CHARLES KOCH INSTITUTE
PUBLIC DISCLOSURE COPY
FORM 990
TAX YEAR 2021

orm **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2021
Open to Public

Inspection

A For the 2021 calendar year, or tax year beginning and ending D Employer identification number C Name of organization B Check if applicable: CHARLES KOCH INSTITUTE Doing Business AsSTAND TOGETHER FELLOWSHIPS 27-4967732 Room/suite Ε Telephone number Number and street (or P.O. box if mail is not delivered to street address) Name change 1320 N COURTHOUSE ROAD 400 (571)290-6811Initial return City or town, state or province, country, and ZIP or foreign postal code Amended ARLINGTON, VA 22201 G Gross receipts \$ 1.636.185. return Application pending F Name and address of principal officer: Is this a group return for DEREK JOHNSON Yes Χ Nο subordinates' 1320 N COURTHOUSE ROAD STE 400, ARLINGTON, VA 22201 Yes No H(b) Are all subordinates included? If "No," attach a list. (see instructions) X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or Website: WWW.CHARLESKOCHINSTITUTE.ORG H(c) Group exemption number Form of organization: X | Corporation Other > L Year of formation: 2011 M State of legal domicile: DE Summary 1 Briefly describe the organization's mission or most significant activities: INSPIRED BY A RECOGNITION THAT FREE PEOPLE ARE CAPABLE OF EXTRAORDINARY THINGS, STAND TOGETHER FELLOWSHIPS Governance SUPPORTS EDUCATIONAL PROGRAMS AND DIALOGUE TO (SEE SCHEDULE O) if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 6 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 44 Total number of volunteers (estimate if necessary) 20 7a Total unrelated business revenue from Part VIII, column (C), line 12 1,342,227. **b** Net unrelated business taxable income from Form 990-T, line 34 1,569,391. **Current Year** Contributions and grants (Part VIII, line 1h) 5,235,793 256,325. **COPY FOR** Program service revenue (Part VIII, line 2g) NONE NONE PUBLIC INSPECTION Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,402,852 19,727. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,515,676 1,360,133. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,154,321. 1,636,185. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 48,298,498. 47,752,311. Benefits paid to or for members (Part IX, column (A), line 4) 14 NONE NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 3,102,984 3,198,480. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ \_\_\_\_\_NONE \_ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,212,919 3,140,404. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 54,614,401 54,091,195. Revenue less expenses. Subtract line 18 from line 12 -45,460,080. -52,455,010. s or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 364,176,510 404,108,851. Total liabilities (Part X, line 26) 1,000,075 21 8,099,891. 22 Net assets or fund balances. Subtract line 21 from line 20. 363,176,435 396,008,960. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid self-employed MICHAEL J ENGLE MICHAEL J ENGLE 11/15/2022 P00482834 Preparer Firm's name ► FORVIS, LLP 44-0160260 Firm's FIN **Use Only** 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246 816-221-6300 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No Form **990** (2021) For Paperwork Reduction Act Notice, see the separate instructions.

Page 2 Form 990 (2021)

F		Statement of Program Service A Check if Schedule O contains a r	response or note to any line in this Part	: III	х
1		scribe the organization's mission:			
	SEE SC	CHEDULE O			
2			cant program services during the ye		Yes X No
	If "Yes," d	escribe these new services on So	chedule O.		
3	services?		or make significant changes in h		Yes X No
1		escribe these changes on Sched	ule O. vice accomplishments for each of it	te three largest program servic	es as measured by
•	expenses.		4) organizations are required to rep		
4a	(Code:	) (Expenses \$ 51,4	o6,298. including grants of \$ 47.	,752,311. ) (Revenue \$	NONE )
	EDUCAT		ROOM REGARDING THE PRINCI		
	ENABLE	INDIVIDUALS TO LIVE T	THEIR BEST LIVES.		
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
_	(0.1	\ /E		\/D	
4C	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Other		dula O )		
4d	Other pro (Expenses	gram services (Describe on Sche s \$ including gra		ν Φ	
<b>4</b> e	· ·	gram service expenses		, ψ )	

Form 990 (2021) Page 3
Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		v
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		X
8		,		37
^	complete 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			37
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	, ,		37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			37
	complete Schedule D, Part VI	11a		X
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			3.5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			3.5
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3.5
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.		
	Schedule D, Parts XI and XII.	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40.		
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	37
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
		146	77	
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	v	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13	X	<u> </u>
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'		
. 0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		Х
2N a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		22
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2021)
Page 4

Checklist of Required Schedules (continued)

rari	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			21
	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? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			- 21
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			21
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	<u> </u>		21
02	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- 21
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		- 11	
•	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10.4	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA		Г	aan	(2024)

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Page 5 Form 990 (2021)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 44			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	/ 11		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4		7-
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4 =		7.7
	excess parachute payment(s) during the year?	15		X
4 C	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		Λ
17				
17	<b>Section 501(c)(21) organizations.</b> 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.			

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Do:	4 V	

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

Soct	ion A. Governing Body and Management			Λ
Seci	Ton A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year			
1a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	-		
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
_	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3		3		Х
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	X	21
6	Did the organization have members or stockholders?		21	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	Х	
	one or more members of the governing body?	1 a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	Х	
_	stockholders, or persons other than the governing body?	7.0	Λ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0.0	77	
a	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	OD	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	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 approval by			
	independent 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		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a				
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ► CA, WI,			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (coo	tion F	01/0\
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Upon request Other (explain on Schedule O)	(560	1011 5	01(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			-
20	State the name, address, and telephone number of the person who possesses the organization's books and record KARA HARTNETT 1320 N COURTHOUSE ROAD, STE 300 ARLINGTON, VA 22201	s ►		

571-290-6811

Form 990 (2021) CHARLES KOCH INSTITUTE 27-4967732 Page **7** 

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

						•		1	· · · · · ·	
<b>(A)</b> Name and title	(B) Average hours per week	box, unless person is both an				is both	an	(D)  Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) TIMOTHY MCCAUGHAN	50.00									
SR. MANAGER, MEDIA PROGRAMS	NONE	1				X		168,434.	NONE	37,535.
(2) HUGH CHERRY	50.00					21		100,434.	INOINE	37,333.
DIRECTOR, EDUCATION	NONE	1				X		162,777.	NONE	32,886.
(3) NOELLE HUFFMAN	50.00							1027	110111	32,0001
SR. MANAGER, DATA & OPERATIONS	NONE	1				X		129,351.	NONE	15,644.
(4) DALE GIBBENS	1.00							,		
DIRECTOR/EXECUTIVE VP	6.00	Х		Х				NONE	1,800.	NONE
(5) BRIAN HOOKS	1.00									
DIRECTOR	4.00	Х						NONE	NONE	NONE
(6) CHARLES CHASE KOCH	1.00									
DIRECTOR/VICE CHAIRMAN	6.00	Х						NONE	NONE	NONE
(7) CHARLES G. KOCH	1.00									
DIRECTOR/CHAIRMAN	4.00	X						NONE	NONE	NONE
(8) ELIZABETH B. KOCH	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(9) DAVE ROBERTSON	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(10) BRIAN MENKES	1.00									
SECRETARY	5.00			Х				NONE	NONE	NONE
(11) DEREK JOHNSON	1.00	_								
EXECUTIVE DIRECTOR	2.00			Х				NONE	NONE	NONE
(12) KARA HARTNETT	1.00	-								
TREASURER	5.00			Χ				NONE	NONE	NONE
(13)		-								
74.0										
(14)		-								

	990 (2021)	1/-	F				I I	1:1	h + C	ad Emplayees (	Page 8
Pa	rt VII Section A. Officers, Directors, Tru		y Em	ipic			and F	ııgı			·
	<b>(A)</b> Name and title	(B) Average			(C Pos	C) sition			(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	. valle and the	hours per			heck	more	than o		compensation	compensation from	amount of
		week (list any hours for					is both or/trust		from	related	other compensation
		related	or Inc						the organization	organizations (W-2/1099-MISC)	from the
		organizations	dire	stitu	Officer	Key employee	ghes	Former	(W-2/1099-MISC)	(** 2, 1000 m.00)	organization
		below dotted line)	ual t	iona		oldu	t co				and related organizations
			Individual trustee or director	Institutional trustee		/ee	npei				3 9
			ď	stee			Highest compensated employee				
							<u> </u>				
1b	Sub-total							<b></b>	460,562.	1,800.	86,065.
С	Total from continuation sheets to Part VII, S	ection A						<b>•</b>	NONE	NONE	NONE
d	Total (add lines 1b and 1c)	<u> </u>						<b>&gt;</b>	460,562.	1,800.	86,065.
2	Total number of individuals (including but not		hose l	iste	d al	bove	e) who	o re	ceived more than	\$100,000 of	
	reportable compensation from the organization	n <b>▶</b>					3				
											Yes No
3	Did the organization list any former office										
	employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ind	ivid	ual						3 X
4	For any individual listed on line 1a, is the										
	organization and related organizations gre									le J for such	4
_	individual										4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5 V
Se	ction B. Independent Contractors	zs, comple	16 001	ieal	iie J	101	SUCII	ρer	oui		5   X
	Complete this table for your five highest com	pensated in	ndene	ende	ent 4	conf	racto	rs t	hat received more	than \$100 000 of	:
•	compensation from the organization. Report of										
	year.						-			-	

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

# Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to an	y line in this Part V	/III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Ω, Ω	С	Fundraising events 1c					
ifts Ir A	d	Related organizations 1d					
פֿיָם,	e	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
utic er (		and similar amounts not included above . 1f	256,325.				
ip H	g	Noncash contributions included in					
d	"	lines 1a-1f 1g	6				
a C	h	Total. Add lines 1a-1f		256,325.			
			Business Code				
မွ	2a						
ه چ							
Se	b						
am eve	C						
gra Re	d						
Program Service Revenue	e	All other progress continues reviews					<u> </u>
	f g	All other program service revenue Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,		-			
	"	other similar amounts)	_	19,727.			19,727.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal	110112			
	60		( / 2 2 2 2				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b  Rental income or (loss) 6c NONE	NONE				
	C	rteritar meeme er (isse)		NONE			
	d	Net rental income or (loss)	(ii) Other	NONE			
	7a		(ii) Other				
		sales of assets					
_		other than inventory 7a					
evenue	b	Less: cost or other basis					
ver		and sales expenses 7b					
Re	C	Gain or (loss)					
er	d	Net gain or (loss)	•	NONE			
Other	8a	Gross income from fundraising					
•		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities.	<u></u>	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances10a	NONE				
		Less: cost of goods sold 10b	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
Sn			Business Code				
Miscellaneous Revenue	11a	PARTNERSHIP INCOME	900099	1,342,227.		1,342,227.	
lan	b	=					
cel Sev	С	=					
Ais.	d	All other revenue		17,906.			17,906.
	е	Total. Add lines 11a-11d		1,360,133.			
	12	Total revenue. See instructions		1,636,185.		1,342,227.	37,633.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	47,268,613.	47,268,613.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	383,698.	383,698.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	100,000.	100,000.		
4	Benefits paid to or for members	NONE			
	Compensation of current officers, directors,				
	trustees, and key employees	NONE			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	2,588,271.	2,141,266.	447,005.	
	Pension plan accruals and contributions (include	138,526.	115,251.	23,275.	
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	245,238.	202,884.	42,354.	
10	Payroll taxes	226,445.	186,753.	39,692.	
	Fees for services (nonemployees):		, ,	·	
	Management	NONE			
	Legal	2,349.		2,349.	
	Accounting	30,144.		30,144.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column				
3	(A), amount, list line 11g expenses on Schedule O.)	1,425,794.	393,502.	1,032,292.	
12	Advertising and promotion	234,851.	4,620.	230,231.	
	Office expenses	34,053.	21,217.	12,836.	
	Information technology	1,375.		1,375.	
15	Royalties	NONE			
	Occupancy	NONE			
	Travel	30,918.	29,295.	1,623.	
	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	616,878.	528,862.	88,016.	
	Interest	NONE	-,		
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	NONE			
	Insurance	33,800.		33,800.	
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	UBI TAXES	544,018.		544,018.	
	DUES & SUBSCRIPTIONS	185,655.	29,857.	155,798.	
	BAD DEBT	569.	480.	89.	
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	54,091,195.	51,406,298.	2,684,897.	NONI
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		22,230,230	2,222,0211	2.021

Form 990 (2021) Page **11** 

# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	95,134.
	2	Savings and temporary cash investments	37,757,924.	2	9,621,043.
	3	Pledges and grants receivable, net	NONE :	3	NONE
	4	Accounts receivable, net	35,372.	4	30,270.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE .	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
As	9	Prepaid expenses and deferred charges		9	579,839.
		Land, buildings, and equipment: cost or other	000/12/		3.570051
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b	NONE 1	00	
	11	Investments - publicly traded securities	NONE 1	_	NONE
	12	Investments - other securities. See Part IV, line 11		12	393,782,565.
	13	· · · · · · · · · · · · · · · · · · ·			
		Investments - program-related. See Part IV, line 11	NONE 1		NONE
	14	Intangible assets	NONE 1		NONE
	15	Other assets. See Part IV, line 11	NONE 1		NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	· · · · · · · · · · · · · · · · · · ·	16	404,108,851.
	17	Accounts payable and accrued expenses		17	8,099,891.
	18	Grants payable	NONE 1		NONE
	19	Deferred revenue	NONE 1		NONE
	20	Tax-exempt bond liabilities	NONE 2		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE 2	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	NONE 2	_	NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE 2	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE 2	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE 2	25	NONE
	26	Total liabilities. Add lines 17 through 25	1,000,075. <b>2</b>	26	8,099,891.
seo		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	363,176,435.	27	396,008,960.
ä	28	Net assets with donor restrictions	NONE 2		NONE
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			_
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
it A	32	Total net assets or fund balances		32	396,008,960.
Ž	33	Total liabilities and net assets/fund balances		33	404,108,851.
_	100	Total nashinto and not according salahoos, , , , , , , , , , , , , , , , , , ,	JUT, 10, JIU.	J J	Form <b>990</b> (2021)

Form 990 (2021) Page **12** 

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u>X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,6	36,	<u> 185</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	4,0	91,	<u> 195</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-5	2,4	55,	<u>010</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36	3,1	76,	<u>435</u>
5	Net unrealized gains (losses) on investments	5	8	6,7	06,	<u> 761</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				<u>999</u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9		<u>1,3</u>	<u>42,</u>	<u> 227</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	39	<u>6,0</u>	08,	<u>960</u> .
Part	• •					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_				
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the	2-		37
_	Single Audit Act and OMB Circular A-133?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			٥.		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .		3b		

#### **SCHEDULE A** (Form 990)

# **Public Charity Status and Public Support**

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

CHP	ARLI	ES KOCH INSTITUTE					27-4	967732
Pai	rt I	Reason for Public Cha	rity Status. (All o	organizations must o	complet	e this p	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2	X	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)		
3		A hospital or a cooperative		· ·			(1)(A)(iii).	
4		A medical research organiz						(iii). Enter the
		hospital's name, city, and st	•	•	•		( )( )(	` '
5		An organization operated t		a college or universit	v owned	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C		<b>.</b>	,			
6		A federal, state, or local go		rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	Н	An organization that norma	•				, , , , , , ,	om the general public
		described in section 170(b)	-	•	, pp 0.1	u ge		om the goneral passes
8		A community trust describe			Part II.)			
9	$\Box$	An agricultural research org					I in conjunction with a	land-grant college
•	ш	or university or a non-land-	=			-		
		university:	grant concess or ag	grioditaro (oco motraci		nor the	name, ony, and state of	Title college of
10		An organization that norma	lly receives (1) mo	ore than 331/3 % of its	support	from cou	ntributions membersh	in fees, and gross
. •	ш	receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s: and (2) no more thar	n 331/3 % of its
		support from gross investmacquired by the organizatio						businesses
11		An organization organized						
 12	$\vdash$	An organization organized a		•	•			ry out the nurnoses of
		one or more publicly support	•	•				• • •
		the box on lines 12a through	•				, , , ,	
_		Type I. A supporting orga					·	<del>-</del>
а	_	the supported organization	•	•			. , ,	
		supporting organization.				ajonty of	the directors of truste	es of the
<b>L</b>		7	•			with ito	oupported organization	an(a) by baying
b		☐ <b>Type II.</b> A supporting org	•				- · · ·	
		control or management of		=	me sam	e persor	is that control of man	age the supported
_		organization(s). You must	•		م ما اممه		n with and functional	lu into anoto d with
С		☐ Type III functionally integ						iy integrated with,
		its supported organization		· ·				tad arganization(a)
d		Type III non-functionally that is not functionally interest.			-			
		•		•			•	an attentiveness
_		requirement (see instruct	•	= -				I Type III
е		☐ Check this box if the orga					•••	і, туре ііі
f	En	functionally integrated, or ter the number of supported			porting c	nganizai	uon.	
g		ovide the following information	=	orted organization(s)				
_ 9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(.,	and or cupperiou organization	(,	(described on lines 1-10	listed in you	ur governing	support (see	other support (see
				above (see instructions))	Yes	nent?	instructions)	instructions)
					163	NO		
(A)								
<b>(D)</b>								
(B)								
(C)								
(D)								
/ <b>-</b> `								
(E)								
Tota	al							
							l	1

Par	Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	ed the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support	· ·			•	•	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						
	tion B. Total Support	( ) 0047	420040	( ) 0040	( N 0000	( ) 0004	(0 T )
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (	see instructions)				12	
13	First 5 years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Sup						
				o 11 ook (f)		14	%
14 15	Public support percentage for 2021 (li Public support percentage from 2020						<u>%</u>
	331/3% support test - 2021. If the or						
ıva	box and <b>stop here.</b> The organization q						
b	331/3% support test - 2020. If the organization q						
~	this box and <b>stop here.</b> The organizati						
17a	10%-facts-and-circumstances test -	•		-			
	10% or more, and if the organization						
	Part VI how the organization meets					-	•
	organization			<del>-</del>	· ·	-	
b	10%-facts-and-circumstances test -	<b>2020.</b> If the or	ganization did r	not check a box	on line 13, 16	Sa, 16b, or 17a	, and line
	15 is 10% or more, and if the organi in Part VI how the organization meet	s the facts-and	l-circumstances	test. The organ	ization qualifies	s as a publicly	supported
40	organization						
ıδ	FLIVARE TOURGATION. IT THE OFGANIZATION	u dia not che	ok a dox on lin	e is ina inb	178 OF 17D	CHECK THIS DO	x and see

Schedule A (Form 990) 2021

17

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

	1 1 2 1 1 2 1			, <b>,</b>	•	,	
	tion A. Public Support	(-) 2017	(h) 2010	(2) 2010	(4) 2020	(2) 2024	(f) Total
_	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						_
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						+
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						+
4	Tax revenues levied for the						
	organization'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						+
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						-
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		#N 0040	1,,,,,,,,	( "	1,10004	T (0.7.1
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						+
11	Net income from unrelated business						+
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
40	, , , , , , , , , , , , , , , , , , ,						+
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,					1	1
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first secon	d third fourth	or fifth tax v	ear as a section	 n_501(c)(3)
•	organization, check this box and <b>stop here</b> .	ŭ	•		•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,			ımn (f))		15	%
16	Public support percentage from 2020 Sche	, ,	•			<del></del>	%
	tion D. Computation of Investment					1.0	70
17	Investment income percentage for 2021 (lir			13. column (f))		17	%
18	Investment income percentage for 2021 (iii						
	331/3% support tests - 2021. If the or						
ı J a	17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2020. If the orga						
IJ	line 18 is not more than 331/3%, check						
20	<b>Private foundation.</b> If the organization of		•	•	. ,		
	iodiidadoii ii tiio organization t	~.~ IIO. OIIOON	~ DON OIL IIIIG	,	, Jiioon uno be	ana 500 mon	

JSA 1E1221 1.000

#### Part IV Supporting Organizations

(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

- 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.
  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).
  Did the organization have a supported organization described in section 501(a)(4). (5) or (6)2 If "Yes," expurer
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g Dy			
	1		
is ed			
	2		
er	3a		
id ie	_		
	3b		
3)	3с		
If	4a		
n n	4b		
n ed	40		
3)	4c		
s," N n; on			
	5a		
ly	5b		
	5c		
0	30		
d or			
	6		
or :y			
	7		
е	8		
e is			
	9a		
h	9b		
fit	9c		
n d			
to	10a		
	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
L	11c below, the governing body of a supported organization?	11a		
b C	A family member of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11b		
C	provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations	110		
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	162	NO
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on 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	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			,
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e instr	Yes	
2	Activities Test. Answer lines 2a and 2b below.		103	110
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 <b>Part VI identify</b> 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 <b>Part VI</b> 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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (explain	in in <b>Part VI</b> ). See
	instructions. All other Type III non-functionally integrated supporting organ	izations n	nust complete Sectio	ns A through E.
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
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		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	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		
7	Check here if the current year is the organization's first as a non-functiona		ted Type III supporting	g organization
	(see instructions).	J 3	21	

Schedule A (Form 990) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3)	<b>Supporting Organizat</b>	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าธ	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				

**c** From 2018 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2021 distributable amount Carryover from 2016 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D, line 7: Applied to underdistributions of prior years Applied to 2021 distributable amount 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 and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: Excess from 2017 Excess from 2018 Excess from 2019 d Excess from 2020 Excess from 2021

Schedule A (Form 990) 2021

NOT SUBJECT TO PUBLIC DISCLOSURE - All information in this schedule (including dollar amounts) is protected against public disclosure because, directly and in combination with other information available in the 990 or elsewhere, it reasonably identifies contributors and discloses taxpayer return information.

