* *	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.

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	Go to	www.irs.gov	/Form990	for	instructions	and	the	latest	inform	1

Form **990**

Use Only



Dep	artment o	b for the Treasury nue Service Go to www.irs.gov/Form990 for instructions and the la		Open to Public Inspection
			g JUN 30, 2022	
В	Check if applicable	C Name of organization	D Employer identifica	tion number
	Addres	STHE KENYON REVIEW		
	change Name		31-144380	Δ
	change Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/		-
	return Final	EATON CENTER KENVON COLLECE	740-427-5	181
	return/ termin- ated		G Gross receipts \$	2,834,381.
	Ameno	ded CAMPTED OH 42022	H(a) Is this a group retu	
	Application		for subordinates?	
	pendin	¹⁹ EATON CENTER, GAMBIER, OH 43022	H(b) Are all subordinates inclu	
T	Tax-exe	empt status: X 501(c)(3) 501(c) ()		st. See instructions
-		te: WWW.KENYONREVIEW.ORG	H(c) Group exemption	
к	Form of	forganization: X Corporation Trust Association Other 🕨 📘	Year of formation: 1995 M	
Ρ	art I	Summary		
	1	Briefly describe the organization's mission or most significant activities: SEE SCHI	EDULE O	
0.00		성영을 비슷해 방법을 얻는 것이라. 한 것은 것은 것은 것이 없는 것이 없 않는 것이 없는 것이 없 않이 않이 않는 것이 없는 것이 없 않이 않아. 않아,		
cu.	2	Check this box I if the organization discontinued its operations or disposed of	more than 25% of its net asse	ts.
ave	3	Number of voting members of the governing body (Part VI, line 1a)		24
Activities & Governance	2 4	Number of independent voting members of the governing body (Part VI, line 1b)		23
00	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		0
viti	6	Total number of volunteers (estimate if necessary)	6	60
ito	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)	730,594.	899,708.
Revenue	9	Program service revenue (Part VIII, line 2g)	454,176.	1,026,538.
No R	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		859,860.
- 23	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4 4 5 5 4 4 5 1	-138,616.
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>2,647,490.</u> 115,796.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,211.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		908,069.
Exnenses	15	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Ueu	l loa	Total fundraising expenses (Part IX, column (D), line 25) 72,639.	0.	
ц	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	300,120.	638,046.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,661,911.
		Revenue less expenses. Subtract line 18 from line 12	638,884.	985,579.
or	ES		Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	13,850,557.	13,681,824.
Net Assets or	21	Total liabilities (Part X, line 26)	333,882.	640,363.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	13,516,675.	13,041,461.
Ρ	art II	Signature Block		
Un	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my k	nowledge and belief, it is
true	e, correc	pt, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
		typ four	May	10,2022
Sig	jn 🛛	Signature Mofficer	Date	
He	re	JEFF BOWMAN, INTERIM PRESIDENT		<u> Antonio de Contra d</u>
		Type or print name and title		
		Print/Type preparer's name CHRISTOPHER B. ANDERSON	Date Check 5/4/23 if self-amployed	PTIN
Pai			Sell-ellipiuyeu	P00226559
rre	parer	Firm's name MALONEY + NOVOTNY LLC	Firm's EIN 🕨 3	4-0677006

		and the second	
132001 12-09-21	LHA	For Paperwork Reduction Act Notice, see the separate instructions.	ć

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address 1111 SUPERIOR AVE, SUITE 700

CLEVELAND, OH 44114-2540

No

Phone no. (216) 363-0100

X Yes

rt III Sta	tement of Program Serv	ice Accomplishments		- <u>1443804 Pag</u>
Che	ck if Schedule O contains a resp	oonse or note to any line in this Part III		
Briefly des	cribe the organization's mission			
SEE S	CHEDULE O			학교 관계 관계 집 집 집 집
Did the or	nanization undertake any signifi	cant program services during the year wh	hich were not listed on the	
				Yes XI
	escribe these new services on S	Schedule O		
		make significant changes in how it cond	ucts any program services?	Yes X
	escribe these changes on Sche			
		ce accomplishments for each of its three	largest program services as measur	red by expenses
		ns are required to report the amount of g		
	any, for each program service			iotal expenses, and
		27,164. including grants of \$	115,796.) (Revenue \$	1,026,538
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		ES OF KENYON COLLEGE		
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	gram services (Describe on Sche	edule O.)		
Other prog		ncluding grants of \$) (Revenue \$)
Other prog (Expenses \$				
(Expenses \$	ram service expenses 🕨	1,527,164.		Form 990 (20

31-1443804 Page 3

Form 990 (KENYON	
Part IV	Checklist of I	Require	d Schedule	es

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
		1	х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ũ	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-	l, " ' '	
	during the tax year? If "Yes," complete Schedule C, Part II	4	10.	x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	120	82.8	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	÷.,	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		Đã ĝ	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>			
	Schedule D, Part III	8		x
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?	6.5		
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X,			
÷.,	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	다 가장에 있는 것은 것은 것은 것은 것은 것은 것은 것이 있는 것이 것을 수 있는 것이 많다. 것이 같은 것이 같은 것이 같은 것이 없는 것이 없다. 것이 같은 것이 없는 것이 같은 것이 없다.	11a		x
h	Part VI	11a		
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		- 23
U.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d		x
	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
		Tie		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>			-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10.		v
1	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1.1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		승당	v
	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		1.3	77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	레이지드 1997년	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		적길	77
	or for foreign individuals? /f "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,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
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-	-	-	-	-	-	0	v	-	raye

Form	990 (2021) THE KENYON REVIEW 31-14	43804	F	Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	지방하는		100
	Schedule J	23	X	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			문화한
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	3. 1 663	12.3	
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		신하네	1842
- 2	any tax-exempt bonds?		-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>24d</u>		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u>25a</u>		
u	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete</i>			1.05
		25b	1.1-1-	x
26	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	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1.12	-32	1.62
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	1.1	x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
199	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle	ь		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	2000 B 10 10 10 10 10		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? //			-
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV		-	X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1.1	1.4	
- 62	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~ 1	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		x	1.5
25.0	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>	-	- 22
D	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b	131.	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
00	If "Yes," complete Schedule R, Part V, line 2	Contract Contraction		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	1.84	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	
Par				가방감
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
	물건이 가지 말한 가지만 말한 경험적 경험을 갖춰야 한다. 것은 것이 가지 않는 것이 다 많은 것이 가 봐.		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	0000	
132004	12-09-21	Form	990	(2021)
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2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.		1.4	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ŭ	to file Form 8282?	7c	1	
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f		7f		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
y h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
h 8	Sponsoring organization meterical a contribution of cars, boars, anplanes, of other vehicles, did the organization metar of the 1000 reas.	/11	1.000	1
0		8		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	0.		
a		<u>9a</u>		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	10/333	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a 10a			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	그는 그는 그는 것이 가지 않는 것이 가지 않는 것이 가지 않는 것이 있는 것이 같이 있는 것이 같이 있는 것이 같이 많이 없다.			
11	Section 501(c)(12) organizations. Enter:	See.		
a	Gross income from members or shareholders 11a		12	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		100	
	amounts due or received from them.)	10	10.000	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ī
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand			-
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		•
	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	2.5	14	
	excess parachute payment(s) during the year?	15	-	
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	
	If "Yes," complete Form 4720, Schedule O.	1		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

12197.11

				and is	Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			
	If there are material differences in voting rights among members of the governing body, or if the governing				100	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		김 사람이 아들 것 않는			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
-				2		
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			-		
3	of officers, directors, trustees, or key employees to a management company or other person?		A	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		
	Did the organization make any significant changes to its governing documents since the phor rom a Did the organization become aware during the year of a significant diversion of the organization's ass			5		-
5				6	X	
6	Did the organization have members or stockholders?			0		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			-	v	
	more members of the governing body?			7a	X	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			_	37	
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	5	•			
	The governing body?	•••••		<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?			8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	e Code.)			
					Yes	
I0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s, 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	/ befo	re 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			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "Y	′es," (lescribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva					Sale of
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					Constant of
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent v	vith a			
	taxable entity during the year?			16a	-	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					1000
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec.	tion C. Disclosure			1100		-
17	List the states with which a copy of this Form 990 is required to be filed ►OH		-1.5		255	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd aar	-T (section 501(c)(3)	s only)	availa	-
10	for public inspection. Indicate how you made these available. Check all that apply.	10 550		s of ity)	avana	
10				finer	loia	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	mict	or interest policy, and	a imano	Jai	
	statements available to the public during the tax year.	lur.	d vaaawla 🕨			
20	State the name, address, and telephone number of the person who possesses the organization's boo	кs an	a records 🕨		-	-
	NICHOLAS NEUERER - 740-427-5945	<u>.</u>				-
	EATON CENTER KENYON COLLEGE, GAMBIER, OH 43022					-
	12-09-21			Form	0 CM	٤

