# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

232001 12-13-22

A F	or the	2022 calendar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 202	3
Вс	heck if oplicable	C Name of organization	D Employer ident	ification number
X	Addres	KENYON COLLEGE		
F	Name change	Doing business as	31-4379	507
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	uite E Telephone num	per
	Final return/	209 CHASE AVENUE	740-427	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	265,207,361.
	Amend return		H(a) Is this a group	return
	Application	F Name and address of principal officer, O OLLE RORNE ELD	for subordinat	es? Yes X No
	pendin	209 CHASE AVENUE, GAMBIER, OH 43022	H(b) Are all subordinate	s included? Yes No
<u> 1 T</u>	ax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527 If "No," attach	a list. See instructions
	Vebsit		H(c) Group exemp	
		to Management and the Commission of the Commissi	$^\prime$ ear of formation: $1824$	M State of legal domicile: OH
Pa		Summary		
٥	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O	
anc	1/4			
Activities & Governance		Check this box if the organization discontinued its operations or disposed of n	1	24
Sov				31 31 30
8		Number of independent voting members of the governing body (Part VI, line 1b)		4 30 5 2004
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		6 543
tivi		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12		a 3,654,199.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11		153,597.
_		Not directed beginness taxable moonle from one 1, 1 art 1, into 11	Prior Year	Current Year
19.25	8 (	Contributions and grants (Part VIII, line 1h)	63,180,495	. 40,964,607.
une		Program service revenue (Part VIII, line 2g)	147,727,457	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41,339,991	
R		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,425,140	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	254,673,083	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	54,052,661	
		Benefits paid to or for members (Part IX, column (A), line 4)	0	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	65,778,235	. 68,802,209.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	0	. 0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 4,934,736.		
ú		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	63,413,228	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	183,244,124	
		Revenue less expenses. Subtract line 18 from line 12	71,428,959	
S OF	noneen e		Beginning of Current Yea	
Net Assets o	20	Total assets (Part X, line 16)	1028664563	
et A	21	Total liabilities (Part X, line 26)	291,619,078 737,045,485	
P	rt II	Net assets or fund balances. Subtract line 21 from line 20	737,043,463	. 170,402,331.
1000000	C-SCANTOII-	Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to the hest of	my knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		my knowledge and belief, it is
1100,	001100	quite somprete. Begandron propaga (strior tright) to second or an information or which prop		24
Sign	,	Signature of officer	Date	
Her	200	JULIE KORNFELD, PRESIDENT		
63,500		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		CHRISTOPHER B. ANDERSON	if self-em	
Prep	arer	Firm's name MALONEY + NOVOTNY LLC	Firm's EIN	34-0677006
Use	Only	Firm's address 1111 SUPERIOR AVE, SUITE 700		
		CLEVELAND, OH 44114-2540	Phone no. (	216) 363-0100
May	the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No

12197.01

Form 990 (2022) KENYON COLLE
Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	10.1	v	
	If "Yes," complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		X
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	,		X
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		X
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	-0		- 21
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			21
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		х	
_	Schedule D, Part III	8	Λ	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	ا ہا		x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.0	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	1		
	as applicable.	deitere	MEN	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	Λ	—
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	a att	X	ì
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Λ	-
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
.1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		- 21
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d	Х	
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X	
100	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		_
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	2.2	_
12a	The same of the terms of the same of the s	12a		X
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
ь	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.2		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
**	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
55077	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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_	1 990 (2022) KENYON COLLEGE 31-437	9507	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	3603		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	100		
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1	77	
	Schedule K. If "No," go to line 25a	24a	X	v
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			x
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Δ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		X
2	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Α
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			H
		OEh		х
06	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		Λ
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27		20		21
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		21
20	instructions for applicable filing thresholds, conditions, and exceptions):			100
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	1904;50		9,000
u	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
10000	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
·	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 564		All St	
	and the number of former to be undeced on the fact and the production	0	Popul I	
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	210 200	E 10	

Form 990 (2022)

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(gambling) winnings to prize winners?

	990 (2022) KENYON COLLEGE 31-4379	507	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	140
	filed for the calendar year ending with or within the year covered by this return 2004	150		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country UNITED KINGDOM			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		200	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	١.		~
2000	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
-	were not tax deductible?	6b	711200	
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	A CONTROL OF THE CONT	7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			arami.
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	119	in Eur	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		SI Res
10	Section 501(c)(7) organizations. Enter:	(A) 1889		1
	Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10c	CONT		
01404	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		100	
a h	Gross income from other sources. (Do not net amounts due or paid to other sources against		Thurs.	EXIL
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	THE REAL PROPERTY.		HAV
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	181116		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	Lill I		
	organization is licensed to issue qualified health plans	1001	RA	
	Enter the amount of reserves on hand	As A	ilanor	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	-	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>		77
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.	Harris.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes," complete Form 6069.	17	HE LET	
	n rea, complete rom occa.			

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KENYON COLLEGE 31-4379507 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 31 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 30 b Enter the number of voting members included on line 1a, above, who are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X on Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O, See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records NICHOLAS NEUERER - 740-427-5945

43022

232006 12-13-22

209 CHASE AVENUE, GAMBIER, OH

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss per	more rson i	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) SEAN DECATUR	40.00			2500						
PRESIDENT(UNTIL 12/31/22)	0.00	X		X				629,454.	0.	128,113.
(2) COLLEEN GARLAND	40.00			33.835)				Managan sangan		(1000) 80,000
VP FOR ADVANCEMENT	0.00			X				290,657.	0.	80,671.
(3) JEFFREY A. BOWMAN	40.00	20,000		Nestra					120	1000 LE-1000
ACTING PRESIDENT & TRUSTEE	1.00	X		X				281,911.	0.	40,527.
(4) DIANE ANCI	40.00							1.20 Extent (0.20 C)		100/09 10/07/09
VP ENROLLMENT/DEAN OF ADMISSIONS	0.00	$\perp$			X			225,760.	0.	79,858.
(5) TODD BURSON	40.00			0.000				2012/00 _000.50		
VP FOR FINANCE	0.00			X				208,518.	0.	51,411.
(6) CELESTINO LIMAS	40.00							2000 200		
VP STUDENT AFFAIRS	0.00				X		_	189,841.	0.	45,009.
(7) DAVID LYNN	40.00									1000 0000
SPECIAL ASST TO PRESIDENT	0.00	_			_	X		203,742.	0.	21,531.
(8) RONALD GRIGGS	40.00	-						484.405		40 700
VP FOR LBIS	0.00	_			X		_	174,135.	0.	48,702.
(9) SHERYL HEMPKIN	40.00	-						485 044		20 24 17
ASSOCIATE PROVOST/ACTING PROVOST	0.00		_	X			_	175,214.	0.	30,317.
(10) SHARON WILLIAMS	40.00	-						100 510		40 000
ASSOCIATE VP FOR DEVELOPMENT	0.00		_		_	X	_	182,748.	0.	19,876.
(11) THEODORE MASON	40.00							4.50.000		10 100
ASSOC.PROVOST DEI	0.00	-	_		_	X		160,238.	0.	42,196.
(12) JANET MARSDEN	40.00	-						151 000		04 005
VP FOR COMMUNICATIONS	0.00	-	_		X		_	171,283.	0.	24,925.
(13) WENDY MACLEOD	40.00	-				7.7		152 700	0	20 447
PROFESSOR OF DRAMA	0.00	-	_		-	X		153,790.	0.	39,447.
(14) JOSEPH KLESNER	40.00	1				37		154 005	0	20 042
PROFESSOR OF POLITICAL SCIENCE	0.00		_			X	-	154,825.	0.	38,043.
(15) IAN SMITH	40.00	1		х				160 647	0	17 000
VP FACILITIES, PLANNING&SUSTAIN. (16) SHIRLEY O'BRIEN	40.00			A				160,647.	0.	17,989.
(16) SHIRLEY O BRIEN CONTROLLER	0.00	1		x				126 155	0.	14 200
(17) KATHRYN LAKE	40.00	-	-	Λ	-			136,155.	0.	14,300.
DIRECTOR OF BOARD RELATIONS	0.00	1		х				71,385.	0.	18,940.
232007 12-13-22	0.00		_	Λ				/1,303.	0.	Form <b>990</b> (2022)

232007 12-13-22

31-4379507 Page 8

	и соппесь								31-43/9	307	P	age c
Section A. Officers, Directors	81373	oloy	ees,			ghes	t Co	195323	STATISTICS OF THE PROPERTY OF		(=)	
(A) Name and title	(B) Average hours per week	box	, unle	Posi heck r ss per nd a di	itior more son i	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	1 222	(F) stimate mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	f org an	npensa from the ganizati nd relate anization	e tion ted
(18) BRACKETT B. DENNISTON	1.00							100	70-0	ļ.		
CHAIR	0.00	X			_			0.	0.			0.
(19) JOSEPH E. LIPSCOMB	1.00						n i					^
VICE CHAIR	0.00	X						0.	0.			0.
(20) JUDITH GILBERT	1.00							0.	0.			0.
SECRETARY (21) MIKE ARBOUR	1.00	X			-			0.	0.			0 ,
TRUSTEE	0.00	X						0.	0.			0.
(22) RACHEL BERGER	1.00	2						0.	0.			0 1
TRUSTEE	0.00	x						0.	0.			0.
(23) DIANE ELAM	1.00											
TRUSTEE	0.00	х						0.	0.			0.
(24) ANNIE HANNA ENGEL	1.00									ĺ		
TRUSTEE	0.00	X						0.	0.			0.
(25) ROSE BRINTLINGER FEALY	1.00						T	1152	7122			1015311
TRUSTEE	0.00	Х						0.	0.			0.
(26) JAMES FINN	1.00									[		0
TRUSTEE	0.00	X			_			0.	0.	A	1 0	0.
1b Subtotal								3,570,303.	0.	/4	1,8	
c Total from continuation sheets to P								3,570,303.	0.	71	1,8	0.
d Total (add lines 1b and 1c)										/4	1,0	33.
Total number of individuals (including compensation from the organization	j but not limited to th	ose	liste	d ab	ove	) wn	o re	ceived more than \$100,0	JUU of reportable			114
			ersecus tree	one entere and a second	20.000			landa de la companya	0	PARTIES.	Yes	No
3 Did the organization list any former of								**************************************		_		х
line 1a? If "Yes," complete Schedule										3		Λ
4 For any individual listed on line 1a, is										4	x	
and related organizations greater than  5 Did any person listed on line 1a receive										4	21	15/8
5 Did any person listed on line ra recen	ve or accide compen	oaus	OII II	OIII 6	arry	unit	iate	d organization or individ	dai for services		HI VETIL	

rendered to the organization? |f "Yes." complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