#### Schedule B (Form 990)

**Schedule of Contributors** 

OMB No. 1545-0047

**೨**⋒**1** 

Department of the Treasury Internal Revenue Service	► Attach to Form 990 or Form 990-PF.  ► Go to www.irs.gov/Form990 for the latest information.		
Name of the organization	v do to www.a.gov// o/mood for the latest information.	Employe	l er identification number
CHARLES KOCH INSTITUTE	,	27_4	967732
Organization type (check one):	•		J01132
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a priva	ite foundation	
		te roundation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private for	oundation	
	501(c)(3) taxable private foundation		
_	ng Form 990, 990-EZ, or 990-PF that received, during the year, co property) from any one contributor. Complete Parts I and II. See inst tributions.		-
Special Rules			
regulations under sect 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form I from any one contributor, during the year, total contributions of the on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Comple	n 990), Part II, li e greater of <b>(1)</b>	ine 13, 16a, or \$5,000; or
contributor, during the literary, or educational	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ year, total contributions of more than \$1,000 exclusively for religion purposes, or for the prevention of cruelty to children or animals. Costead of the contributor name and address), II, and III.	us, charitable,	scientific,
contributor, during the contributions totaled m during the year for an <b>General Rule</b> applies t	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ year, contributions <i>exclusively</i> for religious, charitable, etc., purpos nore than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose. Don't complete any contribution of this organization because it received <i>nonexclusively</i> religious, charitable, etc., purpose.	es, but no such outions that wer of the parts unle ritable, etc., co	re received ss the
Caution: An organization that isr	n't covered by the General Rule and/or the Special Rules doesn't fil	e Schedule B (F	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).

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

Schedule B (Form 990) (2021)

NOT SUBJECT TO PUBLIC DISCLOSURE – All information in this schedule (including dollar amounts) is protected against public disclosure because, directly and in combination with other information available in the 990 or elsewhere, it reasonably identifies contributors and discloses taxpayer return information.

Schedule B (Form 990) (2021) Name of organization Employer identification number CHARLES KOCH INSTITUTE 27-4967732 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 No. Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.)

#### **SCHEDULE C** (Form 990)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

•	Section 50 f(c)(5) organizations	that have NOT filed Form 5700 (election	on under section 50 i(ii	)). Complete Fart II-b. Do no	il complete Fart II-A.
Tax)	(See separate instructions), the		Tax) (See separate in	nstructions) or Form 990-	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.		<u> </u>	
	ne of organization				ntification number
	ARLES KOCH INSTITUTE				967732
Pa	•	organization is exempt under			
1	•	he organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions fo
	definition of "political campa				
2		xpenditures. See instructions			
3	Volunteer hours for political	campaign activities. See instruction	ns		
Pa		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 <b>▶</b> \$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				`
Pa	•	organization is exempt under			).
1		xpended by the filing organization		•	
2		ng organization's funds contributed			
3	Total exempt function expeline 17b	enditures. Add lines 1 and 2. Ent	er here and on Fo	rm 1120-POL, ▶\$	
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb is. For each organization listed, en tributions received that were prom ind or a political action committee (I	er (EIN) of all section ter the amount paid aptly and directly de	on 527 political organized from the filing organized from the filing organized for a separate po	ations to which the filing cation's funds. Also ente plitical organization, suc
	<b>(a)</b> Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
			I		

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

Schedule C (Form 990) 2021

Sch				NSTITUTE			7-4967732 Page <b>2</b>
Pa	Complete if the org section 501(h)).	ganizatio	n is exem	npt under section	501(c)(3) and	filed Form 5768 (ele	ection under
Α	Check ► X if the filing organiz address, EIN, exp			affiliated group (and excess lobbying expe		ach affiliated group men	nber's name,
В	Check ▶ if the filing organiz	zation che	cked box A	and "limited contro	l" provisions app	oly.	
	Limits (The term "expendit		ing Expend ans amoun		)	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to in	nfluence p	ublic opini	on (grassroots lobb	ying)		
b	Total lobbying expenditures to in	nfluence a	legislative	body (direct lobbying	ng)		
C	: Total lobbying expenditures (ad	ld lines 1a	and 1b)				
	I Other exempt purpose expendit				-	54,091,195.	150,053,260.
е	<ul> <li>Total exempt purpose expenditure</li> </ul>	ures (add	lines 1c and	d 1d)		54,091,195.	150,053,260.
f	Lobbying nontaxable amount.	Enter the	amount f	rom the following	table in both		
	columns.					1,000,000.	1,000,000.
	If the amount on line 1e, column (a	) or (b) is: 1	The lobbyin	g nontaxable amount i	s:		
	Not over \$500,000	2	20% of the a	mount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000	\$100,000 plu	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,000 plu	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,6	000,000	\$225,000 plu	us 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000.				
	Grassroots nontaxable amount					250,000.	250,000.
	Subtract line 1g from line 1a. If				-		
i	Subtract line 1f from line 1c. If z						
j	If there is an amount other th				-		
	reporting section 4911 tax for the						Yes X No
				aging Period Under			
	(Some organizations that			• •	-		nns below.
		See tl	he separat	e instructions for li	ines 2a through	2f.)	
		Lobby	ing Expen	ditures During 4-Ye	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2	2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount	1,00	0,000.	893,439.	1,000,00	0. 1,000,000.	3,893,439.
b	Lobbying ceiling amount (150% of line 2a, column (e))						5,840,159.
c	Total lobbying expenditures		NONE	NONE	NC	DNE	NONE

223,360.

NONE

250,000.

NONE

Schedule C (Form 990) 2021

973,360.

NONE

1,460,040.

250,000.

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

250,000.

NONE

	(a	1)		(b)
each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed scription of the lobbying activity.	Yes	No		Amount
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
Media advertisements?				
Publications, or published or broadcast statements?				
Grants to other organizations for lobbying purposes?				
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?				
Total. Add lines 1c through 1i				
If "Yes," enter the amount of any tax incurred under section 4912		-		
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or se	ection	
501(c)(6).				Y
Were substantially all (90% or more) dues received nondeductible by members?			[	1
				2
Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Did the organization agree to carry over lobbying and political campaign activity expenditures from	m the	prior y	year?	3
Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	m the (c)(5) OR (b	prior y , or se ) Part	year? ection t III-A,	-
Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members	m the (c)(5) OR (b	prior y , or se ) Part	year? ection	-
Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	m the (c)(5) OR (b	prior y , or se ) Part	year?   ection t III-A,	-
Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year.	m the (c)(5) OR (b	prior y , or se ) Part	year? ection t III-A,	-
Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	m the (c)(5) OR (b	prior y , or se ) Part	year? ection t III-A,	-
Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	m the (c)(5) OR (b	prior y , or se ) Part	year?   ection t III-A,	-
Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	m the (c)(5) OR (b	prior y , or se ) Part	year? ection t III-A,	-
Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	m the (c)(5) OR (b	prior y , or se ) Part	year? ection t III-A,  1 2a 2b 2c 3	-
Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year.  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dull finotices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible leand political expenditure next year?	m the (c)(5) OR (b	prior y , or se ) Part	year?   ection t III-A, 1 2a 2b 2c	-
Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dull for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible leand political expenditure next year?  Taxable amount of lobbying and political expenditures. See instructions.	m the (c)(5) OR (b	prior y , or se ) Part	year? ection t III-A,  1 2a 2b 2c 3	-
Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dull finotices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible leand political expenditure next year?  Taxable amount of lobbying and political expenditures. See instructions.	m the (c)(5) OR (b	prior y , or se ) Part	year? ection t III-A,  1 2a 2b 2c 3	line 3,

### Part IV Supplemental Information (continued)

SCHEDULE C, PART II-A

AFFILIATED GROUP MEMBER

NAME: STAND TOGETHER FOUNDATION

ADDRESS: 1320 N COURTHOUSE RD, STE 220, ARLINGTON, VA 22201

LOBBYING EXPENSES: NONE

TOTAL EXPENSES: \$35,383,760

STAND TOGETHER FOUNDATION HAS NOT MADE A 501(H) ELECTION.

AFFILIATED GROUP MEMBER

NAME: STAND TOGETHER TRUST

ADDRESS: 1320 N COURTHOUSE RD, STE 400, ARLINGTON, VA 22201

LOBBYING EXPENSES: NONE

TOTAL EXPENSES: \$60,578,305

STAND TOGETHER TRUST HAS NOT MADE A 501(H) ELECTION.

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

**Open to Public** Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

INAIII	e of the organization	Employer identification flumber
CHA	ARLES KOCH INSTITUTE	27-4967732
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
D	art II Conservation Easements.	
Гε	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		a historically important land area
		a historically important land area a certified historic structure
		a certified historic structure
2	Preservation of open space	a form of a concentration
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	Held at the End of the Tax Year
	easement on the last day of the tax year.	
a		a
b		b
С	(·,····	C
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
		d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ted by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and easements	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes the
	organization's accounting for conservation easements.	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue s	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or service, provide in Part XIII the text of the footnote to its financial statements that describes these	research in furtherance of public
	•	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue stat art, historical treasures, or other similar assets held for public exhibition, education, or resear	ement and balance sheet works of
	provide the following amounts relating to these items:	on in futilieration of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	<b>⊳</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	olo inianciai gain, provide the
2	Revenue included on Form 990. Part VIII. line 1	<b>&gt;</b> ¢
a h	Revenue included on Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • •

Pa	rt III Organizations Maintaini	ing Collections of	Art, Histo	rical Trea	asures, c	r Other Simil	ar Assets (d	continue	d)
3	Using the organization's acquisition	on, accession, and	other recor	ds, check	any of th	e following th	at make sigi	nificant u	se of its
	collection items (check all that app	ly):		_					
а	Public exhibition		d			e program			
b	Scholarly research		е	Other _					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	s and expla	in how th	ey furthe	r the organiza	tion's exemp	t purpose	in Part
	XIII.								
5	During the year, did the organization						_		
	assets to be sold to raise funds rath		ained as pa	rt of the o	rganizatio	n's collection?		Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		es" on Forr	m 990, Pa	art IV, lin	e 9, or reporte	ed an amou	nt on Fo	m
10	Is the organization an agent, trus	too quotodion or o	thar intarm	odion, for	. oontribu	tions or other	acceta not		
ıa				-			_	Yes	No
h	included on Form 990, Part X?  If "Yes," explain the arrangement i						L	res	NO
b	ii res, explain the arrangement i	II Fait Aili ailu coili	piete trie ioi	lowing tabl	e. 		Amount		
•	Beginning balance				10		Alliouni		
c d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
	Did the organization include an am						nt liability?	Yes	No
	If "Yes," explain the arrangement i								
	rt V Endowment Funds.	THE GROOK II	1010 11 1110 07	pianation	100 00011	oroviaca cirr ai			•
	Complete if the organiza	ation answered "Ye	es" on Fori	m 990, Pa	art IV, lin	e 10.			
	·	(a) Current year	(b) Prio		(c) Two ye		ree years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains,								
·	and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
·	and programs								
f	Administrative expenses								
g g	End of year balance								
2	Provide the estimated percentage		end halance	line 1a a	column (a)	) held as:		•	
a	Board designated or quasi-endown			, (IIIIO 19, V	ooiaiiiii (a)	) Hold do.			
b	Permanent endowment >	%	_						
С	Term endowment ▶	%							
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.						
3a	Are there endowment funds not in	the possession of t	he organiza	tion that a	re held a	nd administered	d for the		
	organization by:							Y	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	ed as require	ed on Sche	dule R?.			3b	
4	Describe in Part XIII the intended u	uses of the organiza	ation's endo	wment fund	ds.				
Pa	rt VI Land, Buildings, and Equ	uipment.				- 44- 0 5	000 D-	t V . I'	40
	Complete if the organiz  Description of property		r other basis	(b) Cost or		(c) Accumulate		ITT A, IITTE I) Book valu	
	2000p.ion of proporty		stment)	(oth		depreciation	~ ((	., DOOR VAIL	
1 a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other								
Tota	Add lines 1a through 1e (Column	n (d) must equal For	m 990 Part	x column	(R) line 1	UC.)	<b>▶</b>		

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities. Complete if the organization answered	l "Ves" on Form 990	) Part IV line 11h See Form 000	Part Y line 12
	-			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
	ESTIC PASSIVE INV. PTNRSHIP	393,782,565.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	393,782,565.		
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 valuat	
			Cost or end-of-year mark	xet value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.			
	Complete if the organization answered	l "Yes" on Form 990	), Part IV, line 11d. See Form 990	, Part X, line 15.
	<b>(a)</b> De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)	<u></u>	
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	l "Yes" on Form 990	), Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (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.

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5 Port	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	5	
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	- 1	
b	Prior year adjustments	-	
С.		- 1	
d		2e	
e	Add lines 2a through 2d	3	
3 4	Subtract line <b>2e</b> from line <b>1</b>		
+ a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		line 4; Part X, line
SEE	SUPPLEMENTAL PAGE		

## Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

Schedule D (Form 990) 2021

MANAGEMENT HAS EVALUATED THE INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

#### SCHEDULE E (Form 990)

#### **Schools**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization Employer identification number

CHARLES KOCH INSTITUTE 27-4967732

YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?................ Χ Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, 2 Χ Has the organization publicized its racially nondiscriminatory policy on its primarily publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II . Χ SEE SUPPLEMENTAL PAGE Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?........ Χ Records documenting that scholarships and other financial assistance are awarded on a racially 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing Χ 4c Copies of all material used by the organization or on its behalf to solicit contributions?......... Χ If you answered "No" to any of the above, please explain. If you need more space, use Part II. SEE SUPPLEMENTAL PAGE Does the organization discriminate by race in any way with respect to: Χ Χ Χ 5d Χ 5e Χ Use of facilities?..... 5f Χ Χ Χ If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . . . . . . . . . . . . . Х b Has the organization's right to such aid ever been revoked or suspended?......... Χ If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through

4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

27-4967732

Schedule E (Form 990 or 990-EZ) (2021)

**Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCHEDULE E, PART I, LINE 3

THE ORGANIZATION HAS PUBLISHED ITS NON-DISCRIMINATION RULES IN

ACCORDANCE WITH IRS PROCEDURES.

SCHEDULE E, PART I, LINE 4D

THE ORGANIZATION DOES NOT SOLICIT CONTRIBUTIONS.

#### **SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States**

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

27-4967732

Employer identification number

CHAF	RLES KOCH INSTITUTE				27-496773	32
Part	General Information o Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	inswered "Yes" on
1	For grantmakers. Does the org	ganization maii	ntain records	to substantiate the amou	int of its grants and	
	other assistance, the grantees'	eligibility for t	he grants or	assistance, and the selec	-	
;	award the grants or assistance?				!	X Yes No
2	For grantmakers. Describe in I	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants and	d other assistance
	outside the United States.				s for monitoring the use of its grants and other assistance  ated if additional space is needed.)  wities conducted in the n (by type) (such as, sing, program services, ents, grants to recipients ated in the region)  (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region  (f) Total expenditures for and investments in the region	
3	Activities per Region. (The follow	ving Part I, line		e duplicated if additional sp	ace is needed.)	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	a program service, describe specific type of	expenditures for and investments
<b>(1)</b> 1	EUROPE	NONE	NONE	GRANTMAKING	NONE	100,000.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a		NONE	NONE			100,000.
b	Total from continuation					
	sheets to Part I					
С	Totals (add lines 3a and 3b)	NONE	NONE			100,000.

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

Schedule F (Form 990) 2021

 Schedule F (Form 990) 2021
 CHARLES KOCH INSTITUTE
 27-4967732
 Page 2

Part II	Grants and Other Assist Part IV, line 15, for any re							red "Yes" on	Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	EDUCATION	100,000.				
(2)					,				
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	er total number of recipient or								
exe 3 Ente	mpt 501(c)(3) organization by ther total number of other organiz	ne IRS, or for which tations or entities	the grantee or counsel has	provided a sec	ction 501(c)(3) equiv	alency letter	<b>&gt;</b>	NO	ONE 1

 Schedule F (Form 990) 2021
 CHARLES KOCH INSTITUTE
 27-4967732
 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

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

Schedule F (Form 990) 2021

#### Part V

#### **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

THE ORGANIZATION PROVIDED GRANTS TO THE ABOVE-MENTIONED ENTITIES TO
ENABLE INDIVIDUALS WORKING AT (AND SELECTED BY) THE GRANTEES TO ATTEND
THE ORGANIZATION'S CLASSROOM EDUCATIONAL PROGRAMS AS STUDENTS. THE GRANT
AWARD LETTERS PROHIBIT THE GRANTEE FROM USING THE GRANT FUNDS FOR
LOBBYING AND POLITICAL PURPOSES, AND MAY REQUIRE THE GRANTEE TO FURNISH A
REPORT TO THE ORGANIZATION DESCRIBING THE CHARITABLE AND EDUCATIONAL
ACTIVITIES IN CONNECTION WITH THE ORGANIZATION'S EDUCATIONAL PROGRAMS
FULFILLED BY THE USE OF GRANT FUNDS.

SCHEDULE F, PART I, LINE 3, COLUMN F

EXPENDITURES ARE BASED ON THE GAAP METHOD OF ACCOUNTING.