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 THE KENYON REVIEW
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 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

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	
11.573	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		30.57
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or	within the organization's	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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B) (C)		(D)	(E)	(F)					
Name and title	Average	(da		Pos	ition) than d		Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	nan	compensation	compensation	amount of
	week	<u> </u>	cer an	dad	recto	or/trus	tee)	from	from related	other
	(list any	rector			1.1			the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee		1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former			organizatione
(1) SEAN DECATUR	1.00	-	_		_		-			
EX OFF, TRUSTEE&PRESIDENT	40.00	x		Х				0.	540,721.	125,331.
(2) NICOLE DUTTON	40.00									and and a start of
EDITOR	0.00			Х				120,204.	70,596.	61,039.
(3) JOHN ADAMS	1.00									10001044
TRUSTEE	0.00	x						0.	0.	0.
(4) PETER COHEN	1.00			Y.				128.202.332.200		Station Providence Pro
TRUSTEE	0.00	x						0.	0.	0.
(5) STEPHANIE DANLER	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(6) SHEENA DANZIGER	1.00									
TRUSTEE	0.00	X			-			0.	0.	0.
(7) CHRIS DOROBEK	1.00									1.
TRUSTEE	0.00	X						0.	0.	0.
(8) JAMES P. FINN	1.00			-				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
TRUSTEE	0.00	Х						0.	0.	0.
(9) PETER FLAHERTY	1.00					- 11		1.		
TRUSTEE	0.00	Х						0.	0.	0.
(10) JENNIFER GUNDLACH	1.00									
CHAIR	0.00	Х		Х				0.	0.	0.
(11) KIMIKO HAHN	1.00		1					1.2.1.2.2.1.2.1		16.12.00
TRUSTEE	0.00	Х						0.	0.	0.
(12) ROBERT E. HALLINAN	1.00									
TRUSTEE	0.00	X	_					0.	0.	0.
(13) GRACE KEEFE HUEBSCHER	1.00									
TREASURER	0.00	X		Χ			-	0.	0.	0.
(14) LINDA KASS	1.00									
TRUSTEE	0.00	Χ	_	_	-			0.	0.	0.
(15) JOUMANA KHATIB	1.00						2.1			<u>^</u>
TRUSTEE	0.00	Χ					-	0.	0.	0.
(16) TORY DOUGLASS KINGDON	1.00									
TRUSTEE	0.00	Χ		_				0.	0.	0.
(17) BILL LOWRY	1.00		- 1							<u>^</u>
TRUSTEE	0.00	Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

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Form 990 (2021) THE KENY(ON REVIE	W							31-1443	3804	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week	box	, unle	heck ss pe	more rson	than is both or/trus	n an	Reportable compensation from	Reportable compensation from related		stimate nount other	of
	(list any hours for related	e or director	tee			sated		the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/ 1099-NEC)	f	npensa rom th	ne
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	1099-NEC)	1099-1120)	organizati and relate organizatio		ted
(18) DAVAN MAHARAJ	1.00		Ë	Of	Ke	Ξu	Fo					
TRUSTEE	0.00	X						0.	0.	-		0.
(19) CARL PHILLIPS TRUSTEE	1.00	x						0.	0.			0.
(20) WILLIAM P. RICE	1.00										2865	
TRUSTEE	0.00	x						0.	0.			0.
(21) JENNIFER ASH RUDICK	1.00										8.6	-533
TRUSTEE	0.00	X						0.	0 .		8. S.C.	0.
(22) R. ALASTAIR SHORT	1.00											
TRUSTEE (23) GEORGE D. SMITH	0.00	X	-	-	-	-	-	0.	0.		<u>i hada</u>	0.
TRUSTEE	0.00	x						0.	0.			0.
(24) KAREN UHLMANN TRUSTEE	1.00	x						0.	0.			0.
(25) MATTHEW A. WINKLER	1.00					-	-	0.	0.			0.
TRUSTEE	0.00	X						0.	0 .			0.
						2						
1b Subtotal								120,204.	611,317.	18	6,3	70.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	10	<u> </u>	0.
d Total (add lines 1b and 1c)								120,204.	611,317	118	6,3	70.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed at	DOVE	e) wh	io re	eceived more than \$100,	000 of reportable			1
		1.									Yes	No
3 Did the organization list any former officer,								the state of the second s		3		x
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su										3		
and related organizations greater than \$150	0,000? If "Yes,	" со	mpl	ete S	Sche	edule	e J f	or such individual		4	X	
5 Did any person listed on line 1a receive or a							elate	ed organization or individ	lual for services			
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	nplete Schedule	e J f	or si	ich i	pers	on				5		X
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	ation fr	om	
the organization. Report compensation for										1532		
(A)								(B)			C)	
Name and business	address	NO	ONE	3				Description of s	ervices	Compe	nsatio	n
		i.			50		_					
				<u></u>								
2 Total number of independent contractors (ii	ncluding but n	ot lir	nited	d to			ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation 🕨			,	()					000	0.000 11
132008 12-09-21										rorm	990 (2027)

		2021) THE KENYON REVI	LEM			31-1443	804 Page 9
Par	t VII	Statement of Revenue	1990 (J. 11				
		Check if Schedule O contains a response or i	note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns 1a	50 B 21. 3				
iran	b	Membership dues 1b	Seller of the				Salar and a
Amo G	с		81,572.		and the second second		
Gift lar	d		35,491.			A-LE CARLES	
ns,	е		58,697.			A STATE OF A	States States
er S	f	All other contributions, gifts, grants, and	0.0.4.0				No. Contraction of the
Oth			23,948.			and a state	
Contributions, Gifts, Grants and Other Similar Amounts	g		27,069.	899,708.			ALC: NOT COMPANY
0.0	<u>n</u>	Total. Add lines 1a-1f	usiness Code	055,700.	and the second second		
۵	2 a			1,026,538.	1,026,538.		
Program Service Revenue	b						
Ser	с		Sec. P. Sector				
am	d						
160 B	е						
ā		All other program service revenue					
		Total. Add lines 2a-2f		1,026,538.			
	3	Investment income (including dividends, interest,		497,976.			107 076
	4	other similar amounts) Income from investment of tax-exempt bond proc		497,970.			497,976.
	4 5	Royalties	eeus				
- 64	°.		(ii) Personal				
	6 a	Gross rents 6a					
13	b					A CARLER .	
13	с	Rental income or (loss) 6c	(1994). 1994)				
1.4		Net rental income or (loss)					
- 24	7 a	Gross amount from sales of (i) Securities	(ii) Other				
. 1		assets other than inventory 7a 361,884.					
a	b	Less: cost or other basis and sales expenses 7b 0 .					The state
nue	~	and sales expenses 7b 0 . Gain or (loss) 7c 361,884.					A CALL REAL
Revenue		Net gain or (loss)		361,884.	7		361,884.
5		Gross income from fundraising events (not					
Oth		including \$381,572. of					
		contributions reported on line 1c). See					
			48,275.				
1			86,891.	120 616			120 616
- 1		Net income or (loss) from fundraising events	🕨	-138,616.			-138,616.
	9 a	Gross income from gaming activities. See Part IV, line 19 9a					
	h	Less: direct expenses 9b					
- 1		Net income or (loss) from gaming activities					
- 1		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
	с	Net income or (loss) from sales of inventory	🕨				
S		집 같은 것 같아요. 그는 것 같은 사람을 위해 운영을 했다.	usiness Code				
neor	11 a						
scellaneo <u>Revenue</u>	b						
Miscellaneous Revenue	c d	All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,647,490.	1,026,538.	0.	721,244.
	12-09						Form 990 (2021