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

(A) Name and business address	(B) Description of services	(C) Compensation
SMOOT CONSTRUCTION CO. OF OHIO		
1907 LEONARD AVENUE, COLUMBUS, OH 43219	CONSTRUCTION	28,650,862.
AVI FOODSYSTEMS, INC.		
2590 ELM ROAD NE, WARREN, OH 44483	FOOD SERVICE	6,698,672.
LINCOLN CONSTRUCTION, INC.		
4790 SHUSTER ROAD, COLUMBUS, OH 43214	CONSTRUCTION	4,962,104.
GUND PARTNERSHIP	ARCHITECTURE&PLANNIN	
47 THORNDIKE STREET, CAMBRIDGE, MA 02141	G	2,514,482.
LEPI ENTERPRISES, INC.	SOIL CONTAMINATION	
630 G.W. MORSE STREET, ZANESVILLE, OH 43701	ABATEMENT	1,163,264.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization 26	ed above) who received more than	
	TTTTC	Farm 990 (2022)

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 KENYON Co	OLLEGE								31-437	9507
Part VII Section A. Officers, Directors, Tro	ustees, Key Er	nplo	yee	s, aı	nd F	lighe	est (	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(o Pos	C) ition that			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
18	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) NINA P. FREEDMAN TRUSTEE	0.00	X						0.	0.	0
(28) ELISABETTA GHISINI TRUSTEE	1.00	х					E CL 3	0.	0.	0
(29) R. TODD GIARDINELLI TRUSTEE	1.00	х			75			0.	0.	0
(30) HOPE C. HARROD	1.00	X						0.	0.	0
(31) AILEEN C. HEFFERREN	1.00	X						0.	0.	0
(32) PAMELA FEITLER HOEHN-SARIC	1.00									1000
PRUSTEE (33) THE RIGHT REVEREND MARK HOLLING	1.00	X						0.	0.	0
TRUSTEE (34) DAVID HORVITZ	1.00	X						0.	0.	0
TRUSTEE (35) BENITA JACKSON	1.00	X						0.	0.	0
TRUSTEE (36) AASEM G. KHALIL	1.00	Х						0.	0.	0
TRUSTEE (37) MELZETTA MOODY	0.00	X						0.	0.	0
TRUSTEE	0.00	Х						0.	0.	0
(38) LIZ MYERS TRUSTEE	1.00	X						0.	0.	0
(39) JAMES F. PARKER TRUSTEE	1.00	Х						0.	0.	0
(40) DENSIL PORTEOUS TRUSTEE	1.00	X						0.	0.	0
(41) SONYA PRYOR-JONES TRUSTEE	1.00	x						0.	0.	0
(42) BRIAN SELDEN TRUSTEE	1.00		1					0.	0.	0
(43) BETH SHUMAN TRUSTEE	1.00							0.	0.	0
(44) SUSAN TOMASKY TRUSTEE	1.00							0.	0.	
(45) D. MATTHEW VOORHEES	1.00									0
TRUSTEE	1.00	X						0.	0.	0

Part VII Section A. Officers, Directors, (A)	Trustees, Key En	nplo	vee	e a		C.L.		O	/ // 0	
(A)		11010	yee	S <sub>i</sub> ai	ia r	ugn	est	Compensated Employ	ees (continuea)	
Name and title	(B) Average hours	(cl			C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
47) ALEXANDER W. WRIGHT	1.00							0	0	0
RUSTEE	0.00	X						0.	0.	0
									-	
				F						

Form 990 (2022) KENYON
Part VIII Statement of Revenue

		Check if Schedule O	cont	ains a res	ponse	or note to any line	in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								Tariction revenue	business revenue	sections 512 - 514
s s	1 a	Federated campaigns		1a						
ran Min		Membership dues			,					
Q 8		Fundraising events								
ifts				10	1				The real times	
nig Big		Government grants (contr				3,100,954.				
Sis		All other contributions, gifts,		1.00					Mark Server	
bet		similar amounts not included		6.0		37,863,653.				
Ē	a	Noncash contributions included in		505500 FEE	\$	4,865,903.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f				A4067878888888888888888888	40,964,607.			
						Business Code				
	2 a	TUITION AND FEES				900099	123986133.	123986133.		
vic.	b		ES			900099	26,603,813.	26603813.		
Program Service Revenue	c	BOOKSTORE	77.			459900	938,464.	938,464.		
E S	d									
Be	6									
Pro	f	All other program service	reve	nue						
	q						151528410.		NUMBER OF STREET	
	3	Investment income (include	100000000000000000000000000000000000000							
	Ü	other similar amounts)	011003				8,284,900.		3032277.	5252623.
	4	Income from investment of				나는 이 성격이 이 없다면서 잘 하여 하게 먹었다면서 그 것이다.				
	5	Royalties			oona p	rocccus				
	ŭ	rioyaldos	<u> </u>	(i) R	eal	(ii) Personal				
	6 a	Gross rents	6a		,366.					
		Less: rental expenses	6b		,513.					
		Rental income or (loss)	6c		,147.					
		Net rental income or (loss)			,		-95,147.		-95,147.	
		Gross amount from sales of	, 	(i) Secu	rities	(ii) Other		FURNISHED AND RE		
	, a	assets other than inventory	7a	40 404		(1) 0 1.10.				
	h	Less: cost or other basis	1a	02,020	,					
ه	, i	and sales expenses	76	46,247	233	32,602.				
nue	_	Gain or (loss)		15,298		-32,602.				
eve		Net gain or (loss)			,	, , , , , ,	15,265,455.			15265455.
Other Revenue		Gross income from fundraisi			····	T			The same of the same	
氃	оа	including \$	ny ov	01	8					
١		contributions reported on	lino							
		Part IV, line 18			8a	1 1				
	h									
		Net income or (loss) from								
		Gross income from gamin							Inches In Cont	
	<i>5</i> a	Part IV, line 19	-		0.0000					
	h	Less: direct expenses								
		Net income or (loss) from								
		Gross sales of inventory,	-							
	10 4	and allowances			10a					
	h	Less: cost of goods sold							an a land a land a land	
		Net income or (loss) from								
		mosmo or goody from	Juil	- 01 1111011	y	Business Code				
sn	11 a	CONFERENCES & SEMINA	ARS			721110	1,327,877.	610,808.	717,069.	
Miscellaneous Revenue	ii a					812300	70,673.	70,673.	, , , , , , ,	
əllər	7 200	FINES				900099	48,050.	48,050.		
Sce		All other revenue	A 77.5	or in the output of the con-		900099	1,389,188.	1,389,188.		
Σ		Total. Add lines 11a-11d					2,835,788.	NAS II SAMO TO		
	12	Total revenue. See instruction					218784013.	153647129.	3654199.	20518078.
		. Jan 101 July 0, 000 mon done	-110							Farm <b>990</b> (2000)

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 54,656,373. 54,656,373. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 2,523,859. 2,523,859. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,375,899. 343,975. 784,262. 247,662. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,105,525. 2,741,966. 50,444,180. 43,596,689. Other salaries and wages Pension plan accruals and contributions (include 332,907. 255,846. section 401(k) and 403(b) employer contributions) 4,041,905. 3,453,152. 9,205,479. 7,872,964. 737,950. 594,565. Other employee benefits 9 3,734,746. 448,132. 3,081,721. 204,893. 10 Payroll taxes Fees for services (nonemployees): a Management 1,152,091. 790,823. 361,268. 173,977. 173,977. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 1,880,635. f Investment management fees ..... 1,880,635. Other. (If line 11g amount exceeds 10% of line 25, 1,058,241. 2,519,656. 134,295. 3,712,192. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,963,513. 1,963,513. Office expenses 13 1,379,204. 1,812,479. 433,275. Information technology 14 Royalties 15 4,667,995. 4,667,995. 16 Occupancy 4,777,089. 4,347,247. 223,708. 206,134. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 10,092,247. 10,092,247. 20 21 Payments to affiliates 15,169,513. 14,566,001. 511,464. 92,048. Depreciation, depletion, and amortization ..... 22 565,056. 1,031,303. 466,247. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 5,517,654. 5,517,654. FOOD SERVICE 4,212,827. 4,212,827. b OFF-CAMPUS STUDIES PROG 1,391,548. c INSTRUCTIONAL SUPPORT 1,402,995. 11,224. 223. 716,031. d STUDENTS SVCS.SUPPLIES& 716,031. 1,894,614. 457,104. 5,369,866. 3,018,148. e All other expenses 14,468,167. 4,934,736. 189,634,848.170,231,945. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

232010 12-13-22

12197.01

_		Check if Schedule O contains a response or note to any line in this Part X			
_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	64,543,146.	2	33,700,945
	3	Pledges and grants receivable, net	38,862,495.	3	38,774,038
	4	Accounts receivable, net	2,909,287.	4	5,239,161
- 1	5	Loans and other receivables from any current or former officer, director,			
4		trustee, key employee, creator or founder, substantial contributor, or 35%			
-1		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		166	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,002,386.	8	1,013,286
۲	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other		TO SE	
		basis. Complete Part VI of Schedule D 10a 601, 991, 453.			
	b	Less: accumulated depreciation 10b 212,038,730.	333,861,781.	10c	389,952,723
	11	Investments - publicly traded securities	54,841,836.	11	59,448,036
	12	Investments - other securities. See Part IV, line 11	464,111,405.	12	493,349,248
	13	Investments - program-related. See Part IV, line 11	4,126,130.	13	4,103,589
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	64,406,097.	15	57,046,114
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	1028664563.	16	1082627140
Ц	17	Accounts payable and accrued expenses	10,262,982.	17	7,723,324
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	264,390,749.	20	262,827,650
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	22	Loans and other payables to any current or former officer, director,			
rigonines		trustee, key employee, creator or founder, substantial contributor, or 35%			
ap	17.291	controlled entity or family member of any of these persons		22	
۱ ا	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	1000	of Schedule D	16,965,347.	25	15,673,775
4	26	Total liabilities. Add lines 17 through 25	291,619,078.	26	286,224,749
.		Organizations that follow FASB ASC 958, check here		aen	
8		and complete lines 27, 28, 32, and 33.			
9	27	Net assets without donor restrictions	389,840,564.		403,332,096
	28	Net assets with donor restrictions	347,204,921.	28	393,070,295
		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds		29	
200	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets of Fund balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
2	32	Total net assets or fund balances	737,045,485.	32	796,402,391.
	33	Total liabilities and net assets/fund balances	1028664563.	33	1082627140 a Form <b>990</b> (2022