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

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

OMB No. 1545-0047
2021

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization

CHARLES KOCH INSTITUTE

Employer identification number
27-4967732

Part I General Information on Grants an	d Assistanc	е					
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection criteria used to award the gran							X Yes No
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can I	oe duplicated if a	additional space is r	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COLLEGE BOUND DORCHESTER INC							
222 BOWDOIN ST DORCHESTER, MA 02122	04-2383512	501(C)(3)	11,808.				EDUCATION
(2) FOUNDATION FOR INDIVIDUAL RIGHTS IN EDUCATI							
510 WALNUT ST, STE 1250	04-3467254	501(C)(3)	776,000.				EDUCATION
(3) CARNEGIE ENDOWMENT FOR INTERNATIONAL PEACE							
1779 MASSACHUSETTS AVE, NW	13-0552040	501(C)(3)	141,500.				EDUCATION
(4) THE PHOENIX							
2239 CHAMPA ST DENVER, CO 80205	20-4648043	501(C)(3)	15,379.				EDUCATION
(5) THE HERITAGE FOUNDATION							
214 MASSACHUSETTS AVE NE	23-7327730	501(C)(3)	8,000.				EDUCATION
(6) CATO INSTITUTE							
1000 MASSACHUSETTS AVE NW	23-7432162	501(C)(3)	2,005,375.				EDUCATION
(7) FOUNDATION FOR EXCELLENCE IN EDUCATION							
PO BOX 10691 215 S MONROE ST, STE 110	26-0615175	501(C)(3)	150,000.				EDUCATION
(8) PELICAN INSTITUTE							
400 POYDRAS ST, STE 900	26-1704791	501(C)(3)	80,000.				EDUCATION
(9) CENTER FOR THE NATIONAL INTEREST							
1025 CONNECTICUT AVE, NW, STE 1200	26-2117013	501(C)(3)	464,043.				EDUCATION
(10) R STREET INSTITUTE							
1050 17TH ST NW, STE 1150	26-3477125	501(C)(3)	436,000.				EDUCATION
(11) THE BUCKEYE INSTITUTE FOR PUBLIC POLICY SOL							
88 E BROAD ST, STE 1300 COLUMBUS, OH 43215	31-1278593	501(C)(3)	50,000.				EDUCATION
(12) EDCHOICE INC	$\perp$						
111 MONUMENT CIRCLE, STE 2650	35-1978359	501(C)(3)	800,000.				EDUCATION
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole		$\ldots \ldots \blacktriangleright$	149
3 Enter total number of other organizations lis	ted in the line	1 table					

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

Schedule I (Form 990) 2021

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificati	on number
CHARLES KOCH INSTITUTE						27-4967732	
Part I General Information on Grants and	d Assistanc	е				'	
<ol> <li>Does the organization maintain records to some the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	ts or assistand dures for mor <b>comestic Or</b>	ee? nitoring the use ganizations ar	of grant funds in th	e United States.	nplete if the organiz	ation answered "Y	Yes No
Part IV, line 21, for any recipient the second seco	(b) EIN	(c) IRC section (if applicable)	,000. Part II can (d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MACKINAC CENTER FOR PUBLIC POLICY					,		
PO BOX 568 140 W MAIN ST MIDLAND, MI 48640	38-2701547	501(C)(3)	500,000.				EDUCATION
(2) ACTON INSTITUTE							
98 E FULTON ST GRAND RAPIDS, MI 49503	38-2926822	501(C)(3)	250,000.				EDUCATION
(3) CENTER FOR GROWTH AND OPPORTUNITY							
3525 OLD MAIN HALL LOGAN, UT 84322	45-3564310	501(C)(3)	8,000.				EDUCATION
(4) LIBERTAS INSTITUTE							
785 E 200 S, STE 2 LEHI, UT 84043	45-5254794	501(C)(3)	190,000.				EDUCATION
(5) AMERICA SUCCEEDS							
1390 LAWRENCE ST, STE 200 DENVER, CO 80204	45-5334937	501(C)(3)	100,000.				EDUCATION
(6) THE LAST MILE							
717 MARKET ST, STE 100	46-2899930	501(C)(3)	11,808.				EDUCATION
(7) BRIGID'S PATH							
3601 SOUTH DIXIE DR KETTERING, OH 45439	47-1200761	501(C)(3)	8,000.				EDUCATION
(8) CARDINAL INSTITUTE FOR WEST VIRGINIA POLICY							
PO BOX 11495 CHARLESTON, WV 25339	47-1932521	501(C)(3)	38,000.				EDUCATION
(9) AMERICAN LEGISLATIVE EXCHANGE COUNCIL							
2900 CRYSTAL DR, STE 600	52-0140979	501(C)(3)	12,000.				EDUCATION
(10) NATIONAL TAXPAYERS UNION FOUNDATION							
112 C ST NW, STE 650 WASHINGTON, DC 20001	52-1122683	501(C)(3)	300,000.				EDUCATION
(11) COMMITTEE FOR A RESPONSIBLE FEDERAL BUDGET							
1900 M ST NW, STE 850 WASHINGTON, DC 20036	52-1231278	501(C)(3)	150,000.				EDUCATION
(12) CENTER FOR DEMOCRACY & TECHNOLOGY							
1401 K ST NW, STE 200 WASHINGTON, DC 20005	52-1905358	501(C)(3)	195,000.				EDUCATION
2 Enter total number of section 501(c)(3) and	•	•					
3 Enter total number of other organizations lis	ted in the line	1 table					

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

OMB No. 1545-0047

Schedule I (Form 990) 2021

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificati	on number
CHARLES KOCH INSTITUTE						27-4967732	
Part I General Information on Grants and	d Assistanc	е				•	
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand dures for mor	e?nitoring the use	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	be duplicated if	additional space is n	eeded.	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PHOENIX CENTER FOR ADVANCED LEGAL & ECONOMI							
5335 WISCONSIN AVE NW, STE 440	52-2079266	501(C)(3)	120,000.				EDUCATION
(2) NACDL FOUNDATION FOR CRIMINAL JUSTICE							
1660 L ST NW, 12TH FLOOR	52-2289169	501(C)(3)	304,000.				EDUCATION
(3) INDEPENDENT WOMEN'S FORUM							
1875 I ST NW, STE 500 WASHINGTON, DC 20006	54-1670627	501(C)(3)	150,000.				EDUCATION
(4) GEORGIA CENTER FOR OPPORTUNITY							
333 RESEARCH CT, STE 210	58-1928520	501(C)(3)	150,000.				EDUCATION
(5) THE POYNTER INSTITUTE FOR MEDIA STUDIES, IN							
801 THIRD ST S ST PETERSBURG, FL 33701	59-1630423	501(C)(3)	300,000.				EDUCATION
(6) THE JAMES MADISON INSTITUTE FOR PUBLIC POLI							
100 N DUVAL ST TALLAHASSEE, FL 32301	59-2811908	501(C)(3)	70,000.				EDUCATION
(7) PRISON FELLOWSHIP MINISTRIES							
PO BOX 1550 MERRIFIELD, VA 22116	62-0988294	501(C)(3)	260,000.				EDUCATION
(8) TEXAS PUBLIC POLICY FOUNDATION							
901 CONGRESS AVE AUSTIN, TX 78701	74-2524057	501(C)(3)	765,000.				EDUCATION
(9) YOUNG VOICES							
220 ALLISON ST NW, APT 105	81-2593815	501(C)(3)	34,000.				EDUCATION
(10) FOSTER RUSSELL FAMILY FOUNDATION							
3552 DIAMONDHEAD DR PLANO, TX 75057	81-4065243	501(C)(3)	50,000.				EDUCATION
(11) THREAD, INC							
PO BOX 1584 BALTIMORE, MD 21203	84-1700955	501(C)(3)	12,000.				EDUCATION
(12) BARRY GOLDWATER INSTITUTE FOR PUBLIC POLICY							
500 E CORONADO RD PHOENIX, AZ 85004	86-0597661	501(C)(3)	703,500.				EDUCATION
2 Enter total number of section 501(c)(3) and	•	•				▶	
3 Enter total number of other organizations list	ted in the line	1 table					

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

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

OMB No. 1545-0047

Department of the Treasury

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

Open to Public Inspection

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

Name of the organization Employer identification number CHARLES KOCH INSTITUTE 27-4967732 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) PACIFIC LEGAL FOUNDATION 501(C)(3) 930 G ST SACRAMENTO, CA 95814 94-2197343 1,008,000 EDUCATION (2) PACIFIC RESEARCH INSTITUTE 154,000 ONE EMBARCADERO CENTER, STE 350 94-2528433 501(C)(3) EDUCATION (3) REASON FOUNDATION 5737 MESMER AVE LOS ANGELES, CA 90230 95-3298239 501(C)(3) 1,406,369 EDUCATION (4) BILL OF RIGHTS INSTITUTE 48-0891418 501(C)(3) 1,000,000 1310 NORTH COURTHOUSE RD, STE 620 EDUCATION (5) JOHN QUINCY ADAMS SOCIETY 1320 N COURTHOUSE RD, STE 500 81-3308969 501(C)(3) 7,656. EDUCATION (6) INTERNATIONAL CENTER FOR LAW & ECONOMICS 1104 NW 15TH AVE, STE 300 52-2363626 501(C)(3) 592,000. EDUCATION (7) MINERVA INSTITUTE FOR RESEARCH AND SCHOLARS 1145 MARKET ST, 9TH FLOOR 46-2589747 501(C)(3) 665,000. EDUCATION (8) BEACON CENTER OF TENNESSEE 1200 CLINTON ST, #205 NASHVILLE, TN 37203 20-1808567 501(C)(3) 220,000 EDUCATION (9) BALLOTPEDIA 301 S BEDFORD ST, STE 6 MADISON, WI 53703 20-8036372 501(C)(3) 245,000 EDUCATION (10) NEW CIVIL LIBERTIES ALLIANCE 1225 19TH ST NW, STE 450 81-3474290 501(C)(3) 1,008,000. EDUCATION (11) AMERICAN JURIS LINK 7000 N 16 ST, STE 120-155 PHOENIX, AZ 85020 84-2191039 501(C)(3) 225,000 EDUCATION (12) CHICAGO COUNCIL ON GLOBAL AFFAIRS TWO PRUDENTIAL PLAZA 180 N STETSON AVE, STE 36-2181969 501(C)(3) 183,666 EDUCATION 

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

Schedule I (Form 990) 2021

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

OMB No. 1545-0047
2021

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

name of the organization						Employer Identificat	ion number		
CHARLES KOCH INSTITUTE						27-4967732			
Part I General Information on Grants a	nd Assistanc	е							
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's proc</li> </ol>	ints or assistand	e?					Yes No		
Part II Grants and Other Assistance to	<b>Domestic Or</b>	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,		
Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.			
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) MISSISSIPPI CENTER FOR PUBLIC POLICY									
520 GEORGE ST JACKSON, MS 39202	64-0797905	501(C)(3)	190,000.				EDUCATION		
(2) CONCORDIA UNIVERSITY - WISCONSIN									
12800 N LAKE SHORE DR MEQUON, WI 53097	39-0833608	501(C)(3)	25,000.				EDUCATION		
(3) PEGASUS INSTITUTE									
235 S 5TH ST LOUISVILLE, KY 40202	81-3358989	501(C)(3)	50,000.				EDUCATION		
(4) ATLANTIC COUNCIL									
1030 15TH ST NW, 12TH FLOOR	52-0742294	501(C)(3)	900,000.				EDUCATION		
(5) NATIONAL CONSTITUTION CENTER									
525 ARCH STREET, INDEPENDENCE MALL	23-2434447	501(C)(3)	343,000.				EDUCATION		
(6) FAIR TRIALS AMERICAS									
5 CASTLE RD LONDON , UK NW1 8PR UK NW1 8PR	82-1433644	501(C)(3)	100,000.				EDUCATION		
(7) THE QUINCY INSTITUTE									
2000 PENNSYLVANIA AVE NW, #7000	84-2285143	501(C)(3)	655,000.				EDUCATION		
(8) COUNCIL ON CRIMINAL JUSTICE									
700 PENNSYLVANIA AVE SE=	83-1925775	501(C)(3)	185,000.				EDUCATION		
(9) NATIONAL FOUNDATION FOR AMERICAN POLICY									
2111 WILSON BLVD, STE 700	20-0094633	501(C)(3)	75,000.				EDUCATION		
(10) BIPARTISAN POLICY CENTER									
1225 EYE ST NW, STE 1000	73-1628382	501(C)(3)	255,000.				EDUCATION		
(11) MORE IN COMMON									
115 BROADWAY ST, FLOOR 5 NEW YORK, NY 10006	82-3043917	501(C)(3)	250,000.				EDUCATION		
(12) COUNCIL ON FOREIGN RELATIONS									
58 EAST 68TH ST NEW YORK, NY 10065	13-1628168	501(C)(3)	60,000.				EDUCATION		
2 Enter total number of section 501(c)(3) an	J	J							
3 Enter total number of other organizations I	isted in the line	1 table							

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

OMB No. 1545-0047
2021

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization	ne of the organization							
CHARLES KOCH INSTITUTE						27-4967732		
Part I General Information on Grants a	ınd Assistanc	е						
<ol> <li>Does the organization maintain records to the selection criteria used to award the graze</li> <li>Describe in Part IV the organization's process.</li> <li>Part II Grants and Other Assistance to Part IV, line 21, for any recipient.</li> </ol>	ants or assistance edures for mor Domestic Or	ee? nitoring the use ganizations ar	of grant funds in th	e United States.	nplete if the organiz	ation answered "Y	Yes No	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) RECIDIVIZ INC								
1655 PINE LANE PROVO, UT 84604	82-5181074	501(C)(3)	2,932,475.				EDUCATION	
(2) THE FAIRNESS CENTER								
PO BOX 1482 1675 CAMP HILL BYPASS	46-4482738	501(C)(3)	225,000.				EDUCATION	
(3) FEDERALIST SOCIETY								
1776 I ST NW, STE 300 WASHINGTON, DC 20006	36-3235550	501(C)(3)	1,000,000.				EDUCATION	
(4) FOREIGN POLICY RESEARCH INSTITUTE								
1528 WALNUT ST, STE 610	23-1731998	501(C)(3)	49,500.				EDUCATION	
(5) COMMONWEALTH FOUNDATION								
225 STATE ST, STE 302 HARRISBURG, PA 17101	23-2473845	501(C)(3)	150,000.				EDUCATION	
(6) EURASIA GROUP								
149 5TH AVE, 15TH FLOOR NEW YORK, NY 10010	52-1780162	501(C)(3)	700,000.				EDUCATION	
(7) THE SIXTH AMENDMENT CENTER								
PO BOX 15556 BOSTON, MA 02215	45-3477185	501(C)(3)	186,000.				EDUCATION	
(8) FRASER INSTITUTE								
1770 BURRARD ST, 4TH FLOOR	98-0032427	501(C)(3)	75,000.				EDUCATION	
(9) PRINCETON UNIVERSITY								
244 CORWIN HALL PRINCETON, NJ 08544	21-0634501	501(C)(3)	500,000.				EDUCATION	
(10) MASTERY TRANSCRIPT CONSORTIUM								
PO BOX 412 SAWYER, MI 49125	81-4974458	501(C)(3)	156,000.				EDUCATION	
(11) NEW AMERICA FOUNDATION								
740 15TH ST NW, STE 900	52-2096845	501(C)(3)	249,000.				EDUCATION	
(12) BELLWETHER EDUCATION PARTNERS								
1426 9TH ST NW, STE 200	26-1914515	501(C)(3)	1,000,000.				EDUCATION	
2 Enter total number of section 501(c)(3) an	d government	organizations lis	sted in the line 1 tal	ole				
3 Enter total number of other organizations	listed in the line	1 table						

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

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

OMB No. 1545-0047 2021

**Open to Public** 

Department of the Treasury Internal Revenue Service

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

Inspection ► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number CHARLES KOCH INSTITUTE 27-4967732 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) TECHNOLOGY POLICY INSTITUTE 409 12TH ST SW, STE 700 20-5835776 501(C)(3) 200,000 EDUCATION (2) PROJECT ON GOVERNMENT OVERSIGHT 60,000. 1100 G ST NW, STE 500 WASHINGTON, DC 20005 52-1739443 501(C)(3) EDUCATION (3) SEARCH FOR COMMON GROUND 1730 RHODE ISLAND AVE NW, STE 1101 52-1257425 501(C)(3) 200,000 EDUCATION (4) TRANSCEND INC 689 DOUGLASS ST SAN FRANCISCO, CA 94114 30-0878820 501(C)(3) 305,000 EDUCATION (5) ENGINE FOUNDATION, INC. 700 PENNSYLVANIA AVE SE 82-3475407 501(C)(3) 70,000. EDUCATION (6) 4.0 SCHOOLS 501(C)(3) 612 ANDREW HIGGINS NEW ORLEANS, LA 70130 27-3474661 2,500,000 EDUCATION (7) TEL FOUNDATION (TRUTH, ENTERPRISE, LIBERTY 47-1391457 501(C)(3) 1,223,360 2602 S SHINNERY OAK CT STILLWATER, OK 74074 EDUCATION (8) FRONTIER INSTITUTE 615 LEGEND LOOP, APT 309 HELENA, MT 59602 85-0998465 501(C)(3) 110,000 EDUCATION (9) INSTITUTE FOR FREE SPEECH 124 S WEST ST, STE 201 ALEXANDRIA, VA 22314 20-3676886 501(C)(3) 274,000 EDUCATION (10) DEFENSE PRIORITIES FOUNDATION 1 THOMAS CIRCLE NW, STE 700 81-0714113 501(C)(3) 1,521,000 EDUCATION (11) TO THE VILLAGE SQUARE INC PO BOX 10352 TALLAHASSEE, FL 32302 32-0182830 501(C)(3) 11,400. EDUCATION (12) PARTNERSHIP FOR A NEW AMERICAN ECONOMY RESE 909 THIRD AVE NEW YORK, NY 10022 32-0325450 501(C)(3) 111,000 EDUCATION 

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

Schedule I (Form 990) 2021

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

OMB No. 1545-0047
2021

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization	of the organization							
CHARLES KOCH INSTITUTE						27-4967732		
Part I General Information on Grants and	d Assistanc	е						
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	d' eligibility for the grant	s or assistance, and		
the selection criteria used to award the grant	s or assistand	e?					Yes No	
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	e United States.				
Part    Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments Con	nolete if the organiz	ation answered "Y	es" on Form 990	
Part IV, line 21, for any recipient the		_					00 0111 01111 000,	
		1			·		1 #15	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) HOME BUILDERS INSTITUTE								
1201 15TH ST NW WASHINGTON, DC 20005	52-1266885	501(C)(3)	550,000.				EDUCATION	
(2) URBAN INSTITUTE								
500 L'ENFANT PLAZA SW WASHINGTON, DC 20024	52-0880375	501(C)(3)	156,300.				EDUCATION	
(3) EDWARD CHARLES FOUNDATION								
269 SOUTH BEVERLY DR, STE 338	26-4245043	501(C)(3)	1,150,000.				EDUCATION	
(4) FOREIGN POLICY FOR AMERICA								
722 12TH ST NW, STE 300	83-1512677	501(C)(3)	76,500.				EDUCATION	
(5) RAND CORPORATION								
PO BOX 2138, 1776 MAIN ST	95-1958142	501(C)(3)	655,000.				EDUCATION	
(6) EURASIA GROUP FOUNDATION								
79 MADISON AVE NEW YORK, NY 10016	81-1614189	501(C)(3)	12,531.				EDUCATION	
(7) PROPERTY AND ENVIRONMENT RESEARCH CENTER								
2048 ANALYSIS DR, STE A BOZEMAN, MT 59718	81-0393444	501(C)(3)	600,000.				EDUCATION	
(8) AFTERSCHOOL ALLIANCE								
1101 14TH ST NW, STE 700	52-2275123	501(C)(3)	250,000.				EDUCATION	
(9) INFORMATION TECHNOLOGY AND INNOVATION FOUND								
700 K ST NW, STE 600 WASHINGTON, DC 20001	20-4403497	501(C)(3)	134,000.				EDUCATION	
(10) THINK FREELY MEDIA								
190 S LASALLE ST, STE 1500	27-1110796	501(C)(3)	12,000.				EDUCATION	
(11) CENTER FOR EMPLOYMENT OPPORTUNITIES								
50 BROADWAY, STE 1604 NEW YORK, NY 10004	13-3843322	501(C)(3)	150,000.				EDUCATION	
(12) TECHFREEDOM								
110 MARYLAND AVE NE, STE 205	27-3567814	501(C)(3)	8,000.				EDUCATION	
2 Enter total number of section 501(c)(3) and	•	•				▶		
3 Enter total number of other organizations lis	ted in the line	1 table						