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Form 990 (2021) THE KENYON REVIEW Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).	X
Doi	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1999 - State 1997	计语言 计语言语言		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	115,796.	115,796.		
3	Grants and other assistance to foreign			Sale and and	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				the state of the second
4	Benefits paid to or for members		·····································		
5	Compensation of current officers, directors,				
	trustees, and key employees	244,511.	146,706.	36,677.	61,128.
6	Compensation not included above to disqualified			Sec. Sec. Sec. Sec.	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				。(1) 网络小麦花花花、
7	Other salaries and wages	486,574.	478,839.	7,735.	
8	Pension plan accruals and contributions (include				1999 - 1999 -
	section 401(k) and 403(b) employer contributions)	36,479.	35,744.	735.	
9	Other employee benefits	87,967.	86,869.	1,098.	
10	Payroll taxes	52,538.	47,281.	2,330.	2,927.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	2,600.		2,600.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
Ĩ	column (A), amount, list line 11g expenses on Sch 0.)	311,165.	311,165.		
12	Advertising and promotion	11,905.	11,905.		
13	Office expenses	23,751.	16,632.		7,119.
14	Information technology	13,930.	13,930.		
15	Royalties				
16	Occupancy				
17	Travel	28,254.	22,591.	5,663.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	2. 10 W W Series 1. 1. 1	and the second second		
19	Conferences, conventions, and meetings	6,551.	1,281.	5,270.	
20	Interest	.,	_,	5,2,0,	
20	Payments to affiliates				
21	Depreciation, depletion, and amortization				
22	Insurance				
23 24	Other expenses. Itemize expenses not covered				
24	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 0.)				
2	OTHER PROG. EXP.	93,143.	93,143.		
d h	PRINTING	52,445.	52,445.	The second second	
c c	BANK CHARGES	29,984.	29,984.		1
c d	POSTAGE	21,742.	21,099.		643.
	All other expenses	42,576.	41,754.		822
е 25	Total functional expenses. Add lines 1 through 24e	1,661,911.	1,527,164.	62,108.	72,639
25	Joint costs. Complete this line only if the organization	<u></u>	<u> </u>	02,100.	14,059.
26		성상 이상 다양한다.			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				E- 000 (0001

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Part X | Balance Sheet

THE KENYON REVIEW

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

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				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		901,761.	1	1,346,968.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		171,526.	3	128,652
	4	Accounts receivable, net		85,081.	4	12,174
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualifi				
		under section 4958(f)(1)), and persons described		No. Sold Sold Sold Sold Sold Sold Sold Sold	6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ASS	9				9	
		Land, buildings, and equipment: cost or other			9	
	lua	basis. Complete Part VI of Schedule D	10-			
	h				10-	
				12,692,189.	10c	12,194,030
	11	Investments - publicly traded securities		12,092,109.	11	12,194,030
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		12 050 557	15	12 601 024
1	16	Total assets. Add lines 1 through 15 (must equa		13,850,557.	16	13,681,824
1	17	Accounts payable and accrued expenses		32,960.	17	18,490
	18	Grants payable		200 022	18	CO1 072
	19	Deferred revenue	300,922.	19	621,873	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F		21		
es	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, substa				
lab		controlled entity or family member of any of thes		22		
-	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		222 000	25	640.060
_	26			333,882.	26	640,363.
~		Organizations that follow FASB ASC 958, chee	ck here 🕨 🔀			
ő		and complete lines 27, 28, 32, and 33.		4 545 400		1 000 116
an	27			1,717,422.	27	1,839,146
0	28			11,799,253.	28	11,202,315
		Organizations that do not follow FASB ASC 95	58, check here 🕨 🔛			
Ĺ	時 後4	and complete lines 29 through 33.				
2	29	Capital stock or trust principal, or current funds		29		
DDC	30	Paid-in or capital surplus, or land, building, or equ		30	·无法被告诉于法法法	
AS	31	Retained earnings, endowment, accumulated inc			31	(3) 化物料的 化物料的 (1)
Net Assets or Fund Balances	32	Total net assets or fund balances		13,516,675.	32	13,041,461.
	33	Total liabilities and net assets/fund balances		13,850,557.	33	13,681,824.

Form	n 990 (2021) THE KENYON REVIEW	31-1443804			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets	1.30	Statut.	a saja		
	Check if Schedule O contains a response or note to any line in this Part XI					
			3.11			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,64'		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,663		
3	Revenue less expenses. Subtract line 2 from line 1	3	2.346			79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	,51	5,6	75.
5	Net unrealized gains (losses) on investments	5	-1	,46),7	93.
6	Donated services and use of facilities	6	1.446	ti e t	<u>t 8</u>	
7	Investment expenses	7	13-346		l reks	
8	Prior period adjustments	8	1.0		9.7	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	section of the section of			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	法法律	93.22			
	column (B))	10	13	,04	1,4	61.
Pa	rt XII Financial Statements and Reporting	4.01	123.5	111		
	Check if Schedule O contains a response or note to any line in this Part XII					
- 23			143-20		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b				2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					

Both consolidated and separate basis

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consolidated basis, or both:

Separate basis

X Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. **3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Х

Х

2c

3a

3b

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury

Internal Revenue Service

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.

Intern	al Rever	nue Service		Go to www.irs.go		Inspection				
Nan	ne of t	the organizati	on						Employer	identification numbe
			THE	KENYON REV	IEW				3	1-1443804
Pa	rtl	Reason	for Public C	Charity Status.	(All organizations must of	complete t	his part.) S	ee instructior	IS.	
The	organ	ization is not a	private found	ation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1					on of churches described		on 170(b)(*	I)(A)(i).		
2		A school des	cribed in secti	on 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990).)				
3		A hospital or	a cooperative	hospital service org	anization described in s	ection 170	0(b)(1)(A)(ii	ii).		
4		A medical res	search organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state	e:		<u> Barristan (Barris</u>			<u> 1997 - 1997</u>		<u>1987) - Staten</u>
5				or the benefit of a co complete Part II.)	ollege or university owned	d or operat	ted by a go	overnmental u	nit describe	ed in
6					mental unit described in	section 1	70(b)(1)(A)	(v)		
7	X				antial part of its support f				ne general i	public described in
				omplete Part II.)	and part of its support i	ionia gov	erninentar		ie general j	
8					(1)(A)(vi). (Complete Par	+ 11)				
9					in section 170(b)(1)(A)		ed in conii	inction with a	land-grant	college
					culture (see instructions).					
		university:		, and contrage of agen			name, enj	, and clate er	are concige	
10		the second second second	on that normal	llv receives (1) more	than 33 1/3% of its supp	ort from a	ontribution	ns. membersh	ip fees, and	d gross receipts from
					ct to certain exceptions;					
					e (less section 511 tax) fro					·
				nplete Part III.)						
11					sively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclus	sively for the benefit of, to	perform t	the function	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported org	ganizations describe	ed in section 509(a)(1)	or section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a thro	ough 12d that o	describes the type o	of supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A s	upporting orga	nization operated, s	supervised, or controlled	by its sup	ported org	anization(s), t	pically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting
		organizatio	n. You must c	omplete Part IV, S	ections A and B.					
b	1	Type II. A s	supporting orga	anization supervised	d or controlled in connec	tion with it	s supporte	d organizatio	n(s), by hav	/ing
		control or r	nanagement o	f the supporting org	anization vested in the s	ame perso	ons that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fur	nctionally inte	grated. A supportir	ng organization operated	in connec	tion with, a	and functional	lly integrate	ed with,
		its supporte	ed organizatior	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	integrated. A sup	porting organization oper	ated in co	nnection w	ith its support	ted organiz	zation(s)
		that is not f	functionally inte	egrated. The organi	zation generally must sat	isfy a distr	ribution rec	quirement and	l an attentiv	veness
		requiremen	t (see instructi	ons). You must co	mplete Part IV, Sections	s A and D,	and Part	V.		
е		Check this	box if the orga	nization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally	integrated, or	Type III non-function	onally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported o	rganizations						
g		the second s		about the support		L (iv) Is the ora	anization listed			
	((i) Name of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your govern Yes	ing document?	(v) Amount o support (see ir		(vi) Amount of other support (see instructions
	23									
						2.363				
									i.	
Tota	l									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-04-22

