ordi		Check i foreign partner-
							(II ally)		income or	loss	partner- ship
				· · · · · · · · · · · · · · · · · · ·							
ched	ule B	ncome Statement - Trade or Business	Income								
ution	: Include only	trade or business income and expense	es on lines	1a through 22 halous Con	Alex Inc.						
1	a Gross recei	nts or sales	03 011 111163	ta tillough 22 below. See	the inst	ructions for more	e informatior	).			
	b Less return	pts or sales s and allowances	• • • • • • • • • • • • • • • • • • • •		1a			1			
2	Cost of goo				1b			1c			
3 4 5			••••••					2			
4	Ordinary in	· Oana act mie Z mom Illie 10						3			
5	Mot form pr	come (loss) from other partnerships, e	states, and	trusts (attach statement)		*************************		4			
6		, , , , , , , , , , , , , , , , , , ,	41111					5			
7								6			
8		o (1000) (dildon statement)				•••••		7		-	
9								8			
	Salaries and	wayes (other than to partners) (less e	molovmen	t credits)				9			
10		paymonto to partito 5						10			
11								11			
12	Dad dobio					***************************************		12			
13	*******	***************************************									
14		***************************************						13			
16 a		(ir rodalica, attacit i offit 430Z)			160		***********	15			
ם ו	ress achieri	ation reported elsewhere on return			16h						
17	Dehiction (D)	on't deduct oil and gas depletion.)			TOD	· · · · · · · · · · · · · · · · · · ·		16c			
18	Retirement p	lans, etc.					1	17			
19	Employee bei	wiit programs						18		· · · · · · · · · · · · · · · · · · ·	
20	Other deducti	ons (attach statement)			••••••	•••••		19			
20								20			
	Total deducti	ons. Add the amounts shown in the fa	ir riaht noli	IMB tar libas O thearen as an				21			
21		The the discount of the la	II HUILL COIL	IIIII IOF IINES Y THYOUGH 20							
21 22	Ordinary bus	iness income (loss) from trade or bus	iness activ	ities Subtract line 21 from	line 0			22			
21 22 23	Ordinary bus Interest due u	iness income (loss) from trade or bus	iness activ	ities. Subtract line 21 from	line 8						
21 22 23 24	Ordinary bus Interest due u Interest due u	iness income (loss) from trade or bus inder the look-back method - complete inder the look-back method - income fo	iness activities of the control of t	ities. Subtract line 21 from n contracts (attach Form 8	line 8 697)			22			
21 22 23 24 25	Ordinary bus Interest due u Interest due u BBA AAR imp	iness income (loss) from trade or bus inder the look-back method - complete nder the look-back method - income fo uted underpayment (see instructions)	siness activ d long-terr precast me	ities. Subtract line 21 from n contracts (attach Form 8 thod (attach Form 8866)	line 8 697)			22 23			
21 22 23 24 25 26	Ordinary bus Interest due u Interest due u BBA AAR imp Other taxes (s	iness income (loss) from trade or bus inder the look-back method - complete inder the look-back method - income for uted underpayment (see instructions) ee instructions)	iness actived long-terr	ities. Subtract line 21 from n contracts (attach Form 8 thod (attach Form 8866)	line 8 697)			22 23 24			
21 22 23 24 25 26 27	Ordinary bus Interest due u Interest due u BBA AAR imp Other taxes (s Total balance	iness income (loss) from trade or bus inder the look-back method - complete inder the look-back method - income for uted underpayment (see instructions) ee instructions) due. Add lines 23 through 27	siness activ d long-terr precast me	ities. Subtract line 21 from n contracts (attach Form 8 thod (attach Form 8866)	line 8 697)			22 23 24 25			
21 22 23 24 25 26 27 28	Ordinary bus Interest due u Interest due u BBA AAR imp Other taxes (s Total balance Payment (see	iness income (loss) from trade or bus inder the look-back method - complete inder the look-back method - income fo uted underpayment (see instructions) ee instructions) due. Add lines 23 through 27 instructions)	in right con iness activ d long-teri precast me	ities. Subtract line 21 from n contracts (attach Form 8 866)	line 8 697)			22 23 24 25 26 27			
21 22 23 24 25 26 27 28 29	Ordinary busi Interest due u Interest due u BBA AAR imp Other taxes (s Total balance Payment (see Amount owed	iness income (loss) from trade or bus inder the look-back method - complete inder the look-back method - income for uted underpayment (see instructions) ee instructions)	in right con iness activ d long-terr precast me	ities. Subtract line 21 from n contracts (attach Form 8866)	line 8 697)			22 23 24 25 26			