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

OMB No. 1545-0047
2021

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

CHARLES KOCH INSTITUTE						27-4967732					
Part I General Information on Grants a	nd Assistanc	е				•					
<ol> <li>Does the organization maintain records to the selection criteria used to award the grants</li> <li>Describe in Part IV the organization's process.</li> </ol>	nts or assistand edures for mor	e? nitoring the use	of grant funds in the	e United States.			Yes No				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) SOCIETY FOR HUMAN RESOURCE MANAGEMENT											
1800 DUKE ST ALEXANDRIA, VA 22314	34-6610067	501(C)(3)	15,000.				EDUCATION				
(2) TURNAROUND FOR CHILDREN											
25 WEST 45TH ST, 6TH FLOOR	06-1495529	501(C)(3)	745,940.				EDUCATION				
(3) ROCKEFELLER PHILANTHROPY ADVISORS INC											
6 WEST 48TH ST, 10TH FLOOR	13-3615533	501(C)(3)	2,200,000.				EDUCATION				
(4) INTERNATIONAL CRISIS GROUP											
1629 K ST, STE 450 WASHINGTON, DC 20006	52-5170039	501(C)(3)	800,000.				EDUCATION				
(5) CENTER FOR A NEW AMERICAN SECURITY											
1152 15TH ST NW, STE 950	20-8084828	501(C)(3)	65,000.				EDUCATION				
(6) TAKING ACTION FOR GOOD											
PO BOX 16834 MEMPHIS, TN 38186	85-0777855	501(C)(3)	256,000.				EDUCATION				
(7) THE MANUFACTURING INSTITUTE											
733 10TH ST NW, STE 700	52-1073576	501(C)(3)	600,000.				EDUCATION				
(8) STIMSON CENTER											
1211 CONNECTICUT AVE NW, 8TH FLOOR	52-1640938	501(C)(3)	112,180.				EDUCATION				
(9) COMMUNITY LEGAL SERVICES OF PHILADELPHIA											
1424 CHESTNUT ST PHILADELPHIA, PA 19102	23-1671562	501(C)(3)	50,000.				EDUCATION				
(10) EDUCATION REIMAGINED											
1133 19TH ST NW, STE 410	83-1086088	501(C)(3)	168,000.				EDUCATION				
(11) ARCHBRIDGE INSTITUTE											
1875 K ST NW, OFFICE 439	47-4252296	501(C)(3)	62,500.				EDUCATION				
(12) CHRISTIAN MINISTRY ALLIANCE											
16214 W GRANADA RD GODDYEAR, AZ 85395	46-3408177	501(C)(3)	35,000.				EDUCATION				
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations li</li></ul>	•	•									

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

OMB No. 1545-0047

Department of the Treasury

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

Open to Public Inspection

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

Name of the organization Employer identification number CHARLES KOCH INSTITUTE 27-4967732 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) CHRISTENSEN INSTITUTE 92 HAYDEN AVE LEXINGTON, MA 02421 26-0264045 501(C)(3) 200,000 EDUCATION (2) THE HALO INITIATIVE PO BOX 830550 RICHARDSON, TX 75083 85-1229719 30,000. 501(C)(3) EDUCATION (3) AMERICAN FRIENDS OF THE IDC 142 W 57TH ST, 11TH FLOOR 31-1577589 501(C)(3) 40,000. EDUCATION (4) PUBLIC AGENDA 13-2847587 501(C)(3) 20,000. 1 DOCK 72 WAY, 7TH FLOOR, STE 6101 EDUCATION (5) DISCOVERY INSTITUTE 208 COLUMBIA ST SEATTLE, WA 98104 91-1521697 501(C)(3) 25,000. EDUCATION (6) TEXAS FAIR DEFENSE PROJECT 501(C)(3) 314 E HIGHLAND MALL BLVD, STE 108 38-3740913 186,000 EDUCATION (7) THE CICERO INSTITUTE 907 S CONGRESS AVE AUSTIN, TX 78704 501(C)(3) 86-1325445 150,000 EDUCATION (8) QUINCY INSTITUTE FOR RESPONSIBLE STATECRAFT 2000 PENNSYLVANIA AVE NW, #7000 84-2285143 501(C)(3) 13,592. EDUCATION (9) CENTER FOR MIGRATION STUDIES OF NEW YORK 307 E 60TH ST, 4TH FLOOR NEW YORK, NY 10022 23-7036022 501(C)(3) 132,000 EDUCATION (10) IMMIGRANTS LIKE US 300 BOYLSTON ST BOSTON, MA 02116 85-0738610 501(C)(3) 350,000 EDUCATION (11) FARM FOUNDATION 1301 WEST 22ND ST, STE 906 26-4499028 501(C)(3) 29,700. EDUCATION (12) THE INSTITUTE FOR PEACE & DIPLOMACY 1530 KEY BLVD ARLINGTON, VA 22209 87-2476711 501(C)(3) 60,000. EDUCATION 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . . 

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

Schedule I (Form 990) 2021

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

2021

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

Open to Public Inspection

Schedule I (Form 990) 2021

Employer identification number

CHARLES KOCH INSTITUTE						27-4967732					
Part I General Information on Grants an	d Assistanc	е									
<ol> <li>Does the organization maintain records to see the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process.</li> </ol>	its or assistand	e?					Yes No				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) SCHOOLHOUSE.WORLD											
3790 EL CAMINO REAL, UNIT 544	85-3101725	501(C)(3)	550,000.				EDUCATION				
(2) AMERICAN AFFAIRS JOURNAL											
PO BOX 3000 DENVILLE, NJ 07834	81-4814174	501(C)(3)	30,000.				EDUCATION				
(3) COUNCIL OF STATE GOVERNMENTS											
1776 AVENUE OF THE STATES	36-6000818	501(C)(3)	62,500.				EDUCATION				
(4) JUDICIAL EDUCATION INSTITUTE											
535 FAIRVIEW PL LEXINGTON, VA 24450	84-4745832	501(C)(3)	75,000.				EDUCATION				
(5) LAND CONSERVATION ASSISTANCE NETWORK											
74 LUNT ROAD, STE 300 FALMOUTH, ME 04105	01-0531683	501(C)(3)	200,000.				EDUCATION				
(6) PEW CHARITABLE TRUSTS											
ONE COMMERCE SQUARE, STE 2800, 2005 MARKET	56-2307147	501(C)(3)	200,000.				EDUCATION				
(7) AMERICAN PROBATION AND PAROLE ASSOCIATION											
701 E 22ND ST, STE 110 LOMBARD, IL 60148	56-1150454	501(C)(3)	35,000.				EDUCATION				
(8) RESOURCES FOR THE FUTURE											
1616 P ST NW WASHINGTON, DC 20036	53-0220900	501(C)(3)	200,000.				EDUCATION				
(9) COMPETITIVE ENTERPRISE INSTITUTE											
1310 L ST NW, 7TH FLOOR	52-1351785	501(C)(3)	50,000.				EDUCATION				
(10) SILICON SCHOOLS FUND											
827 BROADWAY, STE 300= OAKLAND, CA 94607	45-4860788	501(C)(3)	500,000.				EDUCATION				
(11) TALENT MARKET											
2868 TRADEWIND DR MOUNT PLEASANT, SC 29466	52-1928321	501(C)(3)	75,000.				EDUCATION				
(12) CHILDREN'S HOME SOCIETY OF NORTH CAROLINA											
PO BOX 14608 GREENSBORO, NC 27415	56-0529946	501(C)(3)	150,000.				EDUCATION				
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole							
3 Enter total number of other organizations lis	sted in the line	1 table									

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

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

OMB No. 1545-0047
2021

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Name of the organization

CHARLES KOCH INSTITUTE

27-4967732

award the grants nization's procedussistance to Do	or assistanc ures for mor omestic Org	e? nitoring the use ganizations ar	of grant funds in the	e United States.	eligibility for the grants	ation answered "Y	Yes No							
nization's proceding ssistance to Do any recipient the ganization	ures for mor omestic Org at received	ganizations ar more than \$5	of grant funds in the	e United States. vernments. Com	plete if the organiz	ation answered "Y								
assistance to Do any recipient the	omestic Org at received	ganizations ar more than \$5	nd Domestic Gov	rernments. Com			es" on Form 990,							
any recipient the	at received	more than \$5					es" on Form 990,							
ganization	I		,000. Part II can b	be duplicated if a	additional chace is a									
	(b) EIN	(c) IRC section	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.											
J, HI 96813		(if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance							
J, HI 96813														
	82-4525112	501(C)(3)	50,000.				EDUCATION							
ΓER														
DC 20036	52-1162185	501(C)(3)	95,000.				EDUCATION							
	45-2119421	501(C)(3)	250,000.				EDUCATION							
	20-2035406	501(C)(3)	378,000.				EDUCATION							
	86-3502300	501(C)(3)	250,000.				EDUCATION							
3	83-1666979	501(C)(3)	500,000.				EDUCATION							
IL 60604	30-0212534	501(C)(3)	250,000.				EDUCATION							
0007	81-2624011	501(C)(3)	16,000.				EDUCATION							
115	04-1679980	501(C)(3)	8,000.				EDUCATION							
	27-3192716	501(C)(3)	8,000.				EDUCATION							
5	20-1297050	501(C)(3)	8,000.				EDUCATION							
	81-2803662	i contract of the contract of												
	IL 60604	8 83-1666979  IL 60604 30-0212534  0007 81-2624011  .15 04-1679980  27-3192716	8 83-1666979 501(C)(3)  IL 60604 30-0212534 501(C)(3)  0007 81-2624011 501(C)(3)  .15 04-1679980 501(C)(3)  27-3192716 501(C)(3)	83-1666979 501(C)(3) 500,000.  IL 60604 30-0212534 501(C)(3) 250,000.  0007 81-2624011 501(C)(3) 16,000.  15 04-1679980 501(C)(3) 8,000.  27-3192716 501(C)(3) 8,000.	83 83-1666979 501(C)(3) 500,000.  IL 60604 30-0212534 501(C)(3) 250,000.  0007 81-2624011 501(C)(3) 16,000.  15 04-1679980 501(C)(3) 8,000.  27-3192716 501(C)(3) 8,000.	83 83-1666979 501(C)(3) 500,000.  IL 60604 30-0212534 501(C)(3) 250,000.  81-2624011 501(C)(3) 16,000.  15 04-1679980 501(C)(3) 8,000.  27-3192716 501(C)(3) 8,000.	83 83-1666979 501(C)(3) 500,000.  IL 60604 30-0212534 501(C)(3) 250,000.  0007 81-2624011 501(C)(3) 16,000.  15 04-1679980 501(C)(3) 8,000.  27-3192716 501(C)(3) 8,000.							

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

Schedule I (Form 990) 2021

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

OMB No. 1545-0047

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

**Open to Public** Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

CHARLES KOCH INSTITUTE						27-4967732	
Part I General Information on Grants	and Assistanc	е				•	
<ol> <li>Does the organization maintain records to the selection criteria used to award the gr</li> <li>Describe in Part IV the organization's pro</li> </ol>	rants or assistand	e?					Yes No
Part II Grants and Other Assistance to	o Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipier	nt that received	more than \$5	,000. Part II can I	oe duplicated if a	additional space is r	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MONTCLAIR LOCAL NONPROFIT NEWS							
PO BOX 752 MONTCLAIR, NJ 07042	83-3801012	501(C)(3)	8,000.				EDUCATION
(2) BAY NATURE INSTITUTE							
1328 SIXTH ST, #2 BERKELEY, CA 94710	76-0744881	501(C)(3)	8,000.				EDUCATION
(3) CONNETICUT NEWS PROJECT							
1049 ASYLUM AVE HARTFORD, CT 06105	27-0583046	501(C)(3)	8,000.				EDUCATION
(4) THE 74 MEDIA, INC.							
222 BROADWAY, FLOOR 19 NEW YORK, NY 10038	47-2788684	501(C)(3)	8,000.				EDUCATION
(5) CHICAGO PUBLIC MEDIA INC							
848 EAST GRAND AVE, NAVY PIER	36-3687394	501(C)(3)	7,000.				EDUCATION
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organizations</li></ul>	•	•					

Schedule I (Form 990) (2021) CHARLES KOCH INSTITUTE 27-4967732 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EDUCATIONAL PROGRAMS	125	383,698.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

THE ORGANIZATION PROVIDED GRANTS TO THE ABOVE-MENTIONED ENTITIES TO ENABLE INDIVIDUALS WORKING AT (AND SELECTED BY) THE GRANTEES TO ATTEND THE ORGANIZATION'S CLASSROOM EDUCATIONAL PROGRAMS AS STUDENTS. THE GRANT AWARD LETTERS PROHIBIT THE GRANTEE FROM USING THE GRANT FUNDS FOR LOBBYING AND POLITICAL PURPOSES, AND MAY REQUIRE THE GRANTEE TO FURNISH A REPORT TO THE ORGANIZATION DESCRIBING THE CHARITABLE AND EDUCATIONAL ACTIVITIES IN CONNECTION WITH THE ORGANIZATION'S EDUCATIONAL PROGRAMS FULFILLED BY THE USE OF GRANT

Schedule I (Form 990) (2021) CHARLES KOCH INSTITUTE 27-4967732

# 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_ 2					
3					
_4					
_ 5					
_ 6					
_7					

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

FUNDS. ALL GRANTS WERE MADE PURSUANT TO THE REQUIREMENT THAT THEY BE

EXPENDED EXCLUSIVELY FOR 501(C)(3)PURPOSES. THE ORGANIZATION REVIEWS

RECIPIENT'S FORM 990, IRS TAX-EXEMPTION LETTER, AND VALIDATES THE

RECIPIENT'S TAX ID NUMBER.

Page 2

Department of the Treasury

Internal Revenue Service

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHARLES KOCH INSTITUTE

Employer identification number

27-4967732

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

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 CHARLES KOCH INSTITUTE 27-4967732 Page 2

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
HUGH CHERRY	(i)	122,777.	40,000.	NONE	9,900.	22,986.	195,663.	NONE
1 DIRECTOR, EDUCATION	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TIMOTHY MCCAUGHAN	(i)	143,434.	25,000.	NONE	10,500.	27,035.	205,969.	NONE
2 SR. MANAGER, MEDIA PR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021 CHARLES KOCH INSTITUTE 27-4967732 Page **3** 

#### Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 7

INSTITUTE.

INCENTIVE COMPENSATION IS BASED ON EXTRAORDINARY EFFORTS AND SERVICES PROVIDED TO THE ORGANIZATION, NOT BASED ON FINANCIAL RESULTS OF THE

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 27-4967732

CHARLES KOCH INSTITUTE

FORM 990, PART I, LINE 1

ADVANCE THESE PRINCIPLES, CHALLENGE CONVENTION, AND ELIMINATE BARRIERS
THAT STIFLE CREATIVITY AND PROGRESS.

FORM 990, PART III, LINE 1

INSPIRED BY A RECOGNITION THAT FREE PEOPLE ARE CAPABLE OF EXTRAORDINARY

THINGS, STAND TOGETHER FELLOWSHIPS SUPPORTS EDUCATIONAL PROGRAMS AND

DIALOGUE TO ADVANCE THESE PRINCIPLES, CHALLENGE CONVENTION, AND ELIMINATE

BARRIERS THAT STIFLE CREATIVITY AND PROGRESS.

FORM 990, PART VI, SECTION A, LINE 2

CHARLES G. KOCH, ELIZABETH B. KOCH AND CHARLES CHASE KOCH HAVE A FAMILY RELATIONSHIP. VARIOUS OFFICERS AND DIRECTORS HAVE A BUSINESS RELATIONSHIP.

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

THE ORGANIZATION HAS ONE MEMBERSHIP CLASS. THE MEMBERSHIP CLASS CONSISTS OF ONE MEMBER, CLASS A MEMBER.

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

THE CLASS A MEMBER HAS THE ABILITY TO APPOINT SUCCESSOR CLASS A MEMBERS,

SERVE AS CHAIR OF THE BOARD OF DIRECTORS OR APPOINT CHAIR OF THE BOARD OF

DIRECTORS, DETERMINE THE SIZE OF THE BOARD OF DIRECTORS, ELECT THE BOARD

OF DIRECTORS, REMOVE THE BOARD OF DIRECTORS, AND APPROVE MAJOR

TRANSACTIONS APPROVED BY THE BOARD.

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

AN INDEPENDENT ACCOUNTING FIRM PREPARED AND REVIEWED THE FORM 990. A FULL DRAFT OF THE 990 ALONG WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO INTERNAL MANAGEMENT AND LEGAL COUNSEL FOR REVIEW. ALL QUESTIONS ARE

# SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

ADDRESSED AND ANY MODIFICATIONS ARE MADE, IF NECESSARY.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS PROPOSED

TRANSACTIONS WHERE INTERESTED PERSONS (I.E., BOARD MEMBERS AND OFFICERS)

MAY HAVE A FINANCIAL INTEREST IN A TRANSACTION BEING CONSIDERED BY THE

BOARD OF DIRECTORS OR A COMMITTEE THEREOF. THE BOARD OR COMMITTEE THEREOF

HAS VARIOUS OPTIONS TO ADDRESS THE PROPOSED TRANSACTION AND WHETHER IT

PRESENTS A CONFLICT OF INTEREST, INCLUDING EVALUATING THE FAIRNESS OF THE

TRANSACTION, WHETHER TO APPOINT A DISINTERESTED PERSON(S) OR COMMITTEE TO

EVALUATE THE TRANSACTION, CONSULTING LEGAL COUNSEL, ETC.

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

THE ORGANIZATION MAKES ALL REQUIRED DISCLOSURES AVAILABLE TO THE PUBLIC UNDER IRS REGULATIONS.

#### FORM 990, PART XI, LINE 9

PARTNERSHIP INCOME

\$ 894,597

Name of the organization

CHARLES KOCH INSTITUTE

Employer identification number
27-4967732

FORM 990, PART VII-COMPENSATION OF THE 5 HIG		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SILVERBACK STRATEGIES		
625 N WASHINGTON STREET, SUITE 250		
ALEXANDRIA, VI 22314	WEB DEV & HOSTING	181,667.
REAL CLEAR FOUNDATION		
666 DUNDEE ROAD, BLDG 600		
NORTHBROOK, IL 60062	MEDIA SERVICES	150,000.
10112112110011, 22 00002	52 52	250,000.
DEROCHE CONSULTING GROUP INC		
1736 WOLLAM STREET		
LOS ANGELES, CA 90065	CONSULTING	140,000.
SALESFORCE.ORG		
ONE MARKET STREET, SUITE 300		
SAN FRANCISCO, CA 94105	LICENSES	121,090.
		,

Department of the Treasury

Internal Revenue Service

Name of the organization

# **Related Organizations and Unrelated Partnerships**

 $\blacktriangleright$  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.

OMB No. 1545-0047
2021
Open to Public
Inspection

CHARLES KOCH INSTITUTE

Employer identification number 27-4967732

(a) Name, address, and EIN (if app		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CKI EVENTS LLC	27-4967732		, a s s g s s s s y,			
1320 N COURTHOUSE RD STE 400	ARLINGTON, VA 22201	SCHOOL EVENTS	DE	NONE	NONE	STFEL
(2) WEB MEDIA LLC						
1320 N COURTHOUSE RD STE 400	ARLINGTON, VA 22201	WEB HOSTING	DE	NONE	NONE	STFEL
(3)						
(4)						
(5)						
(6)						

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.