Schedule A (Form 990) 2021

OMB No. 1545-0047

Open to Public

2

Schedule A (Form 990) 2021

THE KENYON REVIEW

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not		행동 등 상태 등 명						
	include any "unusual grants.")	1198944.	971,281.	1261234.	730,594.	899,708.	5061761.		
2	Tax revenues levied for the organ-		한 가장 지역적						
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities				A Second Second				
	furnished by a governmental unit to				450 M 100 M				
	the organization without charge					20-20-20-0 0 -4-30			
4	Total. Add lines 1 through 3	1198944.	971,281.	1261234.	730,594.	899,708.	5061761.		
5	The portion of total contributions						Sec. 3. 25		
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the	No All States States							
	amount shown on line 11,					State State			
	column (f)		3 - 1 2 - B				307,668.		
6	Public support, Subtract line 5 from line 4.			AND REAL PROPERTY.			4754093.		
No. of Concession, Name	ction B. Total Support						5 1. T		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	1198944.	971,281.	1261234.	730,594.	899,708.	5061761.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	332,627.	334,408.	67,253.	451,946.	497,976.	1684210.		
9	Net income from unrelated business						and the states		
	activities, whether or not the				14.13 Barris				
	business is regularly carried on	1.	1.51.551.5151						
10	Other income. Do not include gain		1.5326.5394.64	100000000000000	1	Proceeding of the	16		
	or loss from the sale of capital	144.28484				S. 18654 (1)			
	assets (Explain in Part VI.)				12.12.101.167				
11	Total support. Add lines 7 through 10						6745971.		
	Gross receipts from related activities,	etc. (see instructio	ons)			12 4	,469,664.		
	First 5 years. If the Form 990 is for th	•	,				,		
.0	organization, check this box and stor								
See	ction C. Computation of Publi								
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	70.47 %		
	Public support percentage from 2020					15	68.57 %		
	33 1/3% support test - 2021. If the c					ore, check this box	and		
	stop here. The organization qualifies	as a publicly supp	orted organization				► X		
b	33 1/3% support test - 2020. If the c								
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition					
17a	10% -facts-and-circumstances test								
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization				
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line					
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	k this box and st	op here. Explain ir	n Part VI how the			
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation			
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 2021 THE KENYON REVIEW Part III Support Schedule for Organizations Described in Section 509(a)(2) THE KENYON REVIEW

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	W. CHARTON P			·····································	的复数形式研究					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not	실상, 신방한 학생			한 강 등 가 봐.		방법 방법 문제				
	include any "unusual grants.")				68355557256	2010/01/2011					
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that are not an unrelated trade or bus-										
	iness under section 513				自己的现在分词						
4	Tax revenues levied for the organ- ization's benefit and either paid to										
	or expended on its behalf										
5	The value of services or facilities										
	furnished by a governmental unit to the organization without charge										
6											
	Total. Add lines 1 through 5										
10	3 received from disqualified persons										
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
	Add lines 7a and 7b										
	Public support. (Subtract line 7c from line 6.)										
	tion B. Total Support										
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
	Amounts from line 6	(4) 2017	(10) 2010	(0) 2010	(4) 2020		(1) 10101				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources										
b	Unrelated business taxable income										
	(less section 511 taxes) from businesses acquired after June 30, 1975										
c	Add lines 10a and 10b			and the second states	e national de la constant		the second of the				
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)										
13	Total support. (Add lines 9, 10c, 11, and 12.)						Car Asterna State				
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, t	ourth, or fifth tax y	year as a section 5	501(c)(3) organizatic	on,				
	check this box and stop here										
Sec	ction C. Computation of Public	c Support Per	centage	的复数形式建立法	教室的复数形式教育						
15	Public support percentage for 2021 (li	ne 8, column (f), di	ivided by line 13, c	olumn (f))		15	%				
	Public support percentage from 2020					16	%				
Sec	ction D. Computation of Inves	tment Income	Percentage	65.22.43PE	的特别的公司等于						
	Investment income percentage for 20 Investment income percentage from 2					17 18	<u>%</u>				
	33 1/3% support tests - 2021. If the										
100	more than 33 1/3%, check this box an										
h							🕨 🖵 🗆				
2	b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										
20	Private foundation. If the organization										
	3 01-04-22						(Form 990) 2021				
- 202			16				,				

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1

Yes

No

THE KENYON REVIEW

Part IV	Supporting Organizations

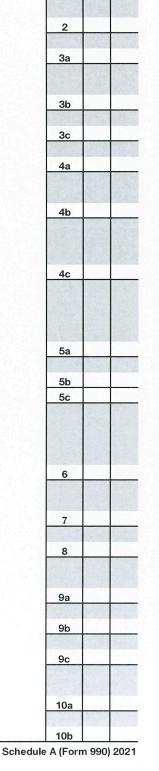
Schedule A (Form 990) 2021

(Complete only if you checked a box in line 12 on 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 ElN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in* **Part VI.**
- 7 Did the organization provide a grant, Ioan, 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).*
- 8 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.)

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Sche	dule A (Form 990) 2021 THE KENYON REVIEW	31-144380	4 Pa	age 5
Pa	t IV Supporting Organizations (continued)			k N
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		-
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			See.
-	detail in Part VI.	11c		-10.94
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amor	ng the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1.1.1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
500			N/	
	Ware a majority of the approximation's divertage of twisters during the tax, you also a majority of the divertage		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NU
1.14	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		Same.	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
1	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
0	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	ntity (see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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3b Schedule A (Form 990) 2021

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le A (Form 990) 2021	THE	KENYON	REVIEW
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Sect	All other Type III non-functionally integrated supporting organizations must		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		10. P. 7. 1. 1. 1. 1.
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		12.11.11.1.1.1.1.1
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	Sealer Assertion	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	and the state of the second	- designed setup
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a	alle an Alexandra an A	N.S. (1999) 1872
b	Average monthly cash balances	1b	Colorador de	
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3	AN WARRANT PARTY	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,		电电路 法内部保证书	1141.0.301.007
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	and the state of the	Light Scheduler
6	Multiply line 5 by 0.035.	6	1.639.84合。13.454.864E	1.000
7	Recoveries of prior-year distributions	7		1.
8	Minimum Asset Amount (add line 7 to line 6)	8	CONTRACTOR NO.	1.
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		1998 State 1999

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

2021 THE KENYON REVIEW

132027 01-04-22

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_	JJT0707	TJOJTJ	T T T J I • T J	

Sect	on D - Distributions			100	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	방송 영상 감독을 받는 것	12	
133	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets	AND REAL PROPERTY.		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.	Alex Constant of the		6	
7	Total annual distributions. Add lines 1 through 6.	and the second secon	Wind Washing	7	THE REPORT OF THE REPORT OF
8	Distributions to attentive supported organizations to which th	e organization is responsive		1.1	
- 13	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6		行いため、行いため、この	9	The state of the s
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
	From 2017				
с	From 2018				
	From 2019				
-	From 2020				
-	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
-	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			1	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
<u></u>	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

	Supplemental information. Provide the explanations required by Part II, line 10: Part II.	ine 17a or 17b; Part III, line 12;
12.000	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, li Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section	B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line	e 1; Part V, Section B, line 1e; Part \
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for an	ny additional information.
<u> </u>	(See instructions.)	
11 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
1.2775.287		States which the second states and the
	말 가 다 같은 것은 것은 것은 것이 가 같은 것이 같이 가지 않는 것을 잘 못 했다. 것이 것은 것이 같이	
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10		
100.59		
1121	가는 가슴은 그는 것이 가수가 많아 있는 것이 잘 많아 있었다. 것 같은 것은 것은 것은 것이 있다. 것 같은 것은 것은 것은 것을 가지?	
	말 가 있는 것 같은 것을 잘 못했다. 그는 것 것 같은 것 같이 있는 것 것 같이 있는 것 같이 있다.	? 비행 가슴 가슴 것 같아.
	성장 그는 것이는 지수가 같은 것같은 것입니다. 것은 것이 가지 않는 것 같은 것이 없다. 가지 않는 것 같은 것이 없다. 것 같은 것이 없는 것이 없다. 가지 않는 것이 않는 것이 없다. 가지 않는 것이 없다. 것이 없다. 것이 없다. 가지 않는 것이 없다. 가지 않는 것이 않는 것이 없다. 것이 없다. 것이 않는 것이 않는 것이 없다. 것이 않는 것이 없다. 것이 않는 것이 않는 것이 없다. 것이 않는 것이 않는 것이 않는 것이 없다. 것이 않는 것이 없다. 것이 않는 것이 않는 것이 않는 것이 없다. 것이 않는 않는 것이 않이 않는 것이 않는 것이 않이 않는 것이 않이 않는 것이 않이 않는 것이 않는 것이 않는 것이 않는 것이 않는 것	
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52020 01-04-2.	21	

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

Employer identification number

	THE KENYON REVIEW	31-1443804
Organization type (chec	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox{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	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* section because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* section to the parts unless to the section for the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* section for the parts unless total for the year for an *exclusively* for the year for the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule	В	(Form	990)	(2021)
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Name of organization