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

12197.01

X

3b X Form **990** (2022)

3a

# SCHEDULE A

(Form 990)

Department of the Treasury

Name of the organization

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

31-4379507 KENYON COLLEGE Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (iii) Type of organization (vi) Amount of other (i) Name of supported (ii) EIN (v) Amount of monetary in your governing document? (described on lines 1-10

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	18168627.	29570889.	24946883.	63180495.	40964607.	176831501
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			9			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	18168627.	29570889.	24946883.	63180495.	40964607.	176831501
5	The portion of total contributions	- SELECT PRINT	AND STATE STATE				
	by each person (other than a	P. Foundation	on a resolution and	STATE OF STREET	e Galleria e de la constante d		
	governmental unit or publicly				All the Managers	Server make	
	supported organization) included		The street of		The same of the	The state of the state of	
	on line 1 that exceeds 2% of the	CONTRACTOR OF THE	a la adictiva	White distance in the		A STATE OF THE PARTY OF THE PAR	
	amount shown on line 11,	Section server	reference of the	Service leading		The state of the last	
	column (f)						44119770.
6	Public support. Subtract line 5 from line 4.	E 1 1 2 1 2 1 1 2 1 1 2 1 1		ALC: COLUMN	With Laboratory		132711731
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	18168627.	29570889.	24946883.	63180495.	40964607.	176831501
	Gross income from interest,						
	dividends, payments received on	3					
	securities loans, rents, royalties,						
	and income from similar sources	7494443.	6465912.	4990111.		5252623.	24203089.
9	Net income from unrelated business	, 1911101	01033111	1330111		JEJEGES.	
3	activities, whether or not the						
	business is regularly carried on		å.			3186070.	3186070.
10	Other income. Do not include gain				<del> </del>	3100070.	3100070.
IU							
	or loss from the sale of capital						
	assets (Explain in Part VI.)		CONTRACTOR STATE	Religion and Annual			204220660
	Total support. Add lines 7 through 10	ata (ana inaturati				12 660	,021,289.
	Gross receipts from related activities,	0 16		f	r		,021,205.
13	First 5 years. If the Form 990 is for the			(c) (c)		9.000.00	
Sec	organization, check this box and storetion C. Computation of Publi					***************************************	
				1 (0)		14	64.98 %
	Public support percentage for 2022 (I		(i)				66 00
	Public support percentage from 2021					15	
16a	33 1/3% support test - 2022. If the	9					the state of the s
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the	~				20	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact					VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	iblicly supported o	organization		Ы
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				370		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instruction:	s

# Schedule A (Form 990) 2022 KENYON COLLEGE | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A F	alify under the tests listed be Public Support	low, please comp	lete Part II.)				
		1.10010	#1.0040	1-10000	( n 0004	(-) 0000	(6) T-1-1
0.000	r fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ts, contributions, and						
	ip fees received. (Do not y "unusual grants.")						
2 Gross rece merchand formed, or any activit	sipts from admissions, ise sold or services perfacilities furnished in y that is related to the on's tax-exempt purpose						
are not an	eipts from activities that unrelated trade or bus- er section 513						
ization's b	ues levied for the organ- enefit and either paid to ed on its behalf						
furnished	of services or facilities by a governmental unit to zation without charge						
6 Total. Add	l lines 1 through 5						
7a Amounts i	ncluded on lines 1, 2, and						
<b>b</b> Amounts inclusion from other the exceed the gr	from disqualified persons ided on lines 2 and 3 received in disqualified persons that sater of \$5,000 or 1% of the is 13 for the year						
	7a and 7b						
	753						
	oport. (Subtract line 7c from line 6.)  Total Support	totalis no sentent	DECEMBER HOLD SHE	A THE RESIDENCE OF THE			
The same of the sa	r fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		(a) 2016	(b) 2019	(0) 2020	(u) 2021	(6) 2022	(i) rotai
10a Gross inco dividends, securities	rom line 6  me from interest, payments received on loans, rents, royalties, te from similar sources						
	usiness taxable income						
(less sectio acquired af	n 511 taxes) from businesses er June 30, 1975						
11 Net incom activities r	10a and 10b e from unrelated business not included on line 10b, r not the business is arried on						
12 Other inco	me. Do not include gain m the sale of capital plain in Part VI.)						
13 Total suppo	ort. (Add lines 9, 10c, 11, and 12.)						
14 First 5 year	ars. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
	box and stop here					***********	L
Section C. (	Computation of Public	Support Per	centage				
15 Public sup	port percentage for 2022 (lin	ne 8, column (f), d	livided by line 13,	column (f))		15	%
	port percentage from 2021					16	%
Section D. 0	Computation of Invest	tment Income	Percentage				
17 Investmen	t income percentage for 20:	22 (line 10c, colur	nn (f), divided by li	ine 13, column (f))		17	%
	t income percentage from 2					18	%
19a 33 1/3% s	upport tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	33 1/3%, check this box an						
b 33 1/3% s	upport tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ind
	not more than 33 1/3%, chec						
	undation. If the organization						
232023 12-09-22						Schedule A	(Form 990) 2022

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

-		Yes	No
	1		
	is mythic	neuki Isami	
	0	Hills	
	2	P EN	ile j
	3a		
	3b		
			THES
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	4a		MA SI
	EST.		Nati
	4b	IRA	
	-13		12417
	4c	0000	
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	9b	nien	
	9c		
	191		
	10a	et al Fe	
	in the	el a	ACTO
	10b	990)	0.000

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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

instructions).

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

emergency temporary reduction (see instructions).

-	edule A (Form 990) 2022 KENYON COLLEG	E		31	-4379507 Page 7
1000000	rt V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (contin	ued)	
	ion D - Distributions	- Constitution of the Cons			Current Year
_1_	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
_	organizations, in excess of income from activity			2	
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
_4_	Amounts paid to acquire exempt-use assets			4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6_	Other distributions (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		1 . 1	
-	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6		<del></del>	9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018			7,919	
c	From 2019				
d	From 2020				
	From 2021			mint of b	
f	Total of lines 3a through 3e				
V 1000 1 1000	Applied to underdistributions of prior years				
- 12:30	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
_	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

232028 12-09-22

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the org	anization	Employer identification number
	KENYON COLLEGE	31-4379507
Organization ty	pe (check one):	
Filers of:	Section:	
Form 990 or 990	EZ X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	panization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> tion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y) from any one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
section contrib	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support is 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an autor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) orm 990-EZ, line 1. Complete Parts I and II.	d that received from any one
contrib literary	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from altor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, so or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (en column (b) instead of the contributor name and address), II, and III.	ientific,
year, c is chec purpos	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ontributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled moved, enter here the total contributions that were received during the year for an exclusively religious. Don't complete any of the parts unless the General Rule applies to this organization because its, charitable, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received nonexclusively
answer "No" on	anization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF eet the filing requirements of Schedule B (Form 990).	
L HA For Papers	ork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)

Name of organization

Employer identification number

31-4379507

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$7,678,617.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	W	\$\( \tag{1,296,125.} \)	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

12197.01

Name of organization

Employer identification number

### KENYON COLLEGE

31-4379507

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$	×		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$	<u> </u>		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$	£		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$	8		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
223453 11-15	-22		Schedule B (Form 990) (2022)		

Schedule B (Form 990) (2022) Name of organization Employer identification number KENYON COLLEGE 31-4379507 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
7,	(e) Transfer of gift	
	(b) Purpose of gift	

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
<u> </u>	
2	
·	

Schedule B (Form 990) (2022)

223454 11-15-22

# SCHEDULE D

(Form 990)

**Supplemental Financial Statements** 

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

Attach to Form 990.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

KENYON COLLEGE

Employer identification number 31-4379507

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	7252
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	1. The state of the control of the state of	
V-	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a hi	istorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
	<u></u>		1 22 1
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	anization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
		170/1/4	(D)()
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's linancial statements	that describes the
Pai	organization's accounting for conservation easements.  't III Organizations Maintaining Collections of	Art Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form		ommar / toodtor
10	If the organization elected, as permitted under FASB ASC 95		palance sheet works
Ia	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its finar		narioe of public
h	If the organization elected, as permitted under FASB ASC 95		ace sheet works of
b	art, historical treasures, or other similar assets held for public	5	
	provide the following amounts relating to these items:	o delibrition, education, or resourch in futuroral	too of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial gain	
4	the following amounts required to be reported under FASB A		n, provide
	Revenue included on Form 990, Part VIII, line 1	1773	\$
h	Assets included in Form 990, Part X		
	For Paperwork Peduation Act Nation and the Instruction		Schodule D (Form 990) 2022

	dule D (Form 990) 2022 KENYON		. Historiaal Tus		Othor	Cimila	31-43	79507	Page 2
	t III Organizations Maintaining C	And the William College of the Colle	U. v					(contin	ued)
3	Using the organization's acquisition, accessi-	on, and other records	s, check any of the f	ollowing that m	nake si	ignificant ı	use of its		
	collection items (check all that apply):	2mts	VV						
а	X Public exhibition	d		hange program	1				
b	X Scholarly research	е	Other						
С	X Preservation for future generations					1 (5 1 <b>1 4</b> 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
4	Provide a description of the organization's co						se in Part	XIII.	
5	During the year, did the organization solicit o							1	37
Dos	to be sold to raise funds rather than to be ma							Yes	X No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		te if the organizatio	n answered "Ye	es" on	Form 990	, Part IV,	line 9, or	
-	Is the organization an agent, trustee, custodi		on the contribution	or other asset	to not i	ingluded			
ia	- 10 - TOTAL 10 - 10 - 10 - 10 - 10 - 10 - 10 -		(27)					Yes	No
l.	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII	and complete the fell	owing table:					_ res	No
D	ir res, explain the arrangement in Part Alli	and complete the foll	owing table.				10000	Amount	
	Reginning belongs					1c		, unodine	
	Beginning balance								_
	Additions during the year								
4	Distributions during the year					1f			
22	Ending balance							Yes	No
	If "Yes," explain the arrangement in Part XIII.					5-76 BESONE		-	
Par									
	- Complete	(a) Current year	(b) Prior year	(c) Two years I		(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	503,661,845.	531,585,913.	409,156,	_		52,003.		108,546.
b	Contributions	16,237,090.	19,959,602.	11,929,	$\overline{}$		43,417.		908,564.
c	Net investment earnings, gains, and losses	48,743,897.	-23,757,474.	133,046,			55,731.		837,711.
d	Grants or scholarships	6,180,930.	5,894,613.	5,512,	_		68,683.		200,761.
	Other expenditures for facilities	, , , , , , , , , , , , , , , , , , ,							
	and programs	16,577,858.	18,231,583.	17,034,3	105.	17.0	14,130.	18.	402,057.
f	Administrative expenses			, ,					
g	End of year balance	545,884,044.	503,661,845.	531,585,9	913.	409,1	56,876.	412,	252,003.
2	Provide the estimated percentage of the curr			No. of the last of			•		
a	Board designated or quasi-endowment	45.0720	%	,					
b	Permanent endowment 41.7970	%	<b>-</b> 768						
c	Term endowment 13.1310								
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	로마팅을 등으로 배워졌다. (Paris I I I I I I I I I I I I I I I I I I I	tion that are held an	d administered	for th	е			
	organization by:	601 10-01 1000 1 1000 100 1 <del>0</del> 00 100 100							Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?			******	**********	3b	
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, P	Part X,	line 10.			
	Description of property	(a) Cost or ot	ther (b) Cost	or other	(c) A	ccumulate	d	(d) Book	value
		basis (investm			dep	preciation			
1a	Land			9,217.	Alm'L	avis id			,217.
	Buildings		513,98	6,117.15	55,3	374,86	55.35	8,611	.,252.
	Leasehold improvements								
d	Equipment					192,72			2,899.
е	Other			0,500.					355.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part X	K. column (B), line 10	Oc.)			38	9,952	2,723.