(a) Name, address, and EIN of related organization	<b>(b)</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	conti	g) 512(b)(13) rolled iity?
SEE SUPPLEMENTAL PAGE						Yes	No
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 CHARLES KOCH INSTITUTE 27-4967732 Page **2** 

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner		<b>(k)</b> Percentage ownership
		• *					Yes	No		Yes	No	
(1) STVL3, LLC 85-2667830												
1320 N COURTHOUSE RD STE 500	INVESTMENTS	DE	STFEL	EXCLUDED	85,156.	2,541,925.		Х	NONE		Х	57.7649
(2) NON-PROFIT 1888 FEEDER FUND												
PO BOX 5004 WICHITA, KS 67201	INVESTMENTS	KS	N/A	EXCLUDED	56,440,199.	613,353,955.		Х	894,596.		Х	19.0079
_(3)	_											
(4)	_											
(5)	_											
(6)												
(7)												

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

				, ,					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(1 controlle entity?	n 13) ed ?
								Yes No	0
(1) MBM CENTER, INC. 81-4065996									
1320 N COURTHOUSE RD. STE 500 ARLINGTON, VA 22201	CONSULTING	DE	STFEL	C CORP	1,582,577.	32,125,809.	100.0000	х	
(2)									_
<u> </u>									
(3)									_
<u> </u>									
(4)									_
<u>(')</u>									
(5)									_
_(0)									
(6)									_
_(v)	-								
(7)									_
<u>\( \frac{1}{2} \) \( \frac{1}{2} \)</u>	-								
	1		1			1	1		

 Schedule R (Form 990) 2021
 CHARLES KOCH INSTITUTE
 27-4967732
 Page 3

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more rela	ated organizations liste	ed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•			1a		X
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
,	25005 of facilities, equipment, of earth according to facilities of garinzation (6), 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11	х	
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				-	Х	
	Sharing of paid employees with related organization(s)				10	х	
Ŭ	on anning of paid on proyosos with rotated organization(b)						
n	Reimbursement paid to related organization(s) for expenses				1р		Х
	Reimbursement paid by related organization(s) for expenses				1q	х	
٩	Troinibuloonion pala by rolatou organization(o) for oxponeous TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT						
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s).				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including cover	ed relationships and transa	action thres		S.	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method o	of detei nt invo		g
		type (a-s)		amou	111 11110	iveu	
(1)	MBM CENTER, INC (CAPITAL CONTRIBUTION TO A	В	13,907,000.	CASH			
(2)	POOLED INVESTMENT FUND)						
(3)	STVL3, LLC (CAPITAL CONTRIBUTION TO A POOLED	В	2,550,000.	CASH			
-			·				
(4)	INVESTMENT FUND)						
-							
(5)	NON-PROFIT 1888 FEEDER FUND	S	35,000,000.	CASH			
-			·				
(6)							
							_

Schedule R (Form 990) 2021 CHARLES KOCH INSTITUTE 27-4967732 Page **4** 

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

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

(a) Name, address, and EIN of 6	entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all sec 501(	partners tion c)(3) ations?	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	ner?	(k) Percentage ownership
				sections 512 - 514)	Yes	No		Yes	No		Yes	No	
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

 Schedule R (Form 990) 2021
 CHARLES KOCH INSTITUTE
 27-4967732
 Page 5

# Part VII

#### **Supplemental Information**

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

PART II - IDENITFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN			(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
CHARLES KOCH FOUNDATION	48-09184	08				
1320 N COURTHOUSE RD. STE 400	ARLINGTON, VA 2220	1				
	GRANT MAKING	KS	501(C)(3)	PF	STFEL	X
STAND TOGETHER FOUNDATION	27-31977	68				
1320 N COURTHOUSE RD STE 220	ARLINGTON, VA 2220	1				
	PUBLIC CHARIT	DE	501(C)(3)	7	STFEL	Х
STAND TOGETHER TRUST	46-35083	66				
1320 N COURTHOUSE RD STE 400	ARLINGTON, VA 2220	1				
	GRANT MAKING	DE	501(C)(3)	7	STFEL	Х
BELIEVE IN PEOPLE INC	47-31759	31				
PO BOX 5004	WICHITA, KS 67201					
	GRANT MAKING	DE	501(C)(4)	N/A	STFEL	X
KNOWLEDGE AND PROGRESS FUND INC	C 54-18992	51				
PO BOX 2256	WICHITA, KS 67201					
	GRANT MAKING	KS	501(C)(3)	PF	STFEL	X
CCKC4 INC	83-31161	52				
PO BOX 5004	WICHITA, KS 67201					
	GRANT MAKING	DE	501(C)(4)	N/A	STFEL	Х
CHARLES KOCH CHARITABLE FOUNDA	TION 85-40588	82				
1320 N COURTHOUSE RD STE 400	ARLINGTON, VA 22203	1				
	GRANT MAKING	DE	501(C)(3)	PF	STFEL	Х
CHASE KOCH FOUNDATION INC	83-16973	05				
PO BOX 5004	WICHITA, KS 57201					
	GRANT MAKING	DE	501(C)(3)	PF	STFEL	X

Form <b>990-T</b>	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	OMB No. 1545-0047
	For calendar year 2021 or other tax year beginning $01/01$ , 2021, and ending $12/31$ , 20 $2$	2021
Department of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest information.	Open to Public Inspection for
Internal Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	501(c)(3) Organizations Only
A Check box if address change		Employer identification number
	CHARLES KOCH INSTITUTE	27-4967732
B Exempt under section	Print Number, street, and room or suite no. If a P.O. box, see instructions.	Group exemption number (see instructions)
X 501(C )(3)	Type 1320 N COURTHOUSE ROAD STE 400	(000,
408(e) 220	City or town, state or province, country, and ZIP or foreign postal code	
408A 530	ARLINGTON, VA 22201 F	Check box if an amended return.
529(a) 52	PA C Book value of all assets at end of year	a.,
G Check organization		
H Check if filing onl		
	(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation	
	of attached Schedules A (Form 990-T)	
-	ar, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	► Yes X No
·	e name and identifying number of the parent corporation	
L The books are in	care of ► KARA HARTNETT Telephone number ► 571-2	290-6811
	1320 N COURTHOUSE ROAD, STE 300	
	ARLINGTON, VA 22201	
	nrelated Business Taxable Income	
	elated business taxable income computed from all unrelated trades or businesses (see	1 544 050
	d 2	
	tributions (see instructions for limitation rules) SEE STATEMENT. 1	
	d business taxable income before net operating losses. Subtract line 4 from line 3	
	net operating loss. See instructions	6
	elated business taxable income before specific deduction and section 199A deduction.	1 570 201
	from line 5	
	tion (generally \$1,000, but see instructions for exceptions)	-
	n 199A deduction. See instructions	
	ns. Add lines 8 and 9	10 1,000.
_	siness taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,	1 560 301
Part II Tax Co	mputation	11 1,569,391.
	taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	329,572.
	e at trust rates. See instructions for tax computation. Income tax on the amount on	1 329,572.
Part I, line 11 f		
,	<del></del>	2
	instructions	3
		4
	nimum tax (trusts only)	5
6 Tax on nonco	mpliant facility income. See instructions	6

For Paperwork Reduction Act Notice, see instructions.

329,572.

Form **990-T** (2021)

Form 990-T (2021) 27-4967732 Page **2** 

Par	t III	Tax and Payments							
1 a	Foreign	n tax credit (corporations attach Form 1118; trus	ts attach Form 1116)	1a					
b	Other of	credits (see instructions)		1b					
С	Genera	Il business credit. Attach Form 3800 (see instruct	ions)	1c					
d	Credit f	or prior year minimum tax (attach Form 8801 or	8827)	1d					
е	Total c	redits. Add lines 1a through 1d				L	1e		
2	Subtrac	ct line 1e from Part II, line 7					2	32	<u>9,572.</u>
3	Other ar		rm 8611 Form 8697 F						
			nt)			· •	3		
4		ax. Add lines 2 and 3 (see instructions).							
		1294. Enter tax amount here				_ •  -	4	32	<u>9,572.</u>
5		t net 965 tax liability paid from Form 965-A, Part		1			5		
		nts: A 2020 overpayment credited to 2021		6a	494,01				
		stimated tax payments. Check if section 643(g)	, — -	6b	200,00	00.			
		posited with Form 8868.		6c		_			
	-	n organizations: Tax paid or withheld at source (s	· · · · · · · · · · · · · · · · · · ·	6d		-			
e		withholding (see instructions)	<b>⊢</b>	6e					
Ι		for small employer health insurance premiums (a	· · · · · · · · · · · · · · · · · · ·	6f		-			
g		redits, adjustments, and payments: Form 24 form 4136 Other	39 Total ▶	6~					
7		ayments. Add lines 6a through 6g				_	7	60	4,010.
8	-	ted tax penalty (see instructions). Check if Form				-	8		<del>1</del> ,010.
9		e. If line 7 is smaller than the total of lines 4, 5,					9		
10		syment. If line 7 is larger than the total of lines 4					10	36	4,438.
11	-	e amount of line 10 you want: Credited to 2022 estimate					11		<u> 1 / 130 .</u>
Par		<b>Statements Regarding Certain Ad</b>					)		-
1	At any	time during the 2021 calendar year, did						uthority	Yes No
	over a	financial account (bank, securities, or other	er) in a foreign country? If	"Yes,"	the organizatio	n ma	y have	to file	
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes,"	" ente	r the name of	the f	oreign	country	
	here >	•							X
2	During	the tax year, did the organization receive a c	listribution from, or was it the	grant	or of, or transfero	or to,	a foreigr	n trust?	X
	If "Yes,	" see instructions for other forms the organization	n may have to file.						
3		he amount of tax-exempt interest received or acc							
4	Enter a	vailable pre-2018 NOL carryovers here 🕨 \$	$\underline{\hspace{1cm}}$ NONE $\underline{\hspace{1cm}}$ . Do not inclu	ude any	y post-2017 NOL c	arryov	er		
	shown	on Schedule A (Form 990-T). Don't red	uce the NOL carryover sho	own h	ere by any ded	duction	n report	ted on	
	Part I, Ii								
5		017 NOL carryovers. Enter available Busi	•		-		Don't	reduce	
	the am	ounts shown below by any NOL claimed on any S		ne tax y			<u> </u>		
		Business Activity Code		•	Available post-20	II / NC	DL carryo	ver	
	_SEE	E STATEMENT 2		-  outline				— I	
				-   🖁 —					
				-   💺 —					
6a	Did the	organization change its method of accounting?	(see instructions)						Х
b	If 6a	is "Yes," has the organization described t	he change on Form 990,	990-EZ	Z, 990-PF, or F	orm 1	1128? If	f "No,"	
	explain	in Part V							
Par	t V	Supplemental Information							
Provi	de the ex	xplanation required by Part IV, line 6b. Also, prov	ide any other additional informa	ation. S	ee instructions.				
	1								<del></del>
C: -	l h	nder penalties of perjury, I declare that I have examin elief, it is true, correct, and complete. Declaration of preparer (ot						st of my k	knowledge and
Sigr									this return
Her		ignature of officer	Date Title					eparer sh	own below
		Print/Type preparer's name	Preparer's signature	Da	ate T			PTIN	s No
Paid		7	para o arginataro			Check			2021
Prep		MICHAEL J ENGLE  Firm's name ► FORVIS, LLP		<u> </u>   ±.			nployed	P0048 4-0160	
Use	Only		1700, KANSAS CITY,	MO				-221-6	
JSA 1 Y 2 7 4	1 1.000	dudioco F 1201 WALINUI, SUIIE	TIOU, MANDAD CIII,	1-10	U 1 1 U U Z Z T	THUITE	110. 010		<b>90-T</b> (2021)
114	1.000								. ,

5425DW K922 11/14/2022 15:34:04 V21-7.6F 0094135

STATEMENT 1

FORM 990-T, PAGE 1, PART I, LINE 4 DETAIL

CONTRIBUTION	DEDUCTION	CASH CONTRIBUTION (CURRENT YEAR)	CASH CO	ONTRIBUTION (ACCRUAL)
CURRENT YEAR	CONTRIBUTIONS	47,268,613.		
	SUBTOTAL CHA	RITABLE CONTRIBUTIONS	5	47,268,613.
CONTRIBUTION	S CARRYOVER			
12/31/2016 12/31/2017 12/31/2018 12/31/2019				
12/31/2020		50,155,150.		
	TOTAL CHARIT	ABLE CONTRIBUTIONS		97,423,763.
TAXABLE INCO	ME FOR CHARITA	BLE CONTRIBUTION LIM	TATION	1,744,879.
CHARITABLE CO	ONTRIBUTION DE	DUCTION LIMIT (10%) .		174,488.
CHARITABLE CO	ONTRIBUTION DE	DUCTION		174,488.

5425DW K922 V21-7.6F 0094135 69

# PART IV - LINE 5 - POST-2017 NOL CARRYOVERS

901101	1 202 402
903001	1,202,493.
903002	38,156.
903003	
903004	
903005	69,059.
903006	
903007	56,545.
903008	424,362.
903009	
903010	
903011	17,702.
903012	137,307.
903013	
903014	
903015	
903016	

5425DW K922 V21-7.6F 0094135 70

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only

A Name of the organization B Employer identification number CHARLES KOCH INSTITUTE 27-4967732 C Unrelated business activity code (see instructions) ▶ 901101 17 **D** Sequence: 1 of

C Ur	irelated business activity code (see instructions) ▶ 901101		υ 8	equence:	1	of I'/
E De	escribe the unrelated trade or business ►FUND I					
Pai			(A) Income	(B) Expens	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a	321,758.			321,758.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) SEE. STATEMENT. 1	5	644,996.			644,996.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12		966,754.			966,754.
Pai	<b>Deductions Not Taken Elsewhere</b> See instructions		nitations on deduct	ions. Deduct	ions m	rust be
	directly connected with the unrelated business incom	e				
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts					
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	6,999.
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return .		8a		8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)		S	TMT. 2	14	<u> 16,245.</u>
15	Total deductions. Add lines 1 through 14				15	23,244.
16	Unrelated business income before net operating loss deduction	. Subt	tract line 15 from Pa	art I, line 13,		
	column (C)				16	943,510.
17	Deduction for net operating loss. See instructions					<u>221,396.</u>
18	Unrelated business taxable income. Subtract line 17 from line	16			18	722,114.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Schedule A (Form 990-T) 2021 Page 2

	t III Cost of Goods Sold	Enter method of invent	torv valuation ►		rage <b>z</b>
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. E				
9	Do the rules of section 263A (with respect to pro				Yes No
	t IV Rent Income (From Real Property				
1	Description of property (property street address, c	ity, state, ZIP code). Chec	ck if a dual-use. See instruc	tions.	
	A				
	B				
	D				
		Α	В	С	D
2	Rent received or accrued		_		
a	From personal property (if the percentage of				
_	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colur	mns A through D. Enter h	ere and on Part I, line 6, col	umn (A)	
4	Deductions directly connected with the income				
-	in lines 2(a) and 2(b) (attach statement) L  Total deductions. Add line 4 columns A through E	) Francisco and an Dark	L line C. selumn (D)		
5	Total deductions. Add lifte 4 columns A through L	D. Enter here and on Part	i, line 6, column (b)	· · · · · · · · · · · · · · · · · · ·	
<b></b> Par	t Va Unrelated Debt-Financed Income (	see instructions)			
1	Description of debt-financed property (street addre		. Check if a dual-use. See ir	structions.	
•	A (chiest dash	500, 511 <b>)</b> , 51410, <u>-</u> 11. 5540).	onesia a dudi desi ese i		
	В				
	С				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
E	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt- financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	/0	/0	/0	70
8	Total gross income (add line 7, columns A through	ah D). Enter here and on I	Part I, line 7, column (A)		
•	g. 222 machine (dad mile 1, coldinio 7 tillou)	2/1. =or 11010 and 0111	, r, ooldiiii (ri)		
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A	A through D. Enter here a	and on Part I, line 7, column	(B) • • •	
11	Total dividends-received deductions included in I	ine 10		· · · · · · · · • <u> </u>	

Schedule A (Form 990-T) 2021 Page **3** 

Par	M Interest. Ann	nuities. Roval	ties, and Rents	s from Controlled Organ	nizations (see instructions)	- rage O
	,				ontrolled Organizations	
	Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	payments made	5. Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
		•	Nonexe	empt Controlled Organization	ons	<u> </u>
	7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
	VIII					
Part	1. Description of income		oction 501(c)	(7), (9), or (17) Organiza	4. Set-asides	5. Total deductions
	1. Description of income	2. All	iount of income	directly connected (attach statement)	(attach statement)	and set-asides (add columns 3 and 4)
(1)						
(2)						
(3)						
(4)						
Totals		Enter h	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
			/ Income Othe	er Than Advertising Inco	me (see instructions)	
1	Description of exploit		y income, our	or man Advertising ince	ATTIC (SEE ITISTI UCTIONS)	
2		· -	om trade or bus	iness. Enter here and on P	Part I line 10 column (A)	2
3		Enter here and on Part I,				
•	line 10, column (B)	3				
4	, , ,	ne 2. If a gain, complete				
-	lines 5 through 7	2 a gam, complete	4			
5	Gross income from a			sincome		5
6	Expenses attributable	,				6
7	•			6, but do not enter more	than the amount on line	
						7

Schedule A (Form 990-T) 2021

Schedule A (Form 990-T) 2021 Page 4

Par	t IX	Advertising Income					
1	Nam	e(s) of periodical(s). Check box if r	eporting	two or more periodicals of	n a consolidated ba	asis.	
	Α						
	В						
	c						
	D L		in the e	arrage and in a caluman			
nter	amou	nts for each periodical listed above	in the co				
				Α	В	С	D
2		s advertising income					
а	Add	columns A through D. Enter here a	nd on Pa	art I, line 11, column (A).			▶
3	Direc	ct advertising costs by periodical					
а	Add	columns A through D. Enter here a	nd on Pa	art I, line 11, column (B).			▶
		-					
4	Adve	rtising gain (loss). Subtract line 3 fr	om line				
		or any column in line 4 showing					
		plete lines 5 through 8. For any col	-				
		4 showing a loss or zero, do not co					
			•				
_		5 through 7, and enter zero on line					
5		dership costs					
6		ulation income					
7		ss readership costs. If line 6 is les					
	line 5	5, subtract line 6 from line 5. If line 5	5 is less				
	than	line 6, enter zero					
8	Exces	ss readership costs allowed	as a				
	dedu	ction. For each column showing a	gain on				
	line 4	4, enter the lesser of line 4 or line 7					
а	Add	line 8, columns A through D.	Enter	the greater of the lin-	e 8a, columns t	otal or zero here an	d on
	Part I	II, line 13					· •
Par	4 V	Compensation of Officers,	Direc	tore and Trustees /			<u> </u>
Гаі	ιΛ	Compensation of Officers,	Direc	iors, and musices (	see iristructions)		
						<ol><li>Percentage</li></ol>	4. Compensation
		1. Name		2. Title		of time devoted	attributable to
						to business	unrelated business
(1)						9/	,
(2)							
(3)						9/	
( <del>3)</del> (4)						9/	
(4)						9/	6
	. – .					_	
		er here and on Part II, line 1				<u> </u>	
Par	t XI	Supplemental Information	(see in	structions)			

SCHEDULE A: FUND I - QPI SILO

INCOME (	LOSS)	FROM	PARTNERSHIPS	AND/OR	S	CORPORATIONS

\_\_\_\_\_\_

SHARE OF SHARE OF GAIN OR GROSS INCOME DEDUCTIONS (LOSS)

644,996. 644,996. NET ORDINARY INCOME - INVESTMENTS K-1

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS 644,996.

==========

STATEMENT 2

SCHEDULE A:FUND I - QPI SILO
PART II - LINE 14 - OTHER DEDUCTIONS

ACCOUNTING 16,245.