Employer identification number

THE KENYON REVIEW

31-1443804

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$48,967.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	-	\$40,225.	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		\$ 154,525.	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_		\$24,675.	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
5		\$24,625.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$23,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

12197.11

13510505 138919 12197.19

Page 2

Schedule B	(Form	990)	(2021)	

THE KENYON REVIEW

Name of organization

Page 2

Employer identification number

31-1443804

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
7		\$35,491.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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13510505 138919 12197.19

Schedule B (Form 990) (2021)	Page 3
Name of organization	Employer identification number
THE KENYON REVIEW	31-1443804

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

2021.05080 THE KENYON REVIEW

26

	3 (Form 990) (2021) rganization			Employer identification number
THE KE Part III	ENYON REVIEW Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try. For organizations	
(a) No.		Contraction of the second	(1) 5	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gif		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif		ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gif	t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
123454 11-11	-21			Schedule B (Form 990) (2021

(Forn	HEDULE D n 990) ment of the Treasury Revenue Service	Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Statements anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 90 for instructions and the latest information		OMB No. 1545-0047
Nam	e of the organization	on THE KENYON REVIEW		Em	oloyer identification number 31-1443804
Par	tl Organiza		d Funds or Other Similar Funds or A	ccour	
		n answered "Yes" on Form 990, Part IV, lin			
14			(a) Donor advised funds	(b) Fur	ds and other accounts
1		nd of year	and successful and successful and		
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	•		writing that the assets held in donor advised fur exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used		
14		-	r donor advisor, or for any other purpose confe		
	impermissible priv				
Par	tll Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	/, line 7.	
1		servation easements held by the organization			
		of land for public use (for example, recrea			
		f natural habitat n of open space	Preservation of a cer	tified hi	storic structure
2			fied conservation contribution in the form of a c	anconia	tion essement on the last
2	day of the tax year				Held at the End of the Tax Year
а				2a	
b	Total acreage rest			2b	
с	Number of conserv		ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
				2d	
3	Number of conservyear	vation easements modified, transferred, rel	eased, extinguished, or terminated by the orgar	nization	during the tax
4	Number of states v	where property subject to conservation eas	sement is located		
5		tion have a written policy regarding the per			
		orcement of the conservation easements it			
6	▶		handling of violations, and enforcing conservati		
7		es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asemen	ts during the year
	►\$				
8			e satisfy the requirements of section 170(h)(4)(E		Yes No
9			on easements in its revenue and expense stater		
Ű			note to the organization's financial statements th		
		ounting for conservation easements.			
Par		-	Art, Historical Treasures, or Other	Simila	r Assets.
112		the organization answered "Yes" on Form			
1a	° i		8, not to report in its revenue statement and ba		
			blic exhibition, education, or research in furthera	nce of [oublic
			ncial statements that describes these items. 8, to report in its revenue statement and balanc	o oboot	worko of
b	•	www.boldderina.articit.com/com/collection/com/collection/	exhibition, education, or research in furtherance		
		ng amounts relating to these items:		o or pu	
					\$
	(ii) Assets include	ed in Form 990, Part X			\$
2		received or held works of art, historical trea	asures, or other similar assets for financial gain,		
		unts required to be reported under FASB A		올랐다	
а					\$
	and the second se	Contracting the second s Second second se Second second s Second second sec			\$ Cabadula D (Farma 000) 0001
	For Paperwork R	eduction Act Notice, see the Instructions			Schedule D (Form 990) 2021
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Sche	dule D (Form 990) 2021 THE KEN	YON REVIEW	ind a find of the			31-14	43804	Page 2	
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Similai	r Assets	(continu	ied)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	ignificant u	use of its			
	collection items (check all that apply):								
а	Public exhibition	d		nange program					
b	Scholarly research	e	Other			<u> </u>		<u> 11. 11. 11. 11. 11. 11. 11. 11. 11. 11</u>	
С	Preservation for future generations								
4	Provide a description of the organization's co					se in Part	XIII.		
5	During the year, did the organization solicit o					(1993 <u>)</u>			
0	to be sold to raise funds rather than to be ma						Yes	No	
Pa	rt IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the organization	n answered "Yes" or	Form 990	, Part IV,	line 9, or		
			and far contributions	ar other exects not	included				
Ta	Is the organization an agent, trustee, custodi					_	Yes	No	
	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					······ L	_ res		
U.		and complete the fol	lowing table.				Amount		
	Beginning balance				1c		, ano ant		
c d									
	Additions during the year Distributions during the year								
4	Ending balance								
22	Did the organization include an amount on F						Yes	No	
	If "Yes," explain the arrangement in Part XIII.					····· ـ			
Pa									
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	/ears back	(e) Four	/ears back	
1a	Beginning of year balance	12,995,624.	9,763,211.	10,048,701.		67,905.		023,518.	
b		309,461.	178,585.	117,000.		15,658.		191,393.	
0	Net investment earnings, gains, and losses	-600,932.	3,212,471.	2,518.		75,929.		311,525.	
d		28,452.	17,777.	_,		24,746.		24,647.	
	Other expenditures for facilities								
c	and programs	172,362.	140,866.	405,008.	3	86,045.		233,884.	
f				, .					
g	End of year balance	12,503,339.	12,995,624.	9,763,211.	10,0	48,701.	9.*	767,905.	
2	Provide the estimated percentage of the curr			i		1			
_ a	Board designated or quasi-endowment	14.4600	%	,					
b	Permanent endowment ► 63.7500	%	-						
		%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse		tion that are held an	d administered for t	ne organiza	ation			
	by:	Ŭ			Ŭ		<u> </u>	Yes No	
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations							X	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	X	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.		t. Area	30.44.7			
Pa	rt VI Land, Buildings, and Equipm	ent.		「一日にない」	1.171.25	1.1.1.1	24452	1.5-1-1	
1	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	line 10.		- () () ()		
	Description of property	(a) Cost or o			ccumulate	ed	(d) Book	value	
		basis (investm	nent) basis ((other) de	preciation				
	Land								
b	Buildings				189 <u>1</u> 840.		Leath CA	26.332	
С	Leasehold improvements							CP IN AND	
	Equipment							0.00 5.223	
	Other	Construction of the second			ويتباد والمجر				
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990. Part)	<u>X. column (B). line 1(</u>	<u>)c.)</u>				0.	
					· · · ·	Schedule	D (Form	990) 2021	

132052 10-28-21

Schedule D (Form 990) 2021 THE KENYON REVIEW

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)	이 같은 것 같은 것 같은	
(C)	승규는 것을 알려졌다.	
(D)		
(E)	271 이 가 나라 가 다 가 다 가 다 다 다 다 다 다 다 다 다 다 다 다 다 다	
(F)		
(G)	정도학을 공격되었다.	
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7.5314445345124	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		「「「などのない」となっていた。
(5)	1.21.22-119-11-227-3	
(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.

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)	승규는 방법에 가슴을 맞았는 것을 걸었다. 승규는 것을 하는 것은 가슴을 가셨다.	선생님 한 이상 가장이 많이 가지는 것이 같이 봐.
(7)	그는 말 수가 물 것 같아. 이야지, 방법은 것 같은 것은 것이 가지 않는 것이 같이 많이 많이 했다.	귀가 관계 것으로 그 것은 작가 모르는 것이 가지?
(8)	방법 그는 그는 것은 것은 것을 것을 가지 않는 것을 많이 다니지 않는 것을 수 있었다.	
(9)		
Total.	(Column (b) must equal Form 990 Part X, col. (B) line 25.)	

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

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

Schedule D (Form 990) 2021

13510505 138919 12197.19

	31-1443804 Page 4
	ue per Return.
12a.	
2a	
2b	
2c	
	2e
	3
4a	
4b	
	4c
ements With Expen	ises per Return.
12a.	
	1
2a	
	2e
4a	
	4c
)	
	The CASE AND A DATE NO. 18 SHOULD BE
	2a 2b 2c 2d 2d

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

PART V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS - THE KENYON REVIEW USES ITS ENDOWMENT

FUNDS TO PRODUCE A JOURNAL OF LITERATURE, CULTURE, AND THE ARTS AND TO

PROVIDE WRITING WORKSHOPS FOR STUDENTS.