Schedule D (Form 990) 2022

Part VII Investments - C	ther	Securities.
--------------------------	------	-------------

Complete if the organization answered "Yes"	Contract of the second contract of the second contract of	CONTRACTOR	an and of construction with the
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(A) HEDGE & ALTERN. EQUITY			
(B) FUNDS	258,877,173.	END-OF-YEAR MARK	ZET VALUE
(C) PRIVATE EQUITY FUNDS	126,514,817.	END-OF-YEAR MARK	
(D) REAL ESTATE FUNDS	28,325,006.	END-OF-YEAR MARK	
(E) COMMODITIES FUNDS	24,595,108.	END-OF-YEAR MARK	
(F) FIXED INCOME ALTERNATIVE	24,333,100.	IND OF THAT	CHI VIIIOH
(G) FUNDS	55,037,144.	END-OF-YEAR MARK	CET VALUE
(H)	00/00//2220		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.	493,349,248.		
	an Farm 000 Dart IV line	11- C Farm 000 Bart V line 12	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or and of year market value
	(b) book value	(c) Method of Valuation. Cost	or end-or-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) CONSTRUCTION IN PROGRESS			49,588,972.
(2) INTEREST IN CHAR.TRUSTS			3,053,396.
(3) OTHER ASSETS			4,403,746.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			FD 046 114
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		57,046,114.
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, li	ne 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
	APS		1,099,696.
(3) DEPOSITS AND ADVANCES			2,451,049.
(4) LIAB.FOR POST-RETIREMENT			6,367,326.
(5) ANNUITIES AND OTHER FUNDS	PAYABLE		5,612,028.
(6) GOVERNMENT LOAN FUNDS			143,676.
(8)			
(9)			15 (00 005
Total. (Column (b) must equal Form 990, Part X, col. (B) lin 2. Liability for uncertain tax positions. In Part XIII, provide			

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

Part XIII | Supplemental Information (continued)

PART III, LINE 4:

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

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

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

SOLE MEMBER. THE GRAHAM GUND GALLERY AND ITS GALLERY COLLECTION

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

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

TEACHING AND OTHER COLLECTION OBJECTS ARE MANAGED BY THE GRAHAM GUND

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

COLLECTION OBJECTS ARE INSTALLED AND ON VIEW IN COLLEGE BUILDINGS.

PART V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS - FOR THE COLLEGE'S ENDOWMENT FUNDS, THE

INVESTMENT OBJECTIVE IS TO ACHIEVE SUPERIOR LONG-TERM TOTAL RETURNS SUCH

THAT THE REQUIREMENTS OF THE ANNUAL BUDGET ARE MET WHILE ALLOWING FOR

SIGNIFICANT GROWTH, ALL WITHIN THE CONFINES OF REASONABLE RISK.

EXPENDITURES FROM THE ENDOWMENT FUND ARE USED EXCLUSIVELY TO FURTHER THE

EXEMPT EDUCATIONAL PURPOSES OF THE COLLEGE.

PART X, LINE 2:

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

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

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

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

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

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

CONSOLIDATED FINANCIAL STATEMENTS. THE KENYON INN MANAGEMENT COMPANY IS

SUBJECT TO FEDERAL INCOME TAXES, WHICH FOR JUNE 30, 2023 AND 2022 WERE NOT

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 KENYON COLLEGE  Part XIII   Supplemental Information (continued)	31-4379507 Page 5
SIGNIFICANT TO THESE CONSOLIDATED FINANCIAL STATEMENTS. THER	E WERE NO
UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2023.	
THE INCOME TAX RETURNS FOR ALL ENTITIES REMAIN SUBJECT TO EX	AMINATION BY
THE INTERNAL REVENUE SERVICE, AS WELL AS VARIOUS STATE AND L	OCAL TAXING
AUTHORITIES, GENERALLY FOR THREE YEARS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
BOOKSTORE COST OF GOODS SOLD, WHICH WAS NETTED WITH REVENUE	ON LINE 2D
OF PART VIII OF FORM 990 BUT SHOWN AS AN EXPENSE ON	
FINANCIAL STATEMENTS	1,607,911.
CHANGE IN INTEREST RATE SWAP OBLIGATION	410,394.
ADJUSTMENT FOR REVENUE OF RELATED ORGANIZATIONS INCLUDED IN	CONSOLIDATED
FINANCIAL STATEMENTS	7,181,397.
LOSS ON DEBT EXTINGUISHMENT	-750,408.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	8,449,294.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FINANCIAL AID EXPENSE, WHICH WAS NETTED WITH TUITION INCOME	ON FINANCIAL
STATEMENTS BUT SHOWN AS AN EXPENSE IN PART IX OF FORM 990	57,180,232.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
BOOKSTORE COST OF GOODS SOLD, WHICH WAS NETTED WITH REVENUE	ON LINE 2D
OF PART VIII OF FORM 990 BUT SHOWN AS AN EXPENSE ON	
FINANCIAL STATEMENTS	1,607,911.
ADJUSTMENT FOR EXPENSES OF RELATED ORGANIZATIONS INCLUDED IN	CONSOLIDATED
FINANCIAL STATEMENTS	4,468,164.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	6,076,075.

Schedule D (Form 990) 2022

### SCHEDULE E

(Form 990)

Schools

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Name of the organization

KENYON COLLEGE Employer identification number 31-4379507

	KENYON COLLEGE	31-43	379	507	<u></u>
Part I				1	
		ř		YES	N
	oes the organization have a racially nondiscriminatory policy toward students by statement in its charter,		265	77	
	ylaws, other governing instrument, or in a resolution of its governing body?		1	X	
	oes the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	ACCRECATE CHARLES		37	
	atalogues, and other written communications with the public dealing with student admissions, programs, and schol	arships?	2	X	
	as the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet				
	omepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the				18
	omepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			128	12
	gistration period if it has no solicitation program, in a way that makes the policy known to all parts of the general ommunity it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		3	x	
	LL APPLICATIONS, COURSE CATALOGS, AND THE STUDENT HANDBOOK		3	Α	
	UBLICIZE OUR NONDISCRIMINATORY POLICY. THE PUBLICATIONS A				
-	ROVIDED TO ALL PROSPECTIVE AND ENROLLED STUDENTS.	11(11			18
1.	KOVIDED TO ALL TROOFECTIVE AND ENROLLED STODENTS:				
_					
	oes the organization maintain the following?			37	
	ecords indicating the racial composition of the student body, faculty, and administrative staff?		4a	X	-
	ecords documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory be	asis?	4b	Х	
	opies of all catalogues, brochures, announcements, and other written communications to the public dealing			х	l
			4c	A	
wi	ith student admissions, programs, and scholarships?		7	v	L
wit	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.		4d	X	
wit	opies of all material used by the organization or on its behalf to solicit contributions?		7	Х	
with d Cooling	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.  pees the organization discriminate by race in any way with respect to:		7	Х	
d Co If y — — Do a Sto	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.  oes the organization discriminate by race in any way with respect to:  tudents' rights or privileges?		7	Х	
d Co If y ————————————————————————————————————	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.  oes the organization discriminate by race in any way with respect to:  tudents' rights or privileges?  dmissions policies?		4d	Х	2
d Cooling If y  Do  a Sto b Ad  c En	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.  oes the organization discriminate by race in any way with respect to: tudents' rights or privileges? dmissions policies?  nployment of faculty or administrative staff?		5a 5b 5c	Х	2
d Co If y  a Str  b Ad  c En  d Scr	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.  oes the organization discriminate by race in any way with respect to:  tudents' rights or privileges?  dmissions policies?  nployment of faculty or administrative staff?  cholarships or other financial assistance?		5a 5b 5c 5d	х	2
d Co If y Do a Str b Ad c Em d So e Ed	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.  oes the organization discriminate by race in any way with respect to: tudents' rights or privileges? dmissions policies? inployment of faculty or administrative staff? cholarships or other financial assistance? ducational policies?		5a 5b 5c 5d 5e	Х	2 2 2
with d Cooling If you have a Student of the Add of the	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.  oes the organization discriminate by race in any way with respect to:  tudents' rights or privileges?  dmissions policies?  mployment of faculty or administrative staff?  cholarships or other financial assistance?  ducational policies?  se of facilities?		5a 5b 5c 5d 5e 5f	X	2 2 2 2
with d Cool If y	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.  obes the organization discriminate by race in any way with respect to: tudents' rights or privileges? dmissions policies? mployment of faculty or administrative staff? cholarships or other financial assistance? ducational policies? se of facilities? cheletic programs?		5a 5b 5c 5d 5e 5f 5g	X	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
with with the control of the control	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.  oes the organization discriminate by race in any way with respect to:  tudents' rights or privileges?  dmissions policies?  mployment of faculty or administrative staff?  cholarships or other financial assistance?  ducational policies?  se of facilities?  there extracurricular activities?		5a 5b 5c 5d 5e 5f	X	
with with the control of the control	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.  obes the organization discriminate by race in any way with respect to: tudents' rights or privileges? dmissions policies? mployment of faculty or administrative staff? cholarships or other financial assistance? ducational policies? se of facilities? cheletic programs?		5a 5b 5c 5d 5e 5f 5g	x	
with with the control of the control	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.  oes the organization discriminate by race in any way with respect to:  tudents' rights or privileges?  dmissions policies?  mployment of faculty or administrative staff?  cholarships or other financial assistance?  ducational policies?  se of facilities?  there extracurricular activities?		5a 5b 5c 5d 5e 5f 5g	x	
with did Cook If y If	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.  obes the organization discriminate by race in any way with respect to: tudents' rights or privileges?  dmissions policies?  mployment of faculty or administrative staff? cholarships or other financial assistance? ducational policies? se of facilities? thetic programs? ther extracurricular activities? you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		5a 5b 5c 5d 5e 5f 5g		
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with did Coc If y Doo as Strib b Add cc End did Sce e Edd f Using Attlib h Ott If y — — — — — — — — — — — — — — — — — —	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.  obes the organization discriminate by race in any way with respect to: tudents' rights or privileges? disciplination of faculty or administrative staff? cholarships or other financial assistance? disciplinational policies? se of facilities? the companization of the above, please explain. If you need more space, use Part II.  obes the organization receive any financial aid or assistance from a governmental agency? as the organization's right to such aid ever been revoked or suspended?		5a 5b 5c 5d 5e 5f 5g 5h		
with with disconnection of the content of the conte	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.  obes the organization discriminate by race in any way with respect to: tudents' rights or privileges?  dmissions policies?  mployment of faculty or administrative staff? cholarships or other financial assistance? ducational policies? se of facilities? theletic programs? ther extracurricular activities? you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		5a 5b 5c 5d 5e 5f 5g 5h		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
with disconnection of the control of	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  tudents' rights or privileges?  drinissions policies?  mployment of faculty or administrative staff?  cholarships or other financial assistance?  ducational policies?  se of facilities?  theletic programs?  ther extracurricular activities?  you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?  as the organization's right to such aid ever been revoked or suspended?  you answered "Yes" on either line 6a or line 6b, explain on Part II.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through		5a 5b 5c 5d 5e 5f 5g 5h		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
d Collify  a Stub Add c End d Sco e Edd f Us g Attl h Ott lf y  a Doo	opies of all material used by the organization or on its behalf to solicit contributions?  you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  tudents' rights or privileges?  discriminate by race in any way with respect to:  tudents' rights or privileges?  mployment of faculty or administrative staff?  cholarships or other financial assistance?  ducational policies?  se of facilities?  the right of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?  as the organization's right to such aid ever been revoked or suspended?  you answered "Yes" on either line 6a or line 6b, explain on Part II.		5a 5b 5c 5d 5e 5f 5g 5h		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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