5425DW K922 V21-7.6F 0094135 76

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

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

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

B Employer identification number

СН	ARLES KOCH INSTITUTE	27-4967	732				
• 11»	violated business satisfity and (and instructions) > 0.03001			D. Comunica	2	o.f	1 7
Ur و	related business activity code (see instructions) ▶ 903001			D Sequence:	2	of	
= De	escribe the unrelated trade or business ►FUND II						
Pai			(A) Income	(B) Expe	enses		(C) Net
ıaı	Officiated Trade of Business income		(A) Income	(6) Exp	511363		
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach					_	
	statement) SEE. STATEMENT. 1	5	-504,53	5.		-5	04,535.
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
2	Other income (see instructions; attach statement)		F04 F3	_			04 525
3	Total. Combine lines 3 through 12		-504,53		.otiono r		04,535.
Га	directly connected with the unrelated business incom		nialions on dec	auctions. Deal	uctions i	ทนร์เ ม	3
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages						
3	Repairs and maintenance				3		
4	Bad debts				4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses				6		
7	Depreciation (attach Form 4562). See instructions		7				
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b		
9	Depletion						
0	Contributions to deferred compensation plans						
11	Employee benefit programs						
12	Excess exempt expenses (Part VIII)						
13	Excess readership costs (Part IX)						
14	Other deductions (attach statement)						
15	Total deductions. Add lines 1 through 14						
16	Unrelated business income before net operating loss deduction.			•		_	
	column (C)					-5	04,535.
17	Deduction for net operating loss. See instructions					_	0.4 5.5
8	Unrelated business taxable income. Subtract line 17 from line 1	16					04,535.
or P	aperwork Reduction Act Notice, see instructions.				ocnedule	A (Forr	n 990-T) 2021

Par	Cost of Goods Sold	Enter method of inven	tory valuation 🕨		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement	)		4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to pr	operty produced or acqui	ired for resale) apply to the	ne organization?	Yes No
Par	Rent Income (From Real Property	y and Personal Prop	erty Leased with Re	eal Property)	
1	Description of property (property street address,				
	A				
	В				
	С				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colu	umns A through D. Enter h	nere and on Part I, line 6, c	column (A)	
		ao / t ao ag Do			
4	Deductions directly connected with the income				
- -	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part	I. line 6. column (B)	<b>•</b>	
	· ·		, , , , , , , , , , , , , , , , , , , ,		
<b></b> Par	t Va Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add		. Check if a dual-use. See	instructions.	
	A	, , , , , , , , , , , , , , , , , , ,			
	В				
	С				
	D D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
_	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement).				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b.				
·	columns A through D)				
4	,				
4	Amount of average acquisition debt on or allocable				
F	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
^	financed property (attach statement)	6.1	0,1	0.1	21
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	unit D) Fri i	Death Sec. 7 1 (2)		
8	Total gross income (add line 7, columns A through	ugn D). Enter here and on	Part I, line 7, column (A)	▶_	
_	Au	Т	T		
9	Allocable deductions. Multiply line 3c by line 6	A there are D. E. c	and an David P. T	(D)	
10	<b>Total allocable deductions.</b> Add line 9, columns	-			
11	Total dividends-received deductions included in	line iu		· · · · · · · ·	

Part VI Interest, Ani	nuities. Rovalt	ies, and Rents	s from Controlled Organ	nizations (see instructions)	- rage O
				ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	'	Nonexe	empt Controlled Organization	ons	
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals				1	
1. Description of income		ount of income	(7), (9), or (17) Organiza	4. Set-asides	5. Total deductions
T. Description of income	2. AIII	ount of income	directly connected (attach statement)	(attach statement)	and set-asides (add columns 3 and 4)
<u>(1)</u>					
(2)					
(3)					
(4)					
Totals	Enter he line	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income Oth	er Than Advertising Inco	me (see instructions)	
1 Description of exploit	•	, moonie, oth	or than Advertising inco	me (see instructions)	
•	· —	om trade or bus	iness. Enter here and on Pa	art I line 10 column (A)	2
			nrelated business income. E	, , , , , , , , , , , , , , , , , , , ,	
line 10, column (B).	•		n erateu Dusiness Income. E	inter Hele and OH Falt I,	
, , , ,			s. Subtract line 3 from lin	ne 2 If a gain complete	3
lines 5 through 7.			a. Subitaci iiile 3 HUIII IIII	ie z. ii a yaiii, compiete	
5 Gross income from a			: income		4
	,				5
				than the amount on line	6
• •			6, but do not enter more		
4. Enter here and on	raitii, iiile IZ				7

Schedule A (Form 990-T) 2021

Par	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box if	reporting two or more periodi	cals on a consolidated basis.		
	A				
	B				
	с				
	D				
nter	amounts for each periodical listed above	e in the corresponding columr	l.		
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here a	•	/A)		_
а	Add Coldiniis A tillough D. Enter here a	and on ranti, line 11, column	(^)		
3	Direct advertising costs by periodical .				
а	Add columns A through D. Enter here a	and on Part I, line 11, column	(B)		<b>-</b>
4	Advertising gain (loss). Subtract line 3 f	rom line			
	2. For any column in line 4 showing				
	complete lines 5 through 8. For any co	-			
	line 4 showing a loss or zero, do not c				
	lines 5 through 7, and enter zero on line				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is le	ess than			
	line 5, subtract line 6 from line 5. If line	5 is less			
	than line 6, enter zero				
8	Excess readership costs allowed				
•	deduction. For each column showing a				
	_	-			
	line 4, enter the lesser of line 4 or line 7				
а	,	-			on
	Part II, line 13				
	raitii, iiile 13				<b></b>
Par					<u> </u>
Par					<b>-</b>
Par	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage	4. Compensation
Par			ees (see instructions)		Compensation attributable to
Par	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage	·
	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business	attributable to
1)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business %	attributable to
1) 2)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business %	attributable to
1) 2) 3)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business %	attributable to
1) 2) 3)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business %	attributable to
1) 2) 3)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
2) 3) 4) Γotal	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to

SCHEDULE A: FUND II

INCOME (	TiOSS)	FROM	PARTNERSHIPS	AND/OR	S	CORPORATIONS

\_\_\_\_\_\_

SHARE OF SHARE OF GAIN OR GROSS INCOME DEDUCTIONS (LOSS)

-504,535. -504,535. NET ORDINARY INCOME - INVESTMENTS K-1

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS -504,535.

==========

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

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

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

B Employer identification number

c .	(A) Income	D Sequence:	3	of	17
!					
!	(A) Income	(B) Exper	ises		
!	(A) Income	(B) Exper	ises		
!	(A) Income	(B) Exper	ses	(	
!				•	(C) Net
!					
;					
a					
b					
С					
; <u> </u>	81,47	2.			<u>81,472.</u>
'					
3					
	81 47	2			81,472.
			ctions n		
		401101101101010	) (i O 1 i	1000 00	•
			. 1		
			. 4		
			. 5		
			. 6		
			8b		
					81,472.
					61, <del>4</del> 72. 65,178.
					16,294.
	bilimita	81,47; 81	81,472.  81,472.  81 state of the state of t	81,472.  81,472.  81,472.  Imitations on deductions. Deductions of the second of the s	81,472.  81,472.  81,472.  mitations on deductions. Deductions must be considered by constant and constant an

Part	Cost of Goods Sold	Enter method of inven	tory valuation >		<u> </u>
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	<b>Total.</b> Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to pr	operty produced or acqu	ired for resale) apply to the	he organization?	Yes No
Part	IV Rent Income (From Real Property	y and Personal Prop	erty Leased with Re	eal Property)	
1	Description of property (property street address,	city, state, ZIP code). Che	ck if a dual-use. See instru	uctions.	
	Α				
	В				
	c				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colu	umns A through D. Enter h	nere and on Part I, line 6, o	column (A)	
	Deducations discould an advisable the in-				
4	Deductions directly connected with the income				
_	in lines 2(a) and 2(b) (attach statement) [  Total deductions. Add line 4 columns A through	D. Enter here and an Pari	t L line 6 column (P)		
5	Total deductions. Add line 4 columns A through	D. Enter here and on Pan	i i, iiile 6, coluiiiii (b)	· · · · · · · · · · · · · · · · · · ·	
<b>■Par</b>	Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	,	Check if a dual-use. See	instructions	
•	A Second to the second through the second to	ness, only, state, Zn sode,	. Oncok ii a adai asc. Occ	motractions.	
	В —				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here and on	Part I, line 7, column (A)	<b>&gt;</b> _	
	,			1	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter here	and on Part I, line 7, colum	nn (B)	
11	Total dividends-received deductions included in	line 10	<u></u>	<u> </u>	

JSA

Dort VI Interest An	muitica Davalt	ios and Dante	s from Controlled Organ	inations (and instructions)	Page 3
interest, An	inuities, Royali	les, and Kents	s from Controlled Organ	ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4     that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	'	Nonexe	empt Controlled Organizatio	ons	
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiza	ation (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income. Othe	er Than Advertising Inco	me (see instructions)	
1 Description of explo		,, •		(100	
·	· -	om trade or bus	iness. Enter here and on Pa	art I, line 10, column (A)	2
			nrelated business income. En	, , , , , , , , , , , , , , , , , , , ,	_
line 10, column (B)					3
, , ,		trade or busines	s. Subtract line 3 from line	e 2. If a gain, complete	-
lines 5 through 7					4
5 Gross income from					5
	•				6
7 Excess exempt exp	enses. Subtract I	ine 5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on	Part II, line 12				7

Schedule A (Form 990-T) 2021

Par	t IX Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting	two or more periodicals o	n a consolidated ba	sis.	
	Α					
	В					
	c					
	D					
Enter	amounts for each periodical listed above i	n the co	orresponding column.			
	,		A	В	С	D
2	Gross advertising income					
a	Add columns A through D. Enter here an		art I line 11 column (Δ)			
a	Add coldining A tillough D. Enter here an	u on re	art i, iiiie i i i, coluiiiii (A)			
3	Direct advertising costs by periodical					
a	Add columns A through D. Enter here an					<b>—</b>
а	Add Coldinins A tillough D. Enter here an	u on ra	irti, iiile 11, coluiliii (b)			. –
4	Advertising gain (loss). Subtract line 3 fro	m lina				
4						
	2. For any column in line 4 showing a	-				
	complete lines 5 through 8. For any colu					
	line 4 showing a loss or zero, do not cor					
_	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less					
	line 5, subtract line 6 from line 5. If line 5					
	than line 6, enter zero					
8	Excess readership costs allowed					
	deduction. For each column showing a g					
_	line 4, enter the lesser of line 4 or line 7.		the	. 0		
а	Add line 8, columns A through D. Part II, line 13		=			, on
	•					· • • • • • • • • • • • • • • • • • • •
Par	t X Compensation of Officers,	Direct	tors, and Trustees (	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					<u> </u>	
(3)					<u> </u>	
(4)						
\ ''					<u>%</u>	
Tota	I. Enter here and on Part II, line 1					
	t XI Supplemental Information (					.1
· ai	Cappionional information	000 111	ioti dotiono)			

SCHEDULE A: FUND III

TNCOME	$(z_{20,T})$	FROM	DARTMERSHIDS	ZMD/	OR 9	S	CORPORATIONS
TINCOLLIE	$(\Box \cup \cup \cup \cup)$	T. 1/ O1-1	EUMINIMONITED	$\Delta MD/$		J	COMPONATIONS

\_\_\_\_\_\_ SHARE OF SHARE OF GAIN OR

GROSS INCOME DEDUCTIONS (LOSS)

81,472. 81,472. NET ORDINARY INCOME - INVESTMENTS K-1

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS 81,472.

=========

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

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

B Employer identification number

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3).

_CH	ARLES KOCH INSTITUTE		27-496	7732			
C Ur	related business activity code (see instructions) ▶ 903003			<b>D</b> Sequence	: 4	of	17
E De	scribe the unrelated trade or business ► FUND IV						
Pai	Unrelated Trade or Business Income		(A) Income	(B) Ex	penses		(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) SEE. STATEMENT. 1	5	113,06	9.		1	13,069.
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	113,06	9.		1	13,069.
Pai	Tell Deductions Not Taken Elsewhere See instructions f		nitations on ded	ductions. De	ductions r	nust be	<del></del>
	directly connected with the unrelated business incom	е					
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages				2		
3	Repairs and maintenance				3		
4	Bad debts				4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses				6		
7	Depreciation (attach Form 4562). See instructions		7				
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b		
9	Depletion				9		
10	Contributions to deferred compensation plans				10		
11	Employee benefit programs				11		
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)				13		
14	Other deductions (attach statement)						
15	Total deductions. Add lines 1 through 14						
16	Unrelated business income before net operating loss deduction	. Sub	tract line 15 froi	m Part I, line	13,		
	column (C)					1	<u>13,069.</u>
17	Deduction for net operating loss. See instructions						
18	Unrelated business taxable income. Subtract line 17 from line	16					<u>13,069.</u>
For P	aperwork Reduction Act Notice, see instructions.				Schedule	A (Forn	n 990-T) 2021

	t III Cost of Goods Sold	Enter method of invent	tory valuation ►		rage <b>z</b>
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. E				
9	Do the rules of section 263A (with respect to pro				Yes No
	t IV Rent Income (From Real Property				
1	Description of property (property street address, c	ity, state, ZIP code). Chec	ck if a dual-use. See instruc	tions.	
	A				
	B				
	D				
		Α	В	С	D
2	Rent received or accrued		_		
a	From personal property (if the percentage of				
_	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colur	mns A through D. Enter h	ere and on Part I, line 6, col	umn (A)	
4	Deductions directly connected with the income				
-	in lines 2(a) and 2(b) (attach statement) L  Total deductions. Add line 4 columns A through E	) Francisco and an Dark	L line C column (D)		
5	Total deductions. Add lifte 4 columns A through L	D. Enter here and on Part	i, line 6, column (b)	· · · · · · · · · · · · · · · · · · ·	
<b></b> Par	t Va Unrelated Debt-Financed Income (	see instructions)			
1	Description of debt-financed property (street addre		. Check if a dual-use. See in	structions.	
•	A (chiest dash	500, 511 <b>)</b> , 51410, <u>-</u> 11. 5540).			
	В				
	С				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
E	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt- financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	/0	/0	/0	70
8	Total gross income (add line 7, columns A through	ah D). Enter here and on I	Part I, line 7, column (A)		
٠	g. 222 machine (dad mile 1, coldinio 7 tillou)	2/1. =or 11010 and 0111	, r, ooldiiii (r) I		
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A	A through D. Enter here a	and on Part I, line 7, column	(B) • • •	
11	Total dividends-received deductions included in I	ine 10		· · · · · · · · • <u> </u>	

Dort VI Interest An	muitica Davalt	ios and Dante	s from Controlled Organ	inations (and instructions)	Page 3
interest, An	inuities, Royali	les, and Kents	s from Controlled Organ	ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4     that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	'	Nonexe	empt Controlled Organizatio	ons	
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiza	ation (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income. Othe	er Than Advertising Inco	me (see instructions)	
1 Description of explo		,, •		(100	
·	· -	om trade or bus	iness. Enter here and on Pa	art I, line 10, column (A)	2
			nrelated business income. En	, , , , , , , , , , , , , , , , , , , ,	_
line 10, column (B)					3
, , ,		trade or busines	s. Subtract line 3 from line	e 2. If a gain, complete	-
lines 5 through 7					4
5 Gross income from					5
	•				6
7 Excess exempt exp	enses. Subtract I	ine 5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on	Part II, line 12				7

Schedule A (Form 990-T) 2021

Par	t IX Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting	two or more periodicals o	n a consolidated ba	sis.	
	Α					
	В					
	c					
	D					
Enter	amounts for each periodical listed above i	n the co	orresponding column.			
	,		A	В	С	D
2	Gross advertising income					
a	Add columns A through D. Enter here an		art L line 11 column (Δ)			
a	Add coldining A tillough D. Enter here an	u on re	art i, iiiie i i i, coluiiiii (A)			
3	Direct advertising costs by periodical					
a	Add columns A through D. Enter here an					<b>—</b>
а	Add Coldinins A tillough D. Enter here an	u on ra	irti, iiile 11, coluiliii (b)			. –
4	Advertising gain (loss). Subtract line 3 fro	m lina				
4						
	2. For any column in line 4 showing a	-				
	complete lines 5 through 8. For any colu					
	line 4 showing a loss or zero, do not cor					
_	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less					
	line 5, subtract line 6 from line 5. If line 5					
	than line 6, enter zero					
8	Excess readership costs allowed					
	deduction. For each column showing a g					
_	line 4, enter the lesser of line 4 or line 7.		the	. 0		
а	Add line 8, columns A through D. Part II, line 13		=			, on
	•					· • • • • • • • • • • • • • • • • • • •
Par	t X Compensation of Officers,	Direct	tors, and Trustees (	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					<u> </u>	
(3)					<u> </u>	
(4)						
\ ''					<u>%</u>	
Tota	I. Enter here and on Part II, line 1					
	t XI Supplemental Information (					
· ai	Cappionional information	000 111	ioti dotiono)			

SCHEDULE A: FUND IV

INCOME	(LOSS)	FROM	PARTNERSHIPS	AND/OR	S	CORPORATIONS

SHARE OF	SHARE OF	GAIN OR

GROSS INCOME DEDUCTIONS (LOSS) 113,069. 113,069. NET ORDINARY INCOME - INVESTMENTS K-1

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

==========

113,069.