PART X, LINE 2:

FIN 48 (ASC 740) FOOTNOTE - THE FOLLOWING FOOTNOTE APPEARS IN THE

CONSOLIDATED FINANCIAL STATEMENTS OF KENYON COLLEGE, THE KENYON REVIEW,

AND OTHER RELATED ENTITIES:

FEDERAL INCOME TAXES - THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT

31

THE COLLEGE, THE KENYON REVIEW, THE GUND GALLERY, THE KOKOSING NATURE

PRESERVE AND THE PHILANDER CHASE CONSERVANCY ARE EXEMPT FROM FEDERAL

132054 10-28-21

Schedule D (Form 990) 2021

2021.05080 THE KENYON REVIEW

Schedule D (Form 990) 2021 THE KENYON REVIEW	31-1443804 Page 5
Part XIII Supplemental Information (continued)	
INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CO	ODE AS PUBLIC
CHARITIES DESCRIBED IN SECTION 501(C)(3); ACCORDINGLY, NO P	ROVISION FOR
FEDERAL INCOME TAXES HAS BEEN MADE IN THE CONSOLIDATED FINAL	NCIAL
STATEMENTS. THE KENYON INN MANAGEMENT COMPANY IS SUBJECT TO	O FEDERAL
INCOME TAXES, WHICH FOR JUNE 30, 2022 AND 2021 WERE NOT SIG	NIFICANT TO
THESE CONSOLIDATED FINANCIAL STATEMENTS. THERE WERE NO UNRE	COGNIZED TAX
BENEFITS AS OF JUNE 30, 2022.	
THE INCOME TAX RETURNS FOR ALL ENTITIES REMAIN SUBJECT TO E	XAMINATION BY
THE INTERNAL REVENUE SERVICE, AS WELL AS VARIOUS STATE AND	LOCAL TAXING
AUTHORITIES, GENERALL FOR THREE YEARS.	

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ing or Gaming A	ctivities	(DMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2021	
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ.							Open to Public Inspection	
Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	And the state of t		Inspection Intification number	
		YON REVIEW				31-1			
	ing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 9	990-EZ	filers are not	
 Indicate whether th Mail solicitat Mail solicitat Internet and Phone solici In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written c ed in Form 990, P) highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	tees, or	Yes		
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount to (or retaine fundraise listed in co	ed by) er	(vi) Amount paid to (or retained by) organization	
	Sec. Sec.		Yes	No					
<u></u>									
				14					
Total 3 List all states in whi or licensing. Image: construct of the state of	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt f	rom re	gistration	
							11-1-1-1 2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
					<u> </u>				
							<u></u>		
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or 9	990-E	Ζ.	Scl	nedule	G (Form 990) 2021	
132081 10-21-21									

Schedule G (Form 990) 2021 T Part II Fundraising Events, c

THE KENYON REVIEW

31-1443804 Page 2

Pa	nrt I					
44		of fundraising event contributions and gro	oss income on Form 990- (a) Event #1	EZ, lines 1 and 6b. List (b) Event #2	events with gross receiption (c) Other events	RUSSEL State on Press and
			ANNUAL DINNER		NONE	(d) Total events (add col. (a) through col. (c))
¢)	8		(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts	429,847.			429,847.
	2	Less: Contributions	381,572.			381,572.
	3	Gross income (line 1 minus line 2)	48,275.			48,275.
	4	Cash prizes				
S	5	Noncash prizes				
penses	6	Rent/facility costs	5,555.			5,555.
Direct Expenses	7	Food and beverages	116,628.			116,628.
Δ	8	Entertainment				
	9	Other direct expenses				64,708.
	10					186,891.
De	11 art	Net income summary. Subtract line 10 from li		000 Det N/ Kes 10 -		-138,616.
FC	arti	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered res on Form	990, Part IV, line 19, 0	r reported more than	
		\$15,000 011 0111 030-L2, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
anu			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue			The and the second		and the second second	The bear Barren
Ξ.	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes %	6 Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
1	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac		states?		Yes No
		No," explain:		and a set of the set of the		
	18			化工作、在同时、企同		
		ere any of the organization's gaming licenses re Yes," explain:			vear?	Yes No
	-					
1320	82 10	0-21-21			Sche	dule G (Form 990) 2021

CONTRACTOR NO. 1 TANKS	edule G (Form 990) 2021	THE KENYON R			Page
			embers?		I
12			t, or a member of a partnership or other entity f		
	to administer charitable gaming?			Yes	
	Indicate the percentage of gaming				
					liner
14	Enter the name and address of the	e person who prepares the	e organization's gaming/special events books a	and records:	
	Name 🕨				
	Address 🕨				
15a	Does the organization have a cont	ract with a third party fror	n whom the organization receives gaming reve	nue? 🔄 Yes	
b	If "Yes," enter the amount of gami	ng revenue received by th	ne organization 🕨 \$ an	d the amount	
	of gaming revenue retained by the				
с	If "Yes," enter name and address	the second se			
	Name 🕨	Law			
	Address 🕨				
16	Gaming manager information:				
	Name >				
	Gaming manager compensation	\$			
	Director/officer	Employee	Independent contractor		
47	Mandatan, distributions,				
	Mandatory distributions:	state low to make obsrite	ble distributions from the gaming proceeds to		
a			ble distributions from the gaming proceeds to	Yes	
h			o be distributed to other exempt organizations		
Ň	organization's own exempt activiti				
Pa			blanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9	9b, 10
			any additional information. See instructions.		
					<u>199</u>
					<u>de</u>
		1 1		······	
12200	3 10-21-21			Schedule G (Form	9901 4
13208	3 10-21-21		35	Schedule & (Forms	55014
	505 138919 12197.1		2021.05080 THE KENYON		121

dule G (Form 990) THE KENYON REVIEW t IV Supplemental Information (continued)	31-1443804 _{Pa}
(continued)	
	<u> 전기의 성격간 전 관련</u> 과
	Schedule G (Form

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2021.05080 THE KENYON REVIEW

SCHEDULE I (Form 990)		Cond Complexity	Grants and Oth Governments, an Complete if the organization	er Assistand d Individual answered "Yes"	and Other Assistance to Organizations, lents, and Individuals in the United States organization answered "Yes" on Form 990, Part IV, line 21 or 22.	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form 990. s.gov/Form990 for the Is	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	ation.		Open to Public Inspection
Name of the organization	ion THE KENYON REVIEW	I REVIEW						Employer identification number 31 – 1 4 4 3 8 0 4
Part I General In	General Information on Grants and Assistance	d Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants o	or assistance, the (grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to a	criteria used to award the grants or assistance?	ance?						X Yes No
SCI	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monit	oring the use of grant f	funds in the United	States.			
Part II Grants an recipient th	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.	omestic Organiz 5,000. Part II can	ations and Domestic be duplicated if additic	Governments. C onal space is neede	complete if the orga ed.	inization answered "Y	es" on Form 990, Part I	V, line 21, for any
1 (a) Name and ac or gov	1 (a) Name and address of organization or government	NIƏ (q)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1.2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government org	anizations listed in the	e line 1 table				
_	Enter total number of other organizations listed in the line 1 table	listed in the line 1	table					
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021

132101 10-26-21

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Schedule I (Form 990) 2021 THE KENYON REVIEW	EW	the set was a feature		2. 전 11 11 21 12 12 12 12 12 12	31-1443804 Page 2
Part III 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.	. Complete if the	organization answe	rred "Yes" on Form 9	90, Part IV, line 22.	
(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
SCHOLARSHIPS-WRITING WORKSHOPS	146	82,411.	o		
FELLOWSHIPS-WRITING WORKSHOPS	19	33,385.	o		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, Iin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
MONITORING USE OF GRANTS - FINANCIAL	AL AID IS	GIVEN TO	STUDENTS TO	0	
PARTICIPATE IN THE WRITING WORKSHOPS.		ID IS CRED	THE AID IS CREDITED DIRECTLY TO THE	ТЬҮ ТО ТНЕ	
STUDENTS' ACCOUNT, THUS ENSURING TH	THAT THE G	GRANT IS SP	SPENT FOR ITS	S INTENDED	
PURPOSE.					
132102 10-26-21					Schedule I (Form 990) 2021