Schedule E (Form 990) 2022

### SCHEDULE F (Form 990)

## Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number KENYON COLLEGE 31-4379507 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (a) Region (f) Total offices employees, (by type) (such as, fundraising, proexpenditures is a program service, agents, and for and in the region describe specific type gram services, investments, grants to independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA. ARUBA, BAHAMAS 0 PROGRAM SERVICES RESEARCH 12,499. CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA ARUBA, BAHAMAS 0 EDUCATIONAL SERVICES 0 PROGRAM SERVICES 27,770. CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA, ARUBA, BAHAMAS, 0 GRANTMAKING 41,733. CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA INVESTMENTS ARUBA, BAHAMAS, 67,183,445. 0 0 EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA PROGRAM SERVICES EDUCATIONAL SERVICES 167,520. 0 EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, 0 0 PROGRAM SERVICES RESEARCH 2,722. EAST ASIA AND THE PACIFIC - AUSTRALIA BRUNEI, BURMA, GRANTMAKING 151,375. CAMBODIA 0 EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM PROGRAM SERVICES EDUCATIONAL SERVICES 3,481,050. 0 0 0 3 a Subtotal 0 71,068,114. b Total from continuation sheets to Part I n 4,038,589. 0 c Totals (add lines 3a 75,106,703.

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

Schedule F (Form 990) 2022

Schedule F (Form 990) Part I Continuation	KENYON Con of Activities		1- (Schedule F (Form 990), Part I, line	3)	79507 Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	RESEARCH	84,935
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	STUDENT RECRUITMENT	11,256
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	OTHER	7,523.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	GRANTMAKING		1,935,937
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	INVESTMENTS		1,137,468
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	48,808
MIDDLE EAST AND			THOUSE DESCRIPTION	DOGITIONID PLATED	10,000
NORTH AFRICA -					
ALGERIA, BAHRAIN,					1
DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	RESEARCH	376
MIDDLE EAST AND	0	0	PROGRAM SERVICES	RESEARCH	370
NORTH AFRICA -					-10
ALGERIA, BAHRAIN,		0	DDOGDAN GERVIOEG	OMUER	1 717
DJIBOUTI, EGYPT,	0	U	PROGRAM SERVICES	OTHER	1,717
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					FC 000
DJIBOUTI, EGYPT,	0	0	GRANTMAKING		56,026
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					F0 201
STATES	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	52,391
Totals					

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region describe specific type program services, grants to for region agents in region recipients located in the region) of service(s) in region NORTH AMERICA -CANADA AND MEXICO. BUT NOT THE UNITED STATES PROGRAM SERVICES RESEARCH 9,820. NORTH AMERICA -CANADA AND MEXICO, BUT NOT THE UNITED STATES 0 0 PROGRAM SERVICES OTHER 3,462. NORTH AMERICA -CANADA AND MEXICO. BUT NOT THE UNITED STATES 0 0 GRANTMAKING 45,901. SOUTH AMERICA -ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, 0 0 PROGRAM SERVICES EDUCATIONAL SERVICES 188,863. SOUTH AMERICA -ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, 0 PROGRAM SERVICES RESEARCH 4,850. SOUTH AMERICA ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, 0 0 GRANTMAKING 134,380. SOUTH ASIA -AFGHANISTAN BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 0 PROGRAM SERVICES EDUCATIONAL SERVICES 34,871. SOUTH ASIA -AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES 0 0 PROGRAM SERVICES 7,975. RESEARCH SOUTH ASIA -AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES 0 PROGRAM SERVICES OTHER 4,081. SOUTH ASIA -AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 GRANTMAKING 39,741. 0 **Totals** 

Schedule F (Form 990)	KENTON C	01111001		31-43/33	U/ Page
Part I Continuation	on of Activitie	s per Regior	- (Schedule F (Form 990), Part I, line	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region		(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
UB-SAHARAN AFRICA -					
NGOLA, BENIN,					
OTSWANA, BURKINA					10
	,	_	DDOGDAN GERUTGES	EDUCATIONAL CERVICES	100 441
ASO,	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	109,441
UB-SAHARAN AFRICA -					
NGOLA, BENIN,					40
OTSWANA, BURKINA					
ASO,	0	0	GRANTMAKING		118,767
		11			
1					1
otals	<b>&gt;</b>				4,038,58

Page 2

31-4379507

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. KENYON COLLEGE Schedule F (Form 990) 2022

(i) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
(h) Description of noncash assistance					Sda
(g) Amount of noncash assistance					<b>A A</b>
(f) Manner of cash disbursement					recognized as a tax iivalency letter
(e) Amount of cash grant					foreign country, ion 501(c)(3) equ
(d) Purpose of grant					recognized as charities by the foreign country, recognized as a tax or counsel has provided a section 501(c)(3) equivalency letter
(c) Region					bove that are the grantee
(b) IRS code section and EIN (if applicable)					recipient organization nization by the IRS, o other organizations o
1 (a) Name of organization					<ul> <li>2 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for which is the exempt 501 confidence of other organizations or entities.</li> <li>3 Enter total number of other organizations or entities.</li> </ul>

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Page 3

KENYON COLLEGE

Schedule F (Form 990) 2022

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

Part III can be duplicated if additional space is needed.	additional space is needed	33					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
EDUCATION ASSISTANCE	CENTRAL AMERICA AND THE CARIBBEAN	1	41,733.	CREDIT TO ACCOUNT	0		
	EAST ASIA AND THE						
EDUCATION ASSISTANCE	PACIFIC	9	151,375.	CREDIT TO ACCOUNT	0.		
	EUROPE (INCLUDING						
	ICELAND &						
	GREENLAND) -						
EDUCATION ASSISTANCE	ALBANIA, ANDORRA,	92	1935937.	CREDIT TO ACCOUNT	0.		
	MIDDLE EAST AND						
	NORTH AFRICA -						
	ALGERIA, BAHRAIN,						
EDUCATION ASSISTANCE	DJIBOUTI, EGYPT,	3	56,026.	CREDIT TO ACCOUNT	0.		
	NORTH AMERICA -						
	CANADA AND						
	MEXICO, BUT NOT						
EDUCATION ASSISTANCE	THE UNITED STATES	2	45,901.	CREDIT TO ACCOUNT	0.		
	SOUTH AMERICA -						
	ARGENTINA,						
EDUCATION ASSISTANCE	CHILE, COLUMBIA,	7	134,380.	CREDIT TO ACCOUNT	0.		
	SOUTH ASIA -						
	AFGHANISTAN,						
	BANGLADESH,						
EDUCATION ASSISTANCE	BHUTAN, INDIA,	2	39,741.	CREDIT TO ACCOUNT	0.		
2	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
EDUCATION ASSISTANCE	BURKINA FASO,	5	118,767.	CREDIT TO ACCOUNT	0.		
					jet In	Schedu	Schedule F (Form 990) 2022

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection OMB No. 1545-0047 2022