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

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

B Employer identification number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

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

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

_ <u>CH</u>	ARLES KOCH INSTITUTE			27-4	9677.	32		
<b>C</b> Ur	related business activity code (see instructions) ▶ 903004			<b>D</b> Seque	ence:	5	of	17
E De	scribe the unrelated trade or business►FUND V							
Par	Unrelated Trade or Business Income		(A) Income	(	B) Expens	ses		(C) Net
1a	Gross receipts or sales							
b	Less returns and allowances c Balance ▶	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4a	Capital gain net income (attach Sch D (Form 1041 or Form							
	1120)). See instructions	4a	5,73	34.				5,734.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement) SEE. STATEMENT. 1		7,03	34.				7,034.
6	Rent income (Part IV)							
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
•	organization (Part VI)	8						
9	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)							
11	Advertising income (Part IX)							
12	Other income (see instructions; attach statement)							
13	Total. Combine lines 3 through 12		12,76	58.				12,768.
Par	Deductions Not Taken Elsewhere See instructions f				Deduc	tions n	nust b	
	directly connected with the unrelated business incom	е						
1	Compensation of officers, directors, and trustees (Part X)					1		
2	Salaries and wages							
3	Repairs and maintenance					3		
4	Bad debts							
5	Interest (attach statement). See instructions							
6	Taxes and licenses		1 1			6		
7	Depreciation (attach Form 4562). See instructions							
8	Less depreciation claimed in Part III and elsewhere on return					8b		
9	Depletion							
10	Contributions to deferred compensation plans							
11 12	Employee benefit programs							
13	Excess readership costs (Part IX)							
14	Other deductions (attach statement)							
15	Total deductions. Add lines 1 through 14							
16	Unrelated business income before net operating loss deduction.					.5		
. •	column (C)					16		12,768.
17	Deduction for net operating loss. See instructions							,
18	Unrelated business taxable income. Subtract line 17 from line 1							12,768.
For P	aperwork Reduction Act Notice, see instructions.				Sc	hedule	A (For	m 990-T) 2021

Part	Cost of Goods Sold	Enter method of inven	tory valuation >		<u> </u>
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	<b>Total.</b> Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to pr	operty produced or acqu	ired for resale) apply to the	he organization?	Yes No
Part	IV Rent Income (From Real Property	y and Personal Prop	erty Leased with Re	eal Property)	
1	Description of property (property street address,	city, state, ZIP code). Che	ck if a dual-use. See instru	uctions.	
	Α				
	В				
	c				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colu	umns A through D. Enter h	nere and on Part I, line 6, o	column (A)	
	Deducations discould an advisable the in-				
4	Deductions directly connected with the income				
_	in lines 2(a) and 2(b) (attach statement) [  Total deductions. Add line 4 columns A through	D. Enter here and an Pari	t L line 6 column (P)		
5	Total deductions. Add line 4 columns A through	D. Enter here and on Pan	i i, iiile 6, coluiiiii (b)	· · · · · · · · · · · · · · · · · · ·	
<b>■Par</b>	Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	,	Check if a dual-use. See	instructions	
•	A Second to the second that the second to th	ness, only, state, Zn sode,	. Oncok ii a adai asc. Occ	motractions.	
	В —				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here and on	Part I, line 7, column (A)	<b>&gt;</b> _	
	,			1	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter here	and on Part I, line 7, colum	nn (B)	
11	Total dividends-received deductions included in	line 10	<u></u>	<u> </u>	

Dort VI Interest An	muitica Davalt	ios and Dante	s from Controlled Organ	inations (and instructions)	Page 3
interest, An	inuities, Royali	les, and Kents	s from Controlled Organ	ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4     that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	'	Nonexe	empt Controlled Organizatio	ons	
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiza	ation (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income. Othe	er Than Advertising Inco	me (see instructions)	
1 Description of explo		,, •		(100	
·	· -	om trade or bus	iness. Enter here and on Pa	art I, line 10, column (A)	2
			nrelated business income. En	, , , , , , , , , , , , , , , , , , , ,	_
line 10, column (B)					3
, , ,		trade or busines	s. Subtract line 3 from line	e 2. If a gain, complete	-
lines 5 through 7					4
5 Gross income from					5
	•				6
7 Excess exempt exp	enses. Subtract I	ine 5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on	Part II, line 12				7

Schedule A (Form 990-T) 2021

Par	rt IX	Advertising Income					
1	Name	e(s) of periodical(s). Check box if r	eporting	two or more periodicals of	n a consolidated ba	asis.	
	Α						
	В						
	c						
	D L						
nter	amour	nts for each periodical listed above	in the c	_			
				Α	В	С	D
2	Gross	s advertising income					
а	Add c	columns A through D. Enter here a	and on Pa	art I, line 11, column (A).			▶
3	Direc	t advertising costs by periodical .					
а		columns A through D. Enter here a		rt I. line 11. column (B).			
				, , , , , , , , , , , , , , , , , , ,			
4	۸dvor	tising gain (loss). Subtract line 3 fr	rom line				
-		• • , ,					
		r any column in line 4 showing					
		lete lines 5 through 8. For any co					
		showing a loss or zero, do not co					
		5 through 7, and enter zero on line					
5	Read	ership costs					
6	Circu	lation income					
7	Exces	s readership costs. If line 6 is le	ss than				
	line 5	, subtract line 6 from line 5. If line	5 is less				
	than I	ine 6, enter zero					
8		s readership costs allowed					
•		ction. For each column showing a					
		, enter the lesser of line 4 or line 7	-				
					0 1 1		
а		line 8, columns A through D.		-			ina on
	Рап п	l, line 13					·· <b>&gt;</b>
Par	t X	Compensation of Officers,	Direc	ors, and Trustees (	see instructions)		
						3. Percentage	4. Compensation
		1. Name		2. Title		of time devoted	attributable to
		i. Name		Z. Title			
						to business	unrelated business
(1)							%
(2)							%
(3)							%
(4)							%
`,							70
Tota	I Ente	er here and on Part II, line 1				1	<b>&gt;</b>
		Supplemental Information					-
rai	ιλι	Supplemental information	(see ii	Structions)			

SCHEDULE A: FUND V

INCOME (	TiOSS)	FROM	PARTNERSHIPS	AND/OR	S	CORPORATIONS

SHARE OF	SHARE OF	GAIN OR
CDCCC TMCCME		( T O C C )

GROSS INCOME DEDUCTIONS (LOSS) 7,034. 7,034. NET ORDINARY INCOME - INVESTMENTS K-1

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS 7,034.

==========

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

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

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

B Employer identification number

_CH	ARLES KOCH INSTITUTE	27-49677	32				
<b>C</b> Ur	related business activity code (see instructions) ▶ 903005	D Sequence:	6	of	17		
E De	scribe the unrelated trade or business ►FUND VI						
Pai			(A) Income	(B) Expe	nses		(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) SEE. STATEMENT. 1	5	-62,17	2.		_	-62,172.
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	-62,17				<u>-62,172.</u>
Pai	Deductions Not Taken Elsewhere See instructions for directly connected with the unrelated business income		nitations on de	ductions. Dedu	ctions n	nust b	е
1	Compensation of officers, directors, and trustees (Part X)				. 1		
2	Salaries and wages						
3	Repairs and maintenance						
4	Bad debts						
5	Interest (attach statement). See instructions				. 5		
6	Taxes and licenses				. 6		
7	Depreciation (attach Form 4562). See instructions		7				
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b		
9	Depletion				. 9		
10	Contributions to deferred compensation plans				. 10		
11	Employee benefit programs				. 11		
12	Excess exempt expenses (Part VIII)				. 12		
13	Excess readership costs (Part IX)				. 13		
14	Other deductions (attach statement)						
15	Total deductions. Add lines 1 through 14						
16	Unrelated business income before net operating loss deduction.						
	column (C)					_	<u>-62,172.</u>
17	Deduction for net operating loss. See instructions						
18	Unrelated business taxable income. Subtract line 17 from line 1	6	<del></del>				<u>-62,172.</u>
For P	aperwork Reduction Act Notice, see instructions.			S	chedule	A (For	m 990-T) 2021

Par	t III Cost of Goods Sold	Enter method of inven	tory valuation >		-3-
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				V N-
9	Do the rules of section 263A (with respect to p				Yes No
1	Description of property (property street address	•			
•	A	,, only, onato, <u></u>			
	В				
	с				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
h	but not more than 50%) From real and personal property (if the				
b	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c co	olumns A through D. Enter h	nere and on Part I, line 6, c	olumn (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on Part	I, line 6, column (B)	▶ _	
<b></b> Par	t V Unrelated Debt-Financed Incom	a (see instructions)			
1	Description of debt-financed property (street ac		Chack if a dual-use See	instructions	
•	A Street at	duress, only, state, 211 code,	. Officer if a dual-use. Occ	manuchona.	
	В				
	С				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
a	Straight line depreciation (attach statement).				
b c	Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4	Amount of average acquisition debt on or allocable				
-	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A thro	ough D). Enter here and on	Part I, line 7, column (A)	▶_	
-			<u> </u>	T	
9	Allocable deductions. Multiply line 3c by line 6	•	and an Dart Library 7	- (D)	
10 11	Total allocable deductions. Add line 9, column  Total dividends-received deductions included i	ŭ	·	` '	
	i otal alviacilas-i cocivea acaucilolis illolladea l				

Dort VI Interest An	muitica Davalt	ios and Dante	s from Controlled Organ	inations (and instructions)	Page 3
interest, An	inuities, Royali	les, and Kents	s from Controlled Organ	ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4     that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	'	Nonexe	empt Controlled Organizatio	ons	
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiza	ation (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income. Othe	er Than Advertising Inco	me (see instructions)	
1 Description of explo		,, •		(100	
·	· -	om trade or bus	iness. Enter here and on Pa	art I, line 10, column (A)	2
			nrelated business income. En	, , , , , , , , , , , , , , , , , , , ,	_
line 10, column (B)					3
, , ,		trade or busines	s. Subtract line 3 from line	e 2. If a gain, complete	-
lines 5 through 7					4
5 Gross income from					5
	•				6
7 Excess exempt exp	enses. Subtract I	ine 5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on	Part II, line 12				7

Schedule A (Form 990-T) 2021

Par	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box if	reporting two or more periodi	cals on a consolidated basis.		
	A				
	B				
	с				
	D				
nter	amounts for each periodical listed above	e in the corresponding columr	l.		
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here a	•	(A)		_
а	Add Coldiniis A tillough D. Enter here a	and on ranti, line 11, column	(^)		
3	Direct advertising costs by periodical .				
а	Add columns A through D. Enter here a	and on Part I, line 11, column	(B)		<b>-</b>
4	Advertising gain (loss). Subtract line 3 f	rom line			
	2. For any column in line 4 showing				
	complete lines 5 through 8. For any co	-			
	line 4 showing a loss or zero, do not c				
	lines 5 through 7, and enter zero on line				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is le	ess than			
	line 5, subtract line 6 from line 5. If line	5 is less			
	than line 6, enter zero				
8	Excess readership costs allowed				
•	deduction. For each column showing a				
	_	-			
	line 4, enter the lesser of line 4 or line 7				
а	,	-			on
	Part II, line 13				
	raitii, iiile 13				<b></b>
Par					<u> </u>
Par					<b>-</b>
Par	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage	4. Compensation
Par			ees (see instructions)		Compensation attributable to
Par	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage	·
	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business	attributable to
1)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business %	attributable to
1) 2)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business %	attributable to
1) 2) 3)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business %	attributable to
1) 2) 3)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business %	attributable to
1) 2) 3)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
2) 3) 4) Γotal	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to

SCHEDULE A: FUND VI

INCOME (	TiOSS)	FROM	PARTNERSHIPS	AND/OR	S	CORPORATIONS

\_\_\_\_\_\_

SHARE OF SHARE OF GAIN OR GROSS INCOME DEDUCTIONS (LOSS)

-62,172. -62,172. NET ORDINARY INCOME - INVESTMENTS K-1

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS -62,172.

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

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection for 501(c)(3).

<b>N</b> a	me of the organization			B Employer ide	ntificat	ion number
CH	ARLES KOCH INSTITUTE			27-496773	32	
<b>U</b> r	related business activity code (see instructions) ▶ 903006			<b>D</b> Sequence:	7	of 17
De	scribe the unrelated trade or business ►FUND VII			ı		
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expens	ses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)					
6	Rent income (Part IV)					
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled	_				
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)	_				
	organizations (Part VII)					
0	Exploited exempt activity income (Part VIII)					
1	Advertising income (Part IX)					
2	Other income (see instructions; attach statement)					
3 Pat	Total. Combine lines 3 through 12		itations on do	ductions Doduc	tions m	auct ho
Га	directly connected with the unrelated business incom		illations on de	ductions. Deduc	110115 11	iusi be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages					
3	Repairs and maintenance					
4	Bad debts					
5	Interest (attach statement). See instructions					
6	Taxes and licenses					
7	Depreciation (attach Form 4562). See instructions		1 1			
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
0	Contributions to deferred compensation plans					
1	Employee benefit programs					
2	Excess exempt expenses (Part VIII)				12	
3	Excess readership costs (Part IX)				13	
4	Other deductions (attach statement)					
5	Total deductions. Add lines 1 through 14				15	
6	Unrelated business income before net operating loss deduction	. Subt	tract line 15 fro	m Part I, line 13,		
	column (C)					
7	Deduction for net operating loss. See instructions					
8	Unrelated business taxable income. Subtract line 17 from line	16				
or P	aperwork Reduction Act Notice, see instructions.			Sc	hedule	A (Form 990-T) 2021

Part	Cost of Goods Sold	Enter method of inven	tory valuation >		<u> </u>
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	<b>Total.</b> Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to pr	operty produced or acqu	ired for resale) apply to the	he organization?	Yes No
Part	IV Rent Income (From Real Property	y and Personal Prop	erty Leased with Re	eal Property)	
1	Description of property (property street address,	city, state, ZIP code). Che	ck if a dual-use. See instru	uctions.	
	Α				
	В				
	c				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colu	umns A through D. Enter h	nere and on Part I, line 6, o	column (A)	
	Deducations discould an advisable the income				
4	Deductions directly connected with the income				
_	in lines 2(a) and 2(b) (attach statement) [  Total deductions. Add line 4 columns A through	D. Enter here and an Pari	t L line 6 column (P)		
5	Total deductions. Add line 4 columns A through	D. Enter here and on Pan	i i, iiile 6, coluiiiii (b)	· · · · · · · · · · · · · · · · · · ·	
<b>■Par</b>	Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	,	Check if a dual-use. See	instructions	
•	A Second to the second that the second to th	iross, only, state, zir oode,	. Oncok ii a adai asc. Occ	motractions.	
	В —				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here and on	Part I, line 7, column (A)	<b>&gt;</b> _	
	,			1	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter here	and on Part I, line 7, colum	nn (B)	
11	Total dividends-received deductions included in	line 10	<u></u>	<u> </u>	

Part	Interest. Ann	nuities. Rovalt	ies, and Rents	s from Controlled (	Organizations (see instructions	s)
					npt Controlled Organizations	~/
1	. Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	payments ma		6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
			Nonexe	empt Controlled Orga	anizations	
	7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specifie payments made		11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Part	VII Investment I	ncome of a S	ection 501(c)	(7), (9), or (17) Or	ganization (see instructions)	
	1. Description of income		ount of income	3. Deductions directly connected (attach statement	4. Set-asides d (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)						
(2)						
(3)						
(4)						
		Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited Ex	cempt Activity	y Income, Oth	er Than Advertising	g Income (see instructions)	
1	Description of exploite	ed activity:				
2	Gross unrelated busi	iness income fro	om trade or bus	iness. Enter here and	on Part I, line 10, column (A)	2
3	Expenses directly co	onnected with p	production of ur	nrelated business inco	ome. Enter here and on Part I,	
	line 10, column (B)					3
4	Net income (loss) f	rom unrelated	trade or busines	s. Subtract line 3 fr	rom line 2. If a gain, complete	
	lines 5 through 7					4
5	Gross income from a	,				5
6	•					6
7	•			•	more than the amount on line	
	4. Enter here and on F	Part II, line 12				7
						Schedule A (Form 990-T) 2021

Par	t IX Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting	two or more periodicals o	n a consolidated ba	sis.	
	Α					
	В					
	c					
	D					
Enter	amounts for each periodical listed above i	n the co	orresponding column.			
	,		A	В	С	D
2	Gross advertising income					
a	Add columns A through D. Enter here an		art L line 11 column (Δ)			
a	Add coldining A tillough D. Enter here an	u on re	art i, iiiie i i i, coluiiiii (A)			
3	Direct advertising costs by periodical					
a	Add columns A through D. Enter here an					<b>—</b>
а	Add Coldinins A tillough D. Enter here an	u on ra	irti, iiile 11, coluiliii (b)			. –
4	Advertising gain (loss). Subtract line 3 fro	m lina				
4						
	2. For any column in line 4 showing a	-				
	complete lines 5 through 8. For any colu					
	line 4 showing a loss or zero, do not cor					
_	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less					
	line 5, subtract line 6 from line 5. If line 5					
	than line 6, enter zero					
8	Excess readership costs allowed					
	deduction. For each column showing a g					
_	line 4, enter the lesser of line 4 or line 7.		the	. 0		
а	Add line 8, columns A through D. Part II, line 13		=			, on
	•					· • • • • • • • • • • • • • • • • • • •
Par	t X Compensation of Officers,	Direct	tors, and Trustees (	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					<u> </u>	
(3)					<u> </u>	
(4)						
\ ''					<u>%</u>	
Tota	I. Enter here and on Part II, line 1					
	t XI Supplemental Information (					
· ai	Cappionional information	000 111	ioti dotiono)			

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

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

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

Open to Public Inspection for 501(c)(3).

B Employer identification number

_CH	ARLES KOCH INSTITUTE			27-4967	732		
<b>C</b> Un	related business activity code (see instructions) ▶ 903007			<b>D</b> Sequence:	8	of	17
E De	scribe the unrelated trade or business FUND VIII						
Par	Unrelated Trade or Business Income		(A) Income	(B) Exp	enses		(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
•	statement) SEE. STATEMENT. 1	5	-38,06	55.		_	-38,065.
6	Rent income (Part IV)	6	23,00				33,333.
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
·	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
•	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	-38,06	55			-38,065.
Par					uctions n		
	directly connected with the unrelated business incom		manorio ori do	aa0110110. D0a		luot b	J
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages						
3	Repairs and maintenance						
4	Bad debts						
5	Interest (attach statement). See instructions						
6	Taxes and licenses						
7	Depreciation (attach Form 4562). See instructions		1 1				
8	Less depreciation claimed in Part III and elsewhere on return.				8b		
9	Depletion		•				
10	Contributions to deferred compensation plans						
11	Employee benefit programs						
12	Excess exempt expenses (Part VIII)						
13	Excess readership costs (Part IX)						
14	Other deductions (attach statement)						
15	Total deductions. Add lines 1 through 14						
16	Unrelated business income before net operating loss deduction.						
10	column (C)					. –	-38,065.
17	Deduction for net operating loss. See instructions						50,005.
18	Unrelated business taxable income. Subtract line 17 from line 1						38,065.
	aperwork Reduction Act Notice, see instructions.	J					m 990-T) 2021

Part	Cost of Goods Sold	Enter method of inven	tory valuation >		<u> </u>
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	<b>Total.</b> Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to pr	operty produced or acqu	ired for resale) apply to the	he organization?	Yes No
Part	IV Rent Income (From Real Property	y and Personal Prop	erty Leased with Re	eal Property)	
1	Description of property (property street address,	city, state, ZIP code). Che	ck if a dual-use. See instru	uctions.	
	Α				
	В				
	c				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colu	umns A through D. Enter h	nere and on Part I, line 6, o	column (A)	
	Deducations discould an advisable the in-				
4	Deductions directly connected with the income				
_	in lines 2(a) and 2(b) (attach statement) [  Total deductions. Add line 4 columns A through	D. Enter here and an Pari	t L line 6 column (P)		
5	Total deductions. Add line 4 columns A through	D. Enter here and on Pan	i i, iiile 6, coluiiiii (b)	· · · · · · · · · · · · · · · · · · ·	
<b>■Par</b>	Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	,	Check if a dual-use. See	instructions	
•	A Second the second sec	ness, only, state, zn sode,	. Oncok ii a adai asc. Occ	motractions.	
	В —				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here and on	Part I, line 7, column (A)	<b>&gt;</b> _	
	,			1	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter here	and on Part I, line 7, colum	nn (B)	
11	Total dividends-received deductions included in	line 10	<u></u>	<u> </u>	

Part VI Interest, Ann	nuities, Royalt	ies, and Rents	s from Controlled Organ	izations (see instructions)	Page ·
				ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
•	'	Nonexe	empt Controlled Organizatio	ons	1
7. Taxable income	ine	let unrelated come (loss) a instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals			•	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiza	ation (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income Oth	er Than Advertising Inco	me (see instructions)	
1 Description of exploit		,,		(00001.001010)	
•		om trade or bus	iness. Enter here and on Pa	art I. line 10. column (A)	2
			nrelated business income. E	, , , , , , , , , , , , , , , , , , , ,	-
line 10, column (B)			Daomico modilio. Li		3
, , ,		rade or busines	ss. Subtract line 3 from lin	e 2. If a gain complete	
lines 5 through 7					4
ŭ			s income		5
	•		sincome		6
•			6, but do not enter more	than the amount on line	0
4. Enter here and on I				man the amount on line	7
T. LINGI HOLD AND ON I	. a				1 1 1

Schedule A (Form 990-T) 2021

Par	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box if	reporting two or more periodi	cals on a consolidated basis.		
	A				
	B				
	с				
	D				
nter	amounts for each periodical listed above	e in the corresponding columr	l.		
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here a	•	(A)		_
а	Add Coldiniis A tillough D. Enter here a	and on ranti, line 11, column	(^)		
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here a	and on Part I, line 11, column	(B)		<b>-</b>
4	Advertising gain (loss). Subtract line 3 f	rom line			
	2. For any column in line 4 showing				
	complete lines 5 through 8. For any co	-			
	line 4 showing a loss or zero, do not c				
	lines 5 through 7, and enter zero on line				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is le	ess than			
	line 5, subtract line 6 from line 5. If line	5 is less			
	than line 6, enter zero				
8	Excess readership costs allowed				
•	deduction. For each column showing a				
	_	-			
	line 4, enter the lesser of line 4 or line 7				
а	,	-			on
	Part II, line 13				
	raitii, iiile 13				<b></b>
Par					<u> </u>
Par					<b>-</b>
Par	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage	4. Compensation
Par			ees (see instructions)		Compensation attributable to
Par	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage	·
	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business	attributable to
1)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business %	attributable to
1) 2)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business %	attributable to
1) 2) 3)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business %	attributable to
1) 2) 3)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business %	attributable to
1) 2) 3)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
2) 3) 4) Γotal	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to

SCHEDULE A: FUND VIII

TNCOME	(220.1)	$M \cap A$	DARTMERCHIDC	$\Delta MD / OB$	S	CORPORATIONS
TINCOME		T. IZOM	L WILLIAM IN THE S	AND / OK	$\sim$	COMPONATIONS

SHARE OF SHARE OF GAIN OR
GROSS INCOME DEDUCTIONS (LOSS)

NET ORDINARY INCOME - INVESTMENTS K-1 -38,065. -38,065.