## SCHEDULE O (Form 8865)

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

## Transfer of Property to a Foreign Partnership (Under Section 6038B)

Attach to Form 8865. See the Instructions for Form 8865.

Go to www.irs.gov/Form8865 for instructions and the letter time.

OMB No. 1545-1668

	ror				s and the latest info		
Mome of C	KENYON	OLLE	EGE			Filer's identify	
Name of foreign		SPACE			EIN (if a	ny)	79507 Reference ID number (see insti
2 Was any ir time there	ntangible property t	transferred co ntribution as o	nsidered or anticipated defined in Regulations	porary Regulations sectition of gain upon the corto be, at the time of the section 1.482-7(c)(1)?	on 1.721(c)-1T(b)(14)) tribution of property?	***************************************	Yes No
•	(a)	Т		1	T		22 110
Type of property	Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation metho	
Cash Stock, notes receivable and payable, and other securities	05/01/18		892,293.				
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9) ntangible							
oroperty, other han intangible broperty lescribed in ection 197(f)(9)							
Ither roperty							
otals			892,293.				
3 Enter the tran	nsferor's percentage mation Required To	e interest in th o Be Reported	e partnership: (a) Befor d (see instructions):	e the transfer . 0	000 %	(b) After the to	ransfer . 2000 %
	ositions Reportabl	e Under Secti	on 6038B				
(a) Type of property	(b) Date of original transfer	(c) Date of dispositio		(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
				1 1			
				gnition under section 904			

FORM 8865	AFFILIATION SCHEDULE	STATEMENT 8		
NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR- EIGN P'SH
LR-CROWNROCK IV AF HOLDING	274 RIVERSIDE AVE.3RD FLOO	83-0793404		
CROWNROCK HOLDINGS	WESTPORT, CT 06880 PO BOX 52287	82-3789749		
CROWNROCK HOLDINGS	MIDLAND, TX 79710 PO BOX 52287	82-3789638		
LRP IVC HOLDINGS LP	MIDLAND, TX 79710 274 RIVERSIDE AVE.3RD FLOO WESTPORT, CT 06880	98-1414477		
DHS ENERGY SERVICES LTD	PO BOX 173	98-1032796		
LR-CROWNROCK HOLDINGS LP	ROAD TOWN, BRITISH VIRGIN 274 RIVERSIDE AVE.3RD FLOO WESTPORT, CT 06880	98-1422852		

FORM 8865	SCHEDULE	O - OTHER PRO	OPERTY TRANSF	'ERS	STATEMENT 9
<b>DESCRIPTION</b>	N OF PROPERTY				
(A) DATE OF TRANSFER	(C) FMV ON DATE OF TRANSFER	(D) COST OR OTHER BASIS	(E) RECOVERY PERIOD	(F) SEC 704(C) ALLOCATION METHOD	(G) GAIN RECOGNIZED ON TRANSFER
PARTNERSHI	P INTEREST	0.			0.

# (Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

• Go to www.irs.gov/Form926 for instructions and the latest information.