SCHEDULE J	Compensation Information	OMB No.	1545-00	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	21	1
	Compensated Employees	20	21	1374
Department of the Treesury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 	Open t	o Publ	lic
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		ection	
Name of the organizat	· 사람은 그는 것은 것은 것이 있는 것은 것은 것이 같이 있는 것이 있는 것이 있다. 그는 것은 것이 있는 것은 것이 있는	oyer identificat		mber
		1-144380	4	201
Part I Questio	ns Regarding Compensation			
			Yes	No
	priate box(es) if the organization provided any of the following to or for a person listed on Form 990,	37.10		
	A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	r charter travel Housing allowance or residence for personal use		12.00	Sec. 1
Travel for co			1.5	
	fication and gross-up payments Health or social club dues or initiation fees			
Discretionar	y spending account Personal services (such as maid, chauffeur, chef)			
h If any of the bays	a an line to are checked, did the examination follow a written policy regarding payment or			
	es on line 1a are checked, did the organization follow a written policy regarding payment or r provision of all of the expenses described above? If "No," complete Part III to explain	1b		
	ion require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
Č.	cers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
trustees, and on				
3 Indicate which, if	any, of the following the organization used to establish the compensation of the organization's			
	pirector. Check all that apply. Do not check any boxes for methods used by a related organization to			
	nsation of the CEO/Executive Director, but explain in Part III.			
· · ·	ion committee Written employment contract	1.1.1		
	t compensation consultant			
	f other organizations Approval by the board or compensation committee of the second seco	ee		
4 During the year, o	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	related organization:		- Alessa	1.1
a Receive a severa	nce payment or change-of-control payment?	4a		X
b Participate in or r	eceive payment from a supplemental nonqualified retirement plan?	4b	X	
c Participate in or r	eceive payment from an equity-based compensation arrangement?	4c		X
If "Yes" to any of	lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons liste	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
contingent on the	erevenues of:			
a The organization	?	<u>5a</u>		X
b Any related organ	nization?	5b		X
	a or 5b, describe in Part III.			
	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the				
	?			X
	nization?	6b		X
	a or 6b, describe in Part III.			
	d on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	lines 5 and 6? If "Yes," describe in Part III	7		X
	ts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X
	, did the organization also follow the rebuttable presumption procedure described in			
	ion 53.4958-6(c)? Reduction Act Notice, see the Instructions for Form 990. S	chedule J (For		

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Constrained Constrained <thconstrained< th=""> <thconstrained< th=""></thconstrained<></thconstrained<>	Event and the second s	Schedule J (Form 990) 2021		TNT	Matvar NOINan and		in the set of the second s	31-1443804	804		Page 2
(i) for each lited individual mut equal the rotal amount of Flom Silon, Survive TregSMISC and/or 1089-MISC and/or 1091-MISC and/or 1091-MISC and/or 1010-MISC and/or 1010-	(iii) for each listed individual must equal the Title (B) Breakdown of W-2 Ittle (I) Base (I) 374, 424. (I) 700, 596. (I) 700, 596. (I) 700, 596. (I) 120, 2044. (I) 700, 596. (I) 120, 2044. (I) 100. (I) <	For the poincers, birectors, trush For each individual whose compensa Do not list any individuals that aren't	ation must be listed on Forn	repoi n 990	res, and rignest <u>o</u> rted on Schedule J,), Part VII.	ompensated Empi , report compensati	oyees. Use auplication from the organization	te copies in auditional stition on row (i) and from	space is needed. n related organization	is, described in the inst	tructions, on row (ii).
$ \begin{array}{ $	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	Note: The sum of columns (B)(i)-(iii) fo	or each listed	indivi	idual must equal th	e total amount of Fi	orm 990, Part VII, Se	ection A, line 1a, applic	able column (D) and (I	E) amounts for that ind	ividual.
The Companiation companiation Companiation membrane Companiation Companiation	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$			(E	3) Breakdown of W-	-2 and/or 1099-MIS(compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	(A) Name and Title		<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$			0	.0	.0	0.	.0	0.	0	
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	COULE DUTTOM 1 <t< td=""><td>EX OFF, TRUSTEE&PRESIDENT</td><td></td><td></td><td>374,424.</td><td>-</td><td>.0</td><td></td><td>30,781</td><td>666,</td><td></td></t<>	EX OFF, TRUSTEE&PRESIDENT			374,424.	-	.0		30,781	666,	
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	(2) NICOLE DUTTON		E	120,204.		0.	17,357.	21,097	158,	
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132112 11-02-21

Schedule J (Form 990) 2021 THE KENYON REVIEW Part III Supplemental Information	31-1443804	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	s part for any additional information.	
PART I, LINE 1B:		
WRITTEN POLICY FOR REIMBURSEMENT OF EXPENSES - SEAN DECATUR, PRESIDENT OF		
KENYON COLLEGE (A RELATED SECTION 501(C)(3) ORGANIZATION), APPROVES		
BENEFITS FOR CERTAIN EXECUTIVES ON A CASE-BY-CASE BASIS.		
PART I, LINE 4B:		
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN - KENYON COLLEGE, A RELATED		
SECTION 501(C)(3) ORGANIZATION, PROVIDED SEAN DECATUR WITH A CONTRIBUTION		
OF \$67,000 TO A SECTION 457(F) PLAN.		
	Schedule J (Form 990) 2021	990) 2021

132113 11-02-21

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2021

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

ame	of the organization	dias	Later we will set to		Employer	identification number
	THE KENYON R	EVIEW			3	1-1443804
Par						
		(a)	(b)	(c)	124980	(d)
		Check if	Number of contributions or	Noncash contribution amounts reported on		d of determining
		applicable		Form 990, Part VIII, line 1g	noncash co	ontribution amounts
1	Art - Works of art	2857			e data data	日本以外的全体出现
2	Art - Historical treasures			e de l'établiques de l'adrão	45 - A	
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	X	3	24,469.	STOCK QU	OTE
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					
	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts		-	0 600		
25	Other \blacktriangleright (<u>EVENT EXPENSE</u>)	X	5	2,600.	COST	
26	Other ()					
27	Other ()					
28	Other ()					
29	Number of Forms 8283 received by the organi					_
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29		0
						Yes No
30a	During the year, did the organization receive b					
	must hold for at least three years from the date		· · · · · · · · · · · · · · · · · · ·	and a second		
	exempt purposes for the entire holding period	?				30a X

31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	
	contributions?	
b	If "Yes," describe in Part II.	
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	
	describe in Part II.	

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

Schedule M (Form 990) 2021

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Х 32a

132141 11-17-21

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Schedule M (Form 990)	2021	THE	KENYON	REVIEW	

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

USE OF THIRD PARTIES - THE ORGANIZATION USES A SECURITIES BROKER TO

SELL CERTAIN DONATED SECURITIES. THE BROKER'S FEES ARE AT OR BELOW FAIR

MARKET VALUE FOR ITS SERVICES.

Schedule M (Form 990) 2021

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43 2021.05080 THE KENYON REVIEW SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Internal Revenue Service Name of the organization

Department of the Treasury

THE KENYON REVIEW

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO KEEP THE FLAME OF LITERATURE ALIVE BY PUBLISHING A PREMIER LITERARY

JOURNAL FEATURING WORK BY EMERGING AUTHORS AS WELL AS DISTINGUISHED

VOICES; BY PROVIDING INTENSIVE SEMINARS TO NURTURE READERS AND WRITERS

OF ALL AGES; AND BY BEING A LEADER IN DEVELOPING NEW LITERARY MEDIA TO

ENGAGE A GLOBAL AUDIENCE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO KEEP THE FLAME OF LITERATURE ALIVE BY PUBLISHING A PREMIER LITERARY

JOURNAL FEATURING WORK BY EMERGING AUTHORS AS WELL AS DISTINGUISHED

VOICES; BY PROVIDING INTENSIVE SEMINARS TO NURTURE READERS AND WRITERS

OF ALL AGES; AND BY BEING A LEADER IN DEVELOPING NEW LITERARY MEDIA TO

ENGAGE A GLOBAL AUDIENCE.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OF THE ORGANIZATION - THE KENYON REVIEW'S SOLE MEMBER IS KENYON COLLEGE.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBER'S POWER TO ELECT TRUSTEES - AS THE SOLE MEMBER, KENYON COLLEGE HAS

THE POWER TO APPOINT ALL OF THE BOARD MEMBERS OF THE KENYON REVIEW.