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  1(a) Name and address of organization (b) EIN (c) IRC section (d) Amount of noncash grant assistance or government (fi applicable) (f	(f) Method of valuation (book, FMV, appraisal, other)
used to award the grants or assistance?  In Part IV the organization's procedures for monitoring the use of grant funds in the United States.  In Part IV the organization's procedures for monitoring the use of grant funds in the United States.  In Part IV the organization's procedures for monitoring the use of grant funds in the United States.  In Part IV the organization's procedures for monitoring the use of grant funds in the United States.  In Part IV the organization's procedures for monitoring the use of grant funds in the United States.  In Part IV the organization's procedures for monitoring the use of grant funds in the United States.  In Part IV the organization's procedures for monitoring the use of grant funds in the United States.  In Part IV the organization's procedures for monitoring the use of grant funds in the United States.  In Part IV the organization's procedures for monitoring funds in the United States.  In Part IV the organization's procedures for monitoring funds in the United States.  In Part IV the organization's procedures for monitoring funds in the United States.  In Part IV the organization's procedures for monitoring funds in the United States.  In Part IV the organization of grants funds in the United States.  In Part IV the organization of grants funds in the United States.  In Part IV the organization of grants funds in the United States.  In Part IV the Organization of Grants funds in the United States.  In Part IV the Organization of Grants funds in the United States.  In Part IV the Organization of Grants funds in the United States.  In Part IV the Organization of Grants funds in the United States.  In Part IV the Organization of Grants funds funds in the United States.  In Part IV the Organization of Grants funds	es of grant tance
e in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  rants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organication that received more than \$5,000. Part II can be duplicated if additional space is needed.  (c) IRC section (d) Amount of noncash or government (if applicable) cash grant assistance	(f) Method of valuation (book, Porm 990, Part IV, line 21, for any (f) Method of valuation (book, appraisal, other)
rants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organication that received more than \$5,000. Part II can be duplicated if additional space is needed.  The and address of organization (b) EIN (c) IRC section (d) Amount of cash grant assistance assistance)  The organization (b) EIN (c) IRC section (d) Amount of cash grant assistance assistance)	(f) Method of valuation (book, FOW) Part IV, line 21, for any (f) Method of valuation (book, FMV, appraisal, other)
(b) EIN (c) IRC section (d) Amount of (f applicable) cash grant	(g) Description of noncash assistance
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	
Enter total number of outer organizations listed in the line i table.  For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schadula   (Form 990) 2022

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

232101 10-31-22

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Schedule I (Form 990) 2022

KENYON COLLEGE

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PRIZES TO STUDENTS	117	144.761.	0		
TUITION REMISSION	46	2,961,410.	.0		
SCHOLARSHIPS	1401	51,083,723.	.0		
RESEARCH FELLOWSHIPS	71	319,785.	.0		
LEGAL FELLOWSHIPS	6	40,875.	•0		

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

7 LINE PART

AND OTHER FELLOWSHIPS, SCHOLARSHIPS, 1 MONITORING USE OF GRANT FUNDS

EDUCATIONAL PROGRAM GRANTS ARE MONITORED THROUGH THE COLLEGE'S FINANCIAL

AID COMPLIANCE PROCEDURES. PRIZES TO STUDENTS ARE AWARDED FOR ACADEMIC

MERIT.

232102 10-31-22

Schedule I (Form 990)         KENYON COLLEGE           Page 2    Page 2  Page 2	(a) Type of grant or assistance recipients recipients cash grant crash grant of an assistance recipients cash grant of non-cash assistance appraisal, other)	22. 62,546. 0.	11. 31,273.	1. 12,000. 0.			
Schedule I (Form 990)    Part III   Continuation of Grants and C	(a) Type of grant or a	EDUCATIONAL ENRICHMENT	S-STEM SCHOLARSHIPS	DALTON FELLOWSHIPS			

232242 04-01-22

#### SCHEDULE J (Form 990)

### **Compensation Information**

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

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

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

Department of the Treasury Internal Revenue Service Name of the organization

**Questions Regarding Compensation** 

2022

OMB No. 1545-0047

Open to Public Inspection

KENYON COLLEGE Employer identification number 31-4379507

			Yes	No
1a (	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
F	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
	X Discretionary spending account X Personal services (such as maid, chauffeur, chef)			
b l	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
1	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2 [	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1,10,11		
t	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	TON
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
(	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	Page 1		
6	establish compensation of the CEO/Executive Director, but explain in Part III.			
[	Compensation committee Written employment contract			
[	Independent compensation consultant  X Compensation survey or study			
[	Form 990 of other organizations  X Approval by the board or compensation committee			
4 [	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a	1000000000	Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?		Х	
	Participate in or receive payment from an equity-based compensation arrangement?			Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	Billing		N E
	contingent on the revenues of:			18
	The organization?	5a		Х
	Any related organization?			Х
	If "Yes" on line 5a or 5b, describe in Part III.	TO SO		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
(	contingent on the net earnings of:			
a ·	The organization?	6a		X
	Any related organization?			Х
	If "Yes" on line 6a or 6b, describe in Part III.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		ho. H	
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		- uch	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		5 KE	
	Regulations section 53.4958-6(c)?	. 9		

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W-2	-2 and/or 1099-MISC compensation	and/or 1099-MISC and/or 1099-NEC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SEAN DECATUR	Ξ	404,454.	225,000.	0.	95,975.	32,138.	757,567.	0.
PRESIDENT(UNTIL 12/31/22)	(E)	* 0	• 0	0	• 0	0	.0	0
(2) COLLEEN GARLAND	Ξ	290,657.	0.	0.	77,520.	3,151.	371,328.	0
VP FOR ADVANCEMENT	⊞	• 0	0.	0	0	.0	.0	0
(3) JEFFREY A. BOWMAN	Ξ	281,911.	0.	0 •	27,061.	13,466.	322,438.	0.
ACTING PRESIDENT & TRUSTEE	(ii)	*0	0.	0.	0	0	0	0
(4) DIANE ANCI	(i)	225,760.	0.	0.	42,585.	37,273.	305,618.	0
VP ENROLLMENT/DEAN OF ADMISSIONS	(ii)	* 0	0.	0	• 0	0.	0.	0
(5) TODD BURSON	(i)	208,518.	0.	0.	20,685.	30,726.	259,929.	0
VP FOR FINANCE	<u>(ii)</u>	* 0	0.	0.	0	.0	0	0
(6) CELESTINO LIMAS	(i)	189,841.	0.	0.	18,411.	26,598.	234,850.	0
VP STUDENT AFFAIRS	Œ	0.	0.	0.	* 0	.0	• 0	0
(7) DAVID LYNN	(i)	203,742.	0.	0 •	19,360.	2,171.	225,273.	0
SPECIAL ASST TO PRESIDENT	(ii)	0.	0.	0.	*0	0.	.0	0
(8) RONALD GRIGGS	()	174,135.	0.	0.	17,371.	31,331.	222,837.	*0
VP FOR LBIS	Œ	0.	0.	.0	* 0	.0	.0	*0
(9) SHERYL HEMPKIN	(i)	175,214.	0.	0.	16,955.	13,362.	205,531.	0
ASSOCIATE PROVOST/ACTING PROVOST	(ii)	0.	0.	0.	*0	.0	• 0	.0
(10) SHARON WILLIAMS	(i)	182,748.	0.	0.	17,013.	2,863.	202,624.	• 0
ASSOCIATE VP FOR DEVELOPMENT	<u>(ii</u>	0.	0.	0.	.0	.0	.0	.0
(11) THEODORE MASON	Ξ	160,238.	0.	0.	15,708.	26,488.	202,434.	0 •
ASSOC, PROVOST DEI	Œ	0	0.	0.	.0	.0	.0	.0
(12) JANET MARSDEN	Ξ	171,283.	0.	0.	16,391.	8,534.	196,208.	.0
VP FOR COMMUNICATIONS	⊞	0.	0.	0.	• 0	.0	.0	.0
(13) WENDY MACLEOD	Ξ	153,790.	0.	0.	15,251.	24,196.	193,237.	.0
PROFESSOR OF DRAMA	(ii)	0.	0.	0.	• 0	.0	.0	*0
(14) JOSEPH KLESNER	(E)	154,825.	0	.0	11,784.	26,259.	192,868.	0
PROFESSOR OF POLITICAL SCIENCE	(ii)	0.	0.	0.	• 0	.0	.0	0
(15) IAN SMITH	Ξ	160,647.	0.	.0	15,207.	2,782.	178,636.	0
VP FACILITIES, PLANNING&SUSTAIN.	1		0.	.0	• 0	.0	.0	.0
(16) SHIRLEY O'BRIEN	Ξ	136,155.	0.	0.	12,936.	1,364.	150,455.	.0
CONTROLLER	▣	0.	0	0.	0.	.0	0.	.0

Schedule J (Form 990) 2022

Page 3

Provide the information, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Part III Supplemental Information

LINE 1A: H PART

COLLEGE PROVIDED THE FOLLOWING BENEFITS

FOR THE UNION CLUB AND THE TO ITS PRESIDENT: PAYMENT OF MEMBERSHIP DUES

THE

1

TO OFFICERS

BENEFITS PROVIDED

AS MOUNT VERNON COUNTRY CLUB; RESIDENCE ON CAMPUS FOR PERSONAL USE AS WELL

JOB-RELATED ACTIVITIES; MAID SERVICE FOR THE PRESIDENT'S ON-CAMPUS HOME;

THE AND A DISCRETIONARY SPENDING ACCOUNT TO FURTHER THE COLLEGE'S MISSION.

COLLEGE DID NOT TREAT THE VALUE OF THE REMAINING BENEFITS AS TAXABLE INCOME

AS EXPENSES WERE INCURRED FOR

FOR THE PRESIDENT

COLLEGE-RELATED PURPOSES.

THE PRESIDENT'S HOME IS SUBSTANTIALLY USED FOR COLLEGE PURPOSES SINCE THE

THE RESIDENCE. ADDITIONALLY, THE CLUB PRESIDENT HOSTS MANY FUNCTIONS AT THE MEMBERSHIPS ARE HELD IN THE NAMES OF THE PRESIDENT AND THE COLLEGE, AND

COLLEGE OCCASIONALLY USES THE CLUBS FOR EVENTS AND MEETINGS

4B: LINE H PART

P L - EMPLOYER CONTRIBUTION SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

457(F) PLAN FOR SEAN DECATUR: \$67,000. SECTION Schedule J (Form 990) 2022

ENTITY

Employer identification number Open to Public OMB No. 1545-0047 2022 Inspection 31-4379507  $\vdash$ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Supplemental Information on Tax-Exempt Bonds explanations, and any additional information in Part VI. COLLEGE KENYON Name of the organization **Bond Issues** Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990) Part

Schedule K (Form 990) 2022 Yes No 52,756,950. (i) Pooled financing × 53,281,110. × × × 524,160 × 9 (g) Defeased (h) On behalf S × × × × Ω of issuer Yes Yes ×× 9 M × M × 5,136,619. 54,874. 5,081,745 Yes × S O (f) Description of purpose Yes M M × M IV M Z 40683466. SEE PART PART PART PART 40,683,466. 165,100. 40,518,366. × S 44637452. SEE 5,136,619.SEE 51393477. SEE В Yes ×× × (e) Issue price 44,153,017. 44,637,452. 484,435. × å 11/29/16 07/24/13 05/28/15 11/29/16 (d) Date issued K Yes MM × 34-684967467756DBF2 34-684967467756DJG2 34-6849674|67756DJG2 34-6849674 67756DFW1 (c) CUSIP# Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if (b) Issuer EIN issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds OHIO HIGHER EDUCATIONAL OHIO HIGHER EDUCATIONAL OHIO HIGHER EDUCATIONAL OHIO HIGHER EDUCATIONAL FACILITY COMMISSION B FACILITY COMMISSION C FACILITY COMMISSION FACILITY COMMISSION Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name final allocation of proceeds? Amount of bonds retired Other unspent proceeds Total proceeds of issue Other spent proceeds Part II Proceeds 2 9 ω 6 9 Ξ 12 13 4 15 16 17