Internal Revenue Service

Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

OMB No. 1545-0026

Attachment Sequence No. 128

Name of transferor		Identifying num	ber (see instructions)	
KENYON COLLEGE		31-4379507		
	31-4379			
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign co	Yes	X No		
2 If the transferor was a corporation, complete questions 2a through 2d.				
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section			<b>□</b>	
five or fewer domestic corporations?			X No	
b Did the transferor remain in existence after the transfer?  If not, list the controlling shareholder(s) and their identifying number(s).		A Yes	L NO	
Controlling shareholder		Identifying numbe	r	
	İ			
	İ			
	i .			
c If the transferor was a member of an affiliated group filing a consolidated return, was it the par	rent corporation	? X Yes	No	
If not, list the name and employer identification number (EIN) of the parent corporation.				
Name of parent corporation	E	IN of parent corpora	ıtion	
d Have basis adjustments under section 367(a)(4) been made?		Yes	X No	
,				
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated	d as such under	section 367),		
complete questions 3a through 3d.				
a List the name and EIN of the transferor's partnership.				
Name of partnership		EIN of partnership	)	
H CAPITAL V, LP	98-14	53278		
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			X No	
c Is the partner disposing of its entire interest in the partnership?			X No	
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an est				
securities market?		Yes	X No	
Part II Transferee Foreign Corporation Information (see instructions)				
4 Name of transferee (foreign corporation)		5a Identifying num	ber, if any	
AND CARDENAL LEID				
YBS CAPITAL LTD.		El. D-f		
6 Address (including country) PO BOX 31119,802 WEST BAY RD.		5b Reference ID nu	mber	
GEORGE TOWN, GRAND CAYMAN KY1-1205 CAYMAN ISLANDS		100		
7 Country code of country of incorporation or organization		,		
CJ				
8 Foreign law characterization (see instructions)				
CORPORATION				
9 Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No	
824531 12-04-18 LHA For Paperwork Reduction Act Notice, see separate instructions.		Form <b>926</b>	(Rev. 11-2018)	

Form	1926 (Rev. 11-2018) KENYON COLLEGE	31-4379507	Page 3
b c	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii)   **Mas any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No No No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
-	TWO Additional Information Demonstra Transfer of Demonstra (as instructions)		
Ра	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  (a) Before 000 % (b) After 2 . 4 6 4 %  Type of nonrecognition transaction (see instructions) > SEC . 3 5 1		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)		X No
c	Recapture under section 1503(d)		X No
d	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
		Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	<b>&gt;</b> \$ _	
	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
•	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No
		Form 926 /R	av 11,2018)

## Form **8868**

(Rev. January 2019)

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

## Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifying	g number
Type or print	r Name of exempt organization or other filer, see instructions.				Employer identification number (EIN)	
•	KENYON COLLEGE				31-437	9507
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.  EATON CENTER			Social security number (SSN)		
return, See instructions.	City, town or post office, state, and ZIP code. For a GAMBIER, OH 43022	foreign addi	ress, see instructions.			
Enter the	Return Code for the return that this application is for (	file a separat	te application for each return)			0 7
Application	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11		
Form 990	-T (trust other than above)	06	Form 8870			12
Teleph  If the c  If this i  box ▶ [	SHIRLEY O'BRID  SOURCE  SHIRLEY O'BRID  EATON CENTER  FOR THE STATE STATE  FOR THE STATE	ess in the Unit Group Exe and atta	Fax No. Fax No	If this is fo f all memb	r the whole gro	on is for.
	calendar year or or tax year beginning JUL_ 1 , 2018  ne tax year entered in line 1 is for less than 12 months, Change in accounting period		on: Initial return	Final retur	· n	
	nis application is for Forms 990-BL, 990-PF, 990-T, 472 nonrefundable credits, See instructions.	20, or 6069, e	enter the tentative tax, less	3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 60 imated tax payments made. Include any prior year ove			3b	\$	0.
c Bal	ance due. Subtract line 3b from line 3a. Include your	payment wit	h this form, if required, by		·	
usir	ng EFTPS (Electronic Federal Tax Payment System). S	See instructio	ns.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045