FORM 990, PART VI, SECTION A, LINE 7B:

APPROVAL OF DECISIONS OF GOVERNING BODY - AS THE SOLE MEMBER, KENYON

COLLEGE HAS APPROVAL RIGHTS OVER THE DECISIONS OF THE BOARD OF TRUSTEES OF

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THE KENYON REVIEW.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

2021.05080 THE KENYON REVIEW

Schedule O ((Form 990)	2021
Name of the	organizati	on

THE KENYON REVIEW

Page 2 Employer identification number

31-1443804

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

FORM 990 REVIEW - FORM 990 IS REVIEWED BY THE EDITOR, THE CONTROLLER OF

KENYON COLLEGE AND CERTAIN BOARD MEMBERS OF KENYON COLLEGE.

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

FORM 990 PROVIDED TO THE GOVERNING BODY - THE ORGANIZATION HAS DISTRIBUTED FORM 990 TO THE FULL BOARD OF TRUSTEES WITH THE EXCEPTION OF DONOR INFORMATION ON SCHEDULE B. BECAUSE OF SCHEDULE B'S PRIVATE AND CONFIDENTIAL NATURE, THE BOARD HAS DELEGATED THE AUTHORITY AND RESPONSIBILITY FOR REVIEWING THAT SCHEDULE TO THE CHAIR OF THE BOARD AND THE CHAIR OF THE AUDIT SUBCOMMITTEE OF KENYON COLLEGE, THE SOLE MEMBER OF THE KENYON REVIEW. 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 ORGANIZATION'S CONFLICT POLICY IS DISTRIBUTED AT THE WINTER 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: COMPENSATION REVIEW AND APPROVAL - THERE IS NO STANDING BOARD COMMITTEE FOR COMPENSATION FOR THE OFFICERS AND OTHER EMPLOYEES OF KENYON REVIEW. KENYON 132212 11-11-21 45

13510505 138919 12197.19

2021.05080 THE KENYON REVIEW

Schedule O (Form 990) 2021 Name of the organization THE KENYON REVIEW	Page Employer identification numbe 31-1443804
REVIEW MIRRORS THE STANDARD PERCENTAGE COST OF LIVING INC.	REASES FROM KENYON
COLLEGE, THE SOLE MEMBERS OF KENYON REVIEW. THE BOARD OF	
APPROVES ANY ADJUSTMENT TO BASE SALARIES ABOVE THIS STAND	
A GIVEN YEAR DURING AN EXECUTIVE SESSION OF A BOARD MEETI	
STUDY THAT DORING AN EXECUTIVE DEDUTOR OF A DORAD MEET.	110.
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABILITY OF DOCUMENTS - THE ORGANIZATION DOES NOT MAK	E ITS FINANCIAL
STATEMENTS, GOVERNING DOCUMENTS OR CONFLICT POLICY AVAILA	BLE TO THE PUBLIC.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING AND OTHER SERVICES:	
PROGRAM SERVICE EXPENSES	123,984.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	123,984.
ARTISTIC STAFF:	
PROGRAM SERVICE EXPENSES	187,181.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
FOTAL EXPENSES	187,181.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	311,165.

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12197.11

(Form 990) Department of th Internal Revenue	a Treasury 5 Service	 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 	nization answered "Yes" on Form 990, Part IV, line 33, 34, 35i ▶ Attach to Form 990. w.irs.gov/Form990 for instructions and the latest information.	ine 33, 34, 35b, 3 t information.	6, or 37.	0	2021 Open to Public Inspection
Name of	Name of the organization THE KENYON REVIEW					Employer identification number 31-1443804	ication numbe 8.0.4
Partl	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	lete if the organization answered "Yes	" on Form 990, Part IV, line 33				
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, b	ecause 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?
ENYON	KENYON COLLEGE - 31-4379507						-
09 CH2	209 CHASE AVENUE						
GAMBIER,	қ, он 43022	COLLEGE	OHIO	501(C)(3)	LINE 2	N/A	×
HILANI	PHILANDER CHASE CONSERVANCY - 31-1711213						
09 CH2	209 CHASE AVENUE						
GAMBIER,	к, он <u>4</u> 3022	LAND PRESERV.	онго	501(C)(3)	LINE 12A, I	KENYON COLLEGE	X
RAHAM	GRAHAM GUND GALLERY - 46-3140140						
09 CH	209 CHASE AVENUE						
GAMBIER,	қ, он 43022	ART GALLERY	онго	501(C)(3)	LINE 12A, I	KENYON COLLEGE	×
COKOSIN	KOKOSING NATURE PRESERVE - 47-2482300						
209 CH2	E AVE						
GAMBIER,	қ, он 43022	CEMETERY	OIHO	501(C)(13)		KENYON COLLEGE	×

132161 11-17-21 LHA

R (Form 990) 2021 THE KENYON REVIEW Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year. (a) (b) (c)
Legal domicile (state or foreign country)
Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.
(b) Primary activity

Schedule R (Form 990) 2021 THE KENYON REVIEW

31-1443804 Page 3

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
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more re	ated organizations listed	n Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		×
Gift, grant, or capital contribution to related organization(s)				1b		×
Gift, grant, or capital contribution from related organization(s)				10	X	
				10		×
Loans or loan guarantees by related organization(s)				-le		×
				2		
Dividends from related organization(s)				¥		×
Sale of assets to related organization(s)				10		×
Purchase of assets from related organization(s)				4		×
Exchange of assets with related organization(s)				÷		×
Lease of facilities, equipment, or other assets to related organization(s)				÷=		×
Lease of facilities, equipment, or other assets from related organization(s)				1k		×
Performance of services or membership or fundraising solicitations for related organization(s)	zation(s)			=		×
Performance of services or membership or fundraising solicitations by related organization(s)	zation(s)			- -	×	
Sharing of facilities equinment mailing lists or other assets with related organization(s)				÷	×	
ionicios, equiprirent, maining notes, or ourier assets with related organization	leh			∎,	1 >	
onaring or pard employees with related organization(s)				2	4	
Reimbursement paid to related organization(s) for expenses				Ę		×
Reimbursement paid hv related organization(s) for expenses				2 5		×
				2		
Other transfer of cash or property to related organization(s)				÷		×
Other transfer of cash or property from related organization(s)				5		×
s for	o must complete th	s line, including covered r	information on who must complete this line, including covered relationships and transaction thresholds.		3	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
					쳤음	
						9.1
			Schedul	Schedule R (Form 990) 2021	(066	2021

132164 11-17-21

Part VII Supplemental Information	nedule R (Form 990) 2021	THE KENYON	I REVIEW	
에는 나는 것 같은 것 같	art VII Supplemental Inf	ormation		No. Contraction of the second s
Provide additional information for responses to questions on Schedule R. See instructions.	Provide additional info	mation for responses to	questions on Schedule R. See instructions.	ALCOLD

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132165 11-17-21	Schedule	R (Form 990) 2021
<u></u>		
\$1.14 113 KK H 翻 望		
圣过了这些时期最多的 。		
	그는 것이 아무나 말 하는 것이 가지 않는 것이 같아. 이렇게 하는 것이 같아.	

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Form **8868**

(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see in	structions.		Taxpaye	Taxpayer identification number (TIN)				
print	THE KENYON REVIEW		31-1443804						
File by th due date filing you return, S	Number, street, and room or suite no. If a P.O. box, see instructions. EATON CENTER KENYON COLLEGE								
instructio	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GAMBIER, OH 43022								
Enter 1	he Return Code for the return that this application is for	r (file a separa	te application for each return)						
Application		Return	rn Application			Return			
Is For		Code	Is For			Code			
Form §	orm 990 or Form 990-EZ 01 Form 1041-A				08				
Form 4	720 (individual)	individual) 03 Form 4720 (other than individual)		I)		09			
Form §	90-PF	04	Form 5227			10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	90-T (trust other than above)	06	Form 8870			12			
Form §	90-T (corporation) SHIRLEY OBRIE	07							
 If the left the left	e phone No. ▶ 740-427-5181 e organization does not have an office or place of busir is is for a Group Return, enter the organization's four di -	igit Group Exe	mption Number (GEN) ch a list with the names and TINs <u>X 15, 2023</u> , to return for: d ending JUN 30, 202	. If this is fo of all memb	r the whole g ers the exten npt organizat 				
	f this application is for Forms 990-PF, 990-T, 4720, or 6 any nonrefundable credits. See instructions.	069, enter the	tentative tax, less	3a	\$	0.			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						0.			
	Balance due. Subtract line 3b from line 3a. Include you using EFTPS (Electronic Federal Tax Payment System).			30	\$	0.			
Cautio instruc	n: If you are going to make an electronic funds withdra tions. For Privacy Act and Paperwork Reduction Act Noti			8453-TE and		-TE for payment 868 (Rev. 1-2022)			