51

ENTITY 2

Schedule K (Form 990) 2022 (i) Pooled S financing × × × Employer identification number Open to Public OMB No. 1545-0047 Yes S 2022 Inspection (g) Defeased (h) On behalf 31-4379507 No × × × Ω of issuer Yes Yes S × × × 251,435. 44,700,250. 551,185 Yes ×× ŝ 0 (f) Description of purpose 45, Yes × × Z M M Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 58982175. SEE PART SEE PART PART 59,206,824. 806,068 58,400,756 × S 75669523.SEE В Supplemental Information on Tax-Exempt Bonds 45251345. Yes explanations, and any additional information in Part VI. × × × (e) Issue price 78,292,835. 7,110,000. ,523, 77,623,312. × × å 2022 699 12/14/17 04/02/20 04/05/23 (d) Date issued Yes × × 34-684967467756DUN4 34-684967467756DPD2 34-6849674 67756DC79 (c) CUSIP# For Paperwork Reduction Act Notice, see the Instructions for Form 990. Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if (b) Issuer EIN COLLEGE ssued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds OHIO HIGHER EDUCATIONAL OHIO HIGHER EDUCATIONAL OHIO HIGHER EDUCATIONAL KENYON A FACILITY COMMISSION FACILITY COMMISSION C FACILITY COMMISSION Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds final allocation of proceeds? (a) Issuer name Amount of bonds retired Other unspent proceeds Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Part II Proceeds Department of the Treasury Internal Revenue Service SCHEDULE K (Form 990) Part LHA 2 16 В က 4 8 6 15 9 10 12 43 14 0 F 17

Н ENTITY

Schedule K (Form 990) 2022 KENYON COLLEGE Part III Private Business Use			31-4	31-4379507				Page 2
1		A	В	3		0	D	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		×		X		×		×
2 Are there any lease arrangements that may result in private business use of bond-financed property?	×		×		×		×	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	×		×		×		×	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	;		;		;			
counsel to review any management or service contracts relating to the financed property?	×		×		×		×	
<ul> <li>Are there any research agreements that may result in private business use of bond-financed property?</li> </ul>		×		×		×		×
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		%		%		%	٠	10 %
5 Enter the percentage of financed property used in a private business use as a								15
result of unrelated trade or business activity carried on by your organization,		New York Control of the Control of t						
another section 501(c)(3) organization, or a state or local government	7	4.60 %		%		%	2.	2.30 %
6 Total of lines 4 and 5	7	4.60 %		%		%	2.	40 %
7 Does the bond issue meet the private security or payment test?		×		X		×		×
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×		×		×		×
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or					1	7.50000		
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the	;		1				1	
기	×		×		×		×	
Fartiv Arbitrage								
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	8	Yes	o <sub>N</sub>
Penalty in Lieu of Arbitrage Rebate?		×		×		×		×
2 If "No" to line 1, did the following apply?								ı
a Rebate not due yet?		×		×		×		×
b Exception to rebate?		×		×	×			×
c No rebate due?	×		X			X	X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
3 Is the bond issue a variable rate issue?		×		×		×		×
22							Schadiila K (Form 990) 2022	m 9901 2022
step and of their many						į	במחום וא וו כי	11 500) 5055

KENYON COLLEGE 31-4379507 ENTITY 2 Page 2

Schedule K (Form 990) 2022 KENYON COLLEGE			31-	31-4379507				Page 2
Part III Private Business Use		>		0		י		
Was the organization a partner in a partnership, or a member of an LLC.	Yes	No	Yes		Yes		Yes	No
		×		×		×		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		×		×		×		
3a Are there any management or service contracts that may result in private business use of bond-financed property?		×		×		×		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		×		×		×		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		* %		4 %		4 %		%
8a Has there been a sale or disposition of any of the bond-financed property to a non-		×		×		×		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the			ľ		1			
requirements under Regulations sections 1.141-12 and 1.145-2?	Þ		Þ		Þ			
- 1		Α		В		C		0
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No.	Yes	× No	Yes	× N	Yes	No
2 If "No" to line 1, did the following apply?								
a		×	×		×			
38		×		×		×		
c No rebate due?	×			×		×		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
3 Is the bond issue a variable rate issue?		×		×		×		

KENYON COLLEGE

Schedule K (Form 990) 2022

Part IV Arbitrage (continued) Yes Yes 31-4379507 Yes Yes No. Page 3

5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 4a Has the organization or the governmental issuer entered into a qualified d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? e Was the hedge terminated? d Was the hedge superintegrated? b Name of provider Has the organization established written procedures to monitor the Were any gross proceeds invested beyond an available temporary period? Term of GIC Name of provider hedge with respect to the bond issue? × × × × × × × × × × × ××

Part V Procedures To Undertake Corrective Action requirements of section 148? voluntary closing agreement program if self-remediation isn't available under of federal tax requirements are timely identified and corrected through the applicable regulations? Has the organization established written procedures to ensure that violations Yes S Yes × B No Yes × × S Yes × × O

No

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

31-4379507

Page 3

Part IV Arbitrage (continued)								
- 1	Α		В		0		D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		×		×		×		
b Name of provider								
1 <sup>20</sup> =1								
d Was the hedge superintegrated?								
e Was the hedge terminated?						2000		
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×		×		
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		×		×		×		
7 Has the organization established written procedures to monitor the	1		4		4			
requirements of section 148?	>		>		Þ			
Part V Procedures To Undertake Corrective Action								
	Α		В		0		D	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under	1		1					
applicable regulations?	×		×					
Part VI Supplemental Information. Provide additional information for responses to questions on scriedule v. see instructions.	on ochequie	N. OBB IIISUU	CHOIS.					
TO NAME: OHIO HIGHER EDITOATION	COMMISSION	NOTES						
DATE THE REBATE COMPUTATION WAS PERFORMED:	05/09/2018	ω						
(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY	COMMISSION	SION						
DATE THE REBATE COMPUTATION WAS PERFORMED: 06/	/17/2020	0						
(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY	COMMISSION	NOIS						
DATE THE REBA	18/2021	11						
(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY	COMMISSION	NOIS						
DATE THE REBATE COMPUTATI	03/202	3						
DESCRIPTION OF PURPOSE - PART I, ROW A, COLUMN F:								
O ADVANCE REFUND THE FOL	ING BOND	D ISSUE:	E: OHIO					
ONAL FACILITY COMMISSION, STATE OF	IH OIHO	H						
ONAL FACILITY ADJUSTABLE MEDIUM TERM RE	JE BONDS	S (KENYON	NOX					
COLLEGE 2002 PROJECT), ISSUED ON DECEMBER 10, 2002.								
DESCRIPTION OF PURPOSE - PART I, ROW B, COLUMN F:								
								2000 0000

#### SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

#### **Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ. Open To Public

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

OMB No. 1545-0047

Inspection

Name of the organization								3.5	ident		on nu	mber
	ENYON CO								795	07		
THE RESERVE AND ADDRESS OF THE PARTY OF THE					on 501(c)(4), and sec							
The state of the s				200	rt IV, line 25a or 25b	, or Form 990-EZ, Pa	rt V, II	ne 40	b.	[ , n	0	10
(a) Name of disqualified p	person (b) H	Relationship bety person and or			itied (c	) Description of trans	sactio	n		955		cted?
		porcon and or	garne	40011	***	81				Y	es	No
		=									_	
										+	_	
2 Enter the amount of tax	incurred by the or	rganization man	agers	or disq	ualified persons duri	ng the year under						
section 4958								. \$				
3 Enter the amount of tax,												
Part II Loans to and	d/or From Inte	erested Pers	sons.									
					, Part V, line 38a or F	orm 990, Part IV, line	e 26; c	or if th	e orga	nizatio	on	
	ount on Form 990								Mh) An	nrovan	I	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	oan to or m the	(e) Original principal amount	(f) Balance due	(g) defa	ln	by bo	proved ard or	(i) V	/ritten ement?
interested person	With Organization	Orioan		ization?	principal amount					nittee?		1
			То	From			Yes	No	Yes	No	Yes	No
			1						-	-		-
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<del></del>												
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**												
Total					\$			11011	III	NE I	HETTING	
Part III Grants or As	ssistance Ben	efiting Inter	este	d Per	sons.							
Complete if the	organization ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 27.							
(a) Name of interested	person	(b) Relationship			(c) Amount of	(d) Type				e) Purp		f
		interested per the organiz		nd	assistance	assistan	ce			assist	ance	
		the organiz	ation					_				
								_				
<u> </u>						_		_	-			
								-				
-								$\dashv$				
								$\dashv$				
X												

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

Schedule L (Form 990) 2022

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

KENYON COLLEGE

Employer identification number 31-4379507

Par	t I Types of Property				Y			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) od of determi contribution a	-	s
1	Art - Works of art							
2	Art - Historical treasures	X	2	2.	EXPERT (	OPIN.		
3	Art - Fractional interests							
4	Books and publications	X		4.	\$1-NOM;	EXPERT	OPI	v.
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	158	4,846,671.	STOCK Q	UOTE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	1 2						
20	Drugs and medical supplies						-	
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SCIENTIFIC EQUI)	X	2	10,000.	EXPERT	OPIN.		
26	Other (EVENT EXPENSES)	X	3	9,226.	COST			
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organization	zation durin	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, [	Donee Acknowledg	ement 29			2	
				N EPSSTESSEE			Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	orted in Part I, lines 1 through	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ontribution, and wh	ich isn't required to be used	for			
	exempt purposes for the entire holding period					30a		X
b	If "Yes," describe the arrangement in Part II.					17401010>		1 511
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	31	X	
32a	Does the organization hire or use third parties				200000000	-:-::-::::::::::::::::::::::::::::::::		
	contributions?					32a	X	
b	If "Yes," describe in Part II.			orma a estermentura i diministrati (1656-1765) (1765-1765) (1765-1765) (1765-1765) (1765-1765) (1765-1765) (17		record#*		
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

232142 09-09-22

#### SCHEDULE O

(Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

KENYON COLLEGE

Employer identification number 31-4379507

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: KENYON COLLEGE IS A PRIVATE LIBERAL ARTS EDUCATIONAL INSTITUTION WITH APPROXIMATELY 1,800 STUDENTS AND 200 PROFESSORS. THE COLLEGE HAS 18 DEPARTMENTS AND 13 INTERDISCIPLINARY PROGRAMS. PART III, LINE 1 - ORGANIZATION'S MISSION: OUR MISSION: AT KENYON, WE BUILD STRONG FOUNDATIONS FOR LIVES OF PURPOSE AND CONSEQUENCE. WE HARNESS THE TRANSFORMATIVE POWER OF A LIBERAL ARTS EDUCATION ENGAGING IN SPIRITED, INFORMED, AND COLLABORATIVE INQUIRY TO FORM A DEEPER, MORE NUANCED UNDERSTANDING OF THE WORLD AND ALL WHO INHABIT IT. OUR VALUES: INTELLECTUAL EMPOWERMENT AND CREATIVITY: WE CULTIVATE INTELLECTUAL COURAGE AND HUMILITY IN EQUAL MEASURE. WE CONFRONT ENDURING AND EMERGING QUESTIONS WITH HONESTY AND IMAGINATION. IN THE TRADITION OF THE LIBERAL ARTS, WE SEEK GREATER SELF-AWARENESS AND EOUIP OURSELVES TO LEARN FOR A LIFETIME. EMBRACING DIFFERENCES: WE COMMIT TO ENGAGING A WIDE RANGE OF VIEWPOINTS, DEVELOPING COMPASSIONATE THINKERS WHO VALUE AND EMBRACE DIVERSE CULTURES AND IDENTITIES. WE BELIEVE EQUITABLE ACCESS TO OPPORTUNITY IS ESSENTIAL TO FOSTERING A COMMUNITY IN WHICH EVERY PERSON HAS A SENSE OF FULL BELONGING AND THE TOOLS TO REACH THEIR FULL POTENTIAL. KINDNESS, RESPECT, AND INTEGRITY: WE TREAT ONE ANOTHER WITH RESPECT AND KINDNESS, SPEAKING WITH SINCERITY

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

232211 10-28-22

Schedule O (Form 990) 2022

AND ACTING WITH INTEGRITY, FOR WE RECOGNIZE THE FUNDAMENTAL DIGNITY OF

ALL. THIS UNIFIES US ACROSS OUR BACKGROUNDS, IDENTITIES, AND POSITIONS.

PRACTICING THESE CHALLENGING IDEALS CONNECTS US TO THE BEST PARTS OF

WHAT MAKES US HUMAN. WE SUPPORT A CULTURE IN WHICH WE CONTRIBUTE TO THE

WELL-BEING OF OTHERS WHILE WE ALSO CARE FOR OURSELVES.

ENDURING CONNECTIONS TO PEOPLE AND PLACE:

OUR RESIDENTIAL ENVIRONMENT PROMOTES RICH COLLABORATIONS AND LIFELONG

CONNECTIONS. WE FORM A CLOSE-KNIT AND LASTING COMMUNITY WITH STRONG

TIES TO THE VILLAGE, COUNTY, NATION, AND WORLD. OUR NATURAL SETTING

SHAPES THE WAY WE LEARN AND LIVE, AND WE RECOGNIZE OUR VITAL ROLE IN

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

STEWARDING THE ENVIRONMENT.

FORM 990 REVIEW - THE BOARD HAS DELEGATED THE REVIEW AND APPROVAL OF FORM

990 TO THE AUDIT AND RISK AUDIT COMMITTEE. THE REVIEW IS CONDUCTED WITH THE

ASSISTANCE OF THE OUTSIDE PUBLIC ACCOUNTING FIRM.

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

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

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

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

BOARD HAS DELEGATED THE AUTHORITY AND RESPONSIBILITY FOR REVIEWING THAT

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

COMMITTEE ON BEHALF OF THE FULL BOARD. AS SUCH, WE ARE REQUIRED TO ANSWER

"NO" TO THE QUESTION ON LINE 11A EVEN THOUGH A COPY OF FORM 990 (WITH

REDACTED DONOR INFORMATION ON SCHEDULE B) WAS PROVIDED TO THE TRUSTEES.

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

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

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

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

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

PERMITTED TO VOTE OR PARTICIPATE IN THE DISCUSSION OF THE PROPOSED

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

ON THE TRANSACTION.

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

REVIEW AND APPROVAL OF COMPENSATION - COMPARABILITY SALARY STUDIES FROM

PEER INSTITUTIONS ARE PERFORMED FOR THE COLLEGE'S PRESIDENT AND FOR MEMBERS

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

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

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

DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMMITTEE ARE NOTED IN THE

COMMITTEE'S MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC

ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

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

AVAILABILITY OF DOCUMENTS - THE COLLEGE MAKES ITS FINANCIAL STATEMENTS

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

DOCUMENTS AND CONFLICT POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Name of the organization  KENYON COLLEGE	Employer identification number 31-4379507
CHANGE IN INTEREST RATE SWAP OBLIGATION	410,394.
LOSS ON EXTINGUISHMENT OF DEBT	-750,408.
TOTAL TO FORM 990, PART XI, LINE 9	-340,014.

# SCHEDULE R (Form 990)

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

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection 2022

Department of the Treasury Internal Revenue Service KENYON COLLEGE Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Employer identification number 31-4379507

Tail! Indimination of District and Company in the organization and income	on the organization anomored too	000, 000, 000,				
(a)  Name, address, and EIN (if applicable)  of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II organizations during the tax year. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	tions. Complete if the organization :	answered "Yes" on Form 990	Part IV, line 34, be	cause it had one	or more related tax-exe	empt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?  Yes No
THE KENYON REVIEW - 31-1443804						
	PUBLICATIONS	ОНІО	501(C)(3) L	LINE 7	KENYON COLLEGE	×
PHILANDER CHASE CONSERVANCY - 31-1711213						
GAMBIER, OH 43022	LAND PRESERVATION	онго	501(C)(3) L	LINE 12A, I	KENYON COLLEGE	×
THE FIVE COLLEGES OF OHIO - 31-1440434						
209 CHASE AVE EATON CENTER						ı
GAMBIER, OH 43022	EDUC. CONSORTIUM	OHIO	501(C)(3) L	LINE 12B, II	N/A	×
GREAT LAKES COLLEGES ASSOCIATION, INC						
38-1678376, 209 CHASE AVE EATON CENTER,					3	
GAMBIER, OH 43022	EDUC. CONSORTIUM	MICHIGAN	501(C)(3) L	LINE 12B, II	N/A	X

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

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

					*	
×	KENYON COLLEGE	N/A	501(C)(13)	опо	CEMETERY	KOKOSING NATURE PRESERVE - 47-2482300 209 CHASE AVE EATON CENTER GAMBIER, OH 43022
	KENYON COLLEGE	LINE 12A, I	501(c)(3)	опо	ART GALLERY	GRAHAM GUND GALLERY - 46-3140140 209 CHASE AVE EATON CENTER GAMBIER, OH 43022
Section 512(b)(13) controlled organization?  Yes No	(f) Direct controlling entity	(e) Public charity status (if section 501(c)(3))	(d) Exempt Code section	(c) Legal domicile (state or foreign country)	(b) Primary activity	(a) Name, address, and EIN of related organization

Page 2

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

		(a) Name, address, and EIN of related organization
		(b) Primary activity
		Legal domicile (state or foreign country)
		(d) Direct controlling entity
		(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)
		(f) Share of total income
		(g) Share of end-of-year assets
		(h) Disproportionate allocations?  Yes No
		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)
		General or managing partner?
		(j) (k) General or Percentage managing ownership partner? Yes No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
KENYON INN MANAGEMENT CO 31-1646746								
209 CHASE AVE EATON CENTER							1	
GAMBIER, OH 43022	HOTEL MGMT.SVC.	НО	KENYON COLLEGE	C CORP	-369,467.	116,635.	100%	×
CHARITABLE REMAINDER TRUSTS (7)								
EATON CENTER								
GAMBIER, OH 43022	CHARITABLE TRUST	HO	KENYON COLLEGE	TRUST				×
CHARITABLE REMAINDER TRUSTS (1)								
EATON CENTER								8
GAMBIER, OH 43022	CHARITABLE TRUST	FL	KENYON COLLEGE	TRUST				×
POOLED INCOME FUND (1)								
EATON CENTER		3						
GAMBIER, OH 43022	POOLED INC.FUND	НО	KENYON COLLEGE	TRUST				×
CHARITABLE REMAINDER TRUSTS (1)								
EATON CENTER		(						
GAMBIER, OH 43022	CHARITABLE TRUST	CA	KENYON COLLEGE	TRUST				×

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	ns with one or more re	lated organizations listed	in Parts II-IV?			1
Receipt of (i) interest, (ii) annuties, (iii) rejected exception(c)	Ly			la	4	>
Gift, grant, or capital contribution from related organization(s)				<u>,</u>	-	×
				1d	×	
e Loans or loan guarantees by related organization(s)	***************************************			1e		×
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				1g		×
Purchase of assets from related organization(s)				#		×
	1			≐		×
i lease of facilities positioners or other appoints to related proprieties (c)				:	+	
J Lease of facilities, equipment, or other assets to related organization(s)				=	×	
k Lease of facilities, equipment, or other assets from related organization(s)				<del>;</del>		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			'n		×
<ul> <li>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> </ul>	tion(s)			1n	×	
Sharing of paid employees with related organization(s)				10	×	
p Reimbursement paid to related organization(s) for expenses				ð		×
				1q	×	
r Other transfer of cash or property to related organization(s)				₹		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line including covered t	elationships and transaction thresholds	2		1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	lved		
(1) PHILANDER CHASE CONSERVANCY	В	264,894.	FMV			
(2) THE KENYON REVIEW	В	238,418.	FMV			
(3) GRAHAM GUND GALLERY	В	931,121.	FMV			
(4)						
(5)						
				i		

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

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

S-1-1-1-1 (F		2								
(k) Percentage ownership	General or managing partner?	(h) (i) (j) (k)  Disproportionals amount in box 20 managing ownership of Schedule K-1 partner?  Yes No (Form 1065) Yes No	(h) Disproportionate allocations? Yes No	(g) Share of end-of-year assets	(f) Share of total income	Are all partners sec. 501(c)(3) orgs.?	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(c) Legal domicile (state or foreign country)	(b) Primary activity	(a) Name, address, and EIN of entity
							stment partnersnips.	sion for certain inve	tructions regarding exclu	that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

## Schedule R (Form 990) 2022 KENY

Provide additional information for responses to questions on Schedule R. See instructions.

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Schedule R (Form 990) 2022