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS -38,065.

#### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

Open to Public Inspection for

Department of the Treasury

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

Internal Revenue Service B Employer identification number A Name of the organization 27-4967732 CHARLES KOCH INSTITUTE

D Sequence: of 17 C Unrelated business activity code (see instructions) ▶ 903008 E Describe the unrelated trade or business ►FUND IX Part I (A) Income (B) Expenses (C) Net **Unrelated Trade or Business Income** 1a Gross receipts or sales Less returns and allowances c Balance ▶ 1c 2 2 3 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 4a **b** Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4b Capital loss deduction for trusts....... С 4c Income (loss) from a partnership or an S corporation (attach statement) . . . . SEE. STATEMENT. 1. . . . . . . 5 23,268 23,268. Rent income (Part IV) 6 6 7 7 Interest, annuities, royalties, and rents from a controlled 8 organization (Part VI).............. 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)............. 10 10 Advertising income (Part IX)........... 11 Other income (see instructions: attach statement) 12 12 23,268 13 13 268 Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 2 2 3 3 4 4 5 5 6 6 7 7 Less depreciation claimed in Part III and elsewhere on return . . . . . . . . 8a 8 8b 9 10 10 11 11 12 12 13 13 14 15 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 23,268. 16 17 

For Paperwork Reduction Act Notice, see instructions.

Par	t III Cost of Goods Sold	Enter method of inven	tory valuation >		-3-
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				V N-
9	Do the rules of section 263A (with respect to p				Yes No
1	Description of property (property street address	•			
•	A	,, only, onato, <u></u>			
	В				
	с				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
h	but not more than 50%) From real and personal property (if the				
b	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c co	olumns A through D. Enter h	nere and on Part I, line 6, c	olumn (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on Part	I, line 6, column (B)	▶ _	
<b></b> Par	t V Unrelated Debt-Financed Incom	a (see instructions)			
1	Description of debt-financed property (street ac		Chack if a dual-use See	instructions	
•	A Street at	duress, only, state, 211 code,	. Officer if a dual-use. Occ	manuchona.	
	В				
	С				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
a	Straight line depreciation (attach statement).				
b c	Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4	Amount of average acquisition debt on or allocable				
-	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A thro	ough D). Enter here and on	Part I, line 7, column (A)	▶_	
-			<u> </u>	T	
9	Allocable deductions. Multiply line 3c by line 6		and an Dart Library 7	- (D)	
10 11	Total allocable deductions. Add line 9, column  Total dividends-received deductions included i	ŭ	·	` '	
	i otal alviacilas-i cocivea acaucilolis illolladea l				

JSA

Dort VI Interest An	muitica Davalt	ios and Dante	s from Controlled Organ	inations (and instructions)	Page 3
interest, An	inuities, Royali	les, and Kents	s from Controlled Organ	ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4     that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	'	Nonexe	empt Controlled Organizatio	ons	
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiza	ation (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income. Othe	er Than Advertising Inco	me (see instructions)	
1 Description of explo		,, •		(100	
·	· -	om trade or bus	iness. Enter here and on Pa	art I, line 10, column (A)	2
			nrelated business income. En	, , , , , , , , , , , , , , , , , , , ,	_
line 10, column (B)					3
, , ,		trade or busines	s. Subtract line 3 from line	e 2. If a gain, complete	-
lines 5 through 7					4
5 Gross income from					5
	•				6
7 Excess exempt exp	enses. Subtract I	ine 5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on	Part II, line 12				7

Par	rt IX	Advertising Income					
1	Name	e(s) of periodical(s). Check box if r	eporting	two or more periodicals of	n a consolidated ba	asis.	
	Α						
	В						
	c						
	D L						
nter	amour	nts for each periodical listed above	in the c	_			
				Α	В	С	D
2	Gross	s advertising income					
а	Add c	columns A through D. Enter here a	and on Pa	art I, line 11, column (A).			▶
3	Direc	t advertising costs by periodical .					
а		columns A through D. Enter here a		rt I. line 11. column (B).			
				, , , , , , , , , , , , , , , , , , ,			
4	۸dvor	tising gain (loss). Subtract line 3 fr	rom line				
-		• • , ,					
		r any column in line 4 showing					
		lete lines 5 through 8. For any co					
		showing a loss or zero, do not co					
		5 through 7, and enter zero on line					
5	Read	ership costs					
6	Circu	lation income					
7	Exces	s readership costs. If line 6 is le	ss than				
	line 5	, subtract line 6 from line 5. If line	5 is less				
	than I	ine 6, enter zero					
8		s readership costs allowed					
Ū		ction. For each column showing a					
		, enter the lesser of line 4 or line 7	-				
					0 1 1		
а		line 8, columns A through D.		-			ina on
	Рап п	l, line 13					·· <b>&gt;</b>
Par	t X	Compensation of Officers,	Direc	ors, and Trustees (	see instructions)		
						3. Percentage	4. Compensation
		1. Name		2. Title		of time devoted	attributable to
		i. Name		Z. Title			
						to business	unrelated business
(1)							%
(2)							%
(3)							%
(4)							%
`,							70
Tota	I Ente	er here and on Part II, line 1				1	<b>&gt;</b>
		Supplemental Information					-
rai	ιλι	Supplemental information	(see ii	Structions)			

SCHEDULE A: FUND IX

INCOME (	LOSS)	FROM	PARTNERSHIPS	AND	/OR	S	CORPORATIONS

SHARE OF	SHARE OF	GAIN OR

------

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS
23,268.

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

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

Open to Public Inspection for 501(c)(3).

B Employer identification number

_CH	ARLES KOCH INSTITUTE			27-4967	732		
					1.0		
<b>C</b> Ur	related business activity code (see instructions) ▶ 903009			<b>D</b> Sequence:	10	of 17	—
F De	scribe the unrelated trade or business ► FUND X						
			(4) 1	(5) 5		(O) N (	_
Pai	Unrelated Trade or Business Income		(A) Income	(B) Exp	enses	(C) Net	
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form			_			_
	1120)). See instructions	4a	409,70	6.		409,706	<u>5.</u>
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						_
	statement) SEE. STATEMENT. 1	5	-66,45	4.		-66,454	<u>ł.</u>
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					—
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12	242.05	0		242 054	_
13	Total. Combine lines 3 through 12	13	343,25		4:	343,252	<u> </u>
Pal	Deductions Not Taken Elsewhere See instructions f		ntations on dec	auctions. Dea	uctions n	iust be	
	directly connected with the unrelated business income						—
1	Compensation of officers, directors, and trustees (Part X)						—
2	Salaries and wages						—
3	Repairs and maintenance						—
4							—
5 6	Interest (attach statement). See instructions						—
7	Taxes and licenses		1 1		6		—
8	Less depreciation claimed in Part III and elsewhere on return				8b		
•							—
9 10	Depletion						
11	Employee benefit programs						—
12	Excess exempt expenses (Part VIII)						—
13	Excess readership costs (Part IX)						—
14	Other deductions (attach statement)						
15	Total deductions. Add lines 1 through 14						_
16	Unrelated business income before net operating loss deduction.						_
	column (C)					343,252	2
17	Deduction for net operating loss. See instructions						<u></u>
18	Unrelated business taxable income. Subtract line 17 from line 1					343,252	<u>_</u>
	aperwork Reduction Act Notice, see instructions.					A (Form 990-T) 20	_

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Par	t III Cost of Goods Sold	Enter method of inven	tory valuation >		-3-
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				V N-
9	Do the rules of section 263A (with respect to p				Yes No
1	Description of property (property street address	•			
•	A	,, only, onato, <u></u>			
	В				
	с				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
h	but not more than 50%) From real and personal property (if the				
b	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c co	olumns A through D. Enter h	nere and on Part I, line 6, c	olumn (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on Part	I, line 6, column (B)	▶ _	
<b></b> Par	t V Unrelated Debt-Financed Incom	a (see instructions)			
1	Description of debt-financed property (street ac		Chack if a dual-use See	instructions	
•	A Street at	duress, only, state, 211 code,	. Officer if a dual-use. Occ	manuchona.	
	В				
	С				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
a	Straight line depreciation (attach statement).				
b c	Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4	Amount of average acquisition debt on or allocable				
-	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A thro	ough D). Enter here and on	Part I, line 7, column (A)	▶_	
-			<u> </u>	T	
9	Allocable deductions. Multiply line 3c by line 6	•	and an Dart Library 7	- (D)	
10 11	Total allocable deductions. Add line 9, column  Total dividends-received deductions included i	ŭ	·	` '	
	i otal alviacilas-i cocivea acaucilolis illolladea l				

Dort VI Interest An	muitica Davalt	ios and Dante	s from Controlled Organ	inations (and instructions)	Page 3
interest, An	inuities, Royali	les, and Kents	s from Controlled Organ	ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4     that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	'	Nonexe	empt Controlled Organizatio	ons	
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiza	ation (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income. Othe	er Than Advertising Inco	me (see instructions)	
1 Description of explo		,, •		(100	
·	· -	om trade or bus	iness. Enter here and on Pa	art I, line 10, column (A)	2
			nrelated business income. En	, , , , , , , , , , , , , , , , , , , ,	_
line 10, column (B)					3
, , ,		trade or busines	s. Subtract line 3 from line	e 2. If a gain, complete	-
lines 5 through 7					4
5 Gross income from					5
	•				6
7 Excess exempt exp	enses. Subtract I	ine 5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on	Part II, line 12				7

Par	t IX Advertising Income				
		a two or more periodicals o	n a consolidated hasis		
•		g two or more periodicals o	iii a consolidated basis.		
	A				
	В				
	c				
	D				
Enter		corresponding column			
Lintoi	amounts for each periodical noted above in the				
			В	C	U
2	Gross advertising income				
а	Add columns A through D. Enter here and on F	Part I, line 11, column (A).			<b></b>
3	Direct advertising costs by periodical				
а	tere amounts for each periodical listed above in the corresponding column.  A B C D  Add columns A through D. Enter here and on Part I, line 11, column (A).  Direct advertising costs by periodical Add columns A through D. Enter here and on Part I, line 11, column (B).  Add columns A through D. Enter here and on Part I, line 11, column (B).  Add columns A through D. Enter here and on Part I, line 11, column (B).  Add columns A through D. Enter here and on Part I, line 11, column (B).  Add columns A through D. Enter here and on Part I, line 11, column (B).  Add columns A through D. Enter here and on Part I, line 11, column (B).  Add columns A through B. For any column in line 4 showing a gain, complete lines 5 through 7, and enter zero on line 8.  Readership costs.  Circulation income  Excess readership costs. If line 6 is less than line 6, enter zero  Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7  Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13  Part X Compensation of Officers, Directors, and Trustees (see instructions)  1, Name  2. Title  3. Percentage of time devoted to business  4. Compensation attributable to unrelated business  1)  y <sub>6</sub> 2)  y <sub>7</sub> 3)				
				I	
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain	,			
	complete lines 5 through 8. For any column in	1			
_					
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than	1			
	line 5, subtract line 6 from line 5, If line 5 is less				
	·				
8	•				
	deduction. For each column showing a gain or	1			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter	the greater of the line	e 8a, columns total o	or zero here and	on
	Part II, line 13				_
_					
Par	Compensation of Officers, Direct	ctors, and Trustees (	see instructions)		
				3. Percentage	4. Compensation
	1 Name	2 Title		·	
	TT Name	21 11110			
				to business	unrelated business
(1)				%	
(2)				%	
(3)					
(4)				%	
Tota	I. Enter here and on Part II, line 1			🕨	
Par	t XI Supplemental Information (see i	nstructions)			
		,			
	Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.  A B B C D D D D D D D D D D D D D D D D D				
	Gross advertising income				

CHARLES KOCH INSTITUTE

INCOME (	TiOSS)	FROM	PARTNERSHIPS	AND/OR	S	CORPORATIONS

СПУБЕ ОЕ	CHYDE OE	CAIN OP

SHARE OF SHARE OF GAIN OR GROSS INCOME DEDUCTIONS (LOSS) -66,454. -66,454. NET ORDINARY INCOME - INVESTMENTS K-1

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS -66,454.

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# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

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

B Employer identification number

HARLES KOCH INSTITUTE			<u> 27-4967</u>	<u>732                                    </u>		
Jnrelated business activity code (see instructions) ▶ 90301	0		<b>D</b> Sequence:	11	of	17
officiated business activity code (see instructions) > 90301	U		D Sequence.			<u> </u>
Describe the unrelated trade or business ►FUND XI						
			4-1-			
Unrelated Trade or Business Income		(A) Income	(B) Expe	enses	(C	) Net
Gross receipts or sales						
c Balance	e ▶ <u>1c</u>					
Cost of goods sold (Part III, line 8)	2					
Gross profit. Subtract line 2 from line 1c	3					
a Capital gain net income (attach Sch D (Form 1041 or F	orm					
1120)). See instructions	4a					
Net gain (loss) (Form 4797) (attach Form 4797). See instruct						
Capital loss deduction for trusts						
Income (loss) from a partnership or an S corporation (at						
statement) SEE. STATEMENT. 1		66,17	8.		6	6,178.
Rent income (Part IV)						
Unrelated debt-financed income (Part V)						
Interest, annuities, royalties, and rents from a control						
organization (Part VI)						
Investment income of section 501(c)(7), (9), or	` '					
organizations (Part VII)						
Exploited exempt activity income (Part VIII)						
Advertising income (Part IX)						
Other income (see instructions; attach statement)		66 10	0			
Total. Combine lines 3 through 12		66,17		4:		6,178.
directly connected with the unrelated business in		ilialions on dec	auctions. Deal	actions i	nust be	
Compensation of officers, directors, and trustees (Part X).				1		
Salaries and wages						
Repairs and maintenance						
Bad debts						
Interest (attach statement). See instructions						
Taxes and licenses						
Depreciation (attach Form 4562). See instructions		1 1				
Less depreciation claimed in Part III and elsewhere on return				8b		
Depletion		· · · · · · · · · · · · · · · · · · ·		9		
Contributions to deferred compensation plans						
Employee benefit programs						
Excess exempt expenses (Part VIII)						
Excess readership costs (Part IX)						
Other deductions (attach statement)						
Total deductions. Add lines 1 through 14				15		
Unrelated business income before net operating loss dedu	uction. Subt	tract line 15 fror	n Part I, line 1	3,		
column (C)				16	6	6,178.
Deduction for net operating loss. See instructions						2,457.
Unrelated business taxable income. Subtract line 17 from	line 16.					3,721.
Paperwork Reduction Act Notice, see instructions.				Schedule	A (Form	990-T) 2021

Par	t III Cost of Goods Sold	Enter method of inven	tory valuation >		-3-
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				V N-
9	Do the rules of section 263A (with respect to p				Yes No
1	Description of property (property street address	•			
•	A	,, only, onato, <u></u>			
	В				
	с				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
h	but not more than 50%) From real and personal property (if the				
b	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c co	olumns A through D. Enter h	nere and on Part I, line 6, c	olumn (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on Part	I, line 6, column (B)	▶ _	
<b></b> Par	t V Unrelated Debt-Financed Incom	a (see instructions)			
1	Description of debt-financed property (street ac		Chack if a dual-use See	instructions	
•	A Street at	duress, only, state, 211 code,	. Officer if a dual-use. Occ	manuchona.	
	В				
	С				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
a	Straight line depreciation (attach statement).				
b c	Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4	Amount of average acquisition debt on or allocable				
-	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A thro	ough D). Enter here and on	Part I, line 7, column (A)	▶_	
-			<u> </u>	T	
9	Allocable deductions. Multiply line 3c by line 6	•	and an Dart Library 7	- (D)	
10 11	Total allocable deductions. Add line 9, column  Total dividends-received deductions included i	ŭ	·	` '	
	i otal alviacilas-i cocivea acaucilolis illolladea l				

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Part VI Interest, Ann	nuities, Royalt	ies, and Rents	s from Controlled Organ	izations (see instructions)	Page
				ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
•	'	Nonexe	empt Controlled Organizatio	ons	1
7. Taxable income	ine	let unrelated come (loss) a instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals			•	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiza	ation (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income Oth	er Than Advertising Inco	me (see instructions)	
1 Description of exploit		,,		(00001.001010)	
•		om trade or bus	iness. Enter here and on Pa	art I. line 10. column (A)	2
			nrelated business income. E	, , , , , , , , , , , , , , , , , , , ,	-
line 10, column (B)			Daomico modilio. Li		3
, , ,		rade or busines	ss. Subtract line 3 from lin	e 2. If a gain complete	
lines 5 through 7					4
ŭ			s income		5
	•		sincome		6
•			6, but do not enter more	than the amount on line	0
4. Enter here and on I				man the amount on line	7
T. LINGI HOLD AND ON I	. a				1 1 1

Par	rt IX	Advertising Income					
1	Name	e(s) of periodical(s). Check box if r	eporting	two or more periodicals of	n a consolidated ba	asis.	
	Α						
	В						
	c						
	D L						
nter	amour	nts for each periodical listed above	in the c	_			
				Α	В	С	D
2	Gross	s advertising income					
а	Add c	columns A through D. Enter here a	and on Pa	art I, line 11, column (A).			▶
3	Direc	t advertising costs by periodical .					
а		columns A through D. Enter here a		rt I. line 11. column (B).			
				, , , , , , , , , , , , , , , , , , ,			
4	۸dvor	tising gain (loss). Subtract line 3 fr	rom line				
-		• • , ,					
		r any column in line 4 showing					
		lete lines 5 through 8. For any co					
		showing a loss or zero, do not co					
		5 through 7, and enter zero on line					
5	Read	ership costs					
6	Circu	lation income					
7	Exces	s readership costs. If line 6 is le	ss than				
	line 5	, subtract line 6 from line 5. If line	5 is less				
	than I	ine 6, enter zero					
8		s readership costs allowed					
•		ction. For each column showing a					
		, enter the lesser of line 4 or line 7	-				
					0 1 1		
а		line 8, columns A through D.		-			ina on
	Рап п	l, line 13					·· <b>&gt;</b>
Par	t X	Compensation of Officers,	Direc	ors, and Trustees (	see instructions)		
						3. Percentage	4. Compensation
		1. Name		2. Title		of time devoted	attributable to
		i. Name		Z. Title			
						to business	unrelated business
(1)							%
(2)							%
(3)							%
(4)							%
`,							70
Tota	I Ente	er here and on Part II, line 1				1	<b>&gt;</b>
		Supplemental Information					-
rai	ιλι	Supplemental information	(see ii	Structions)			

SCHEDULE A: FUND XI

INCOME (	LOSS)	FROM	PARTNERSHIPS	AND/OR	S	CORPORATIONS

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SHARE OF SHARE OF GAIN OR GROSS INCOME DEDUCTIONS (LOSS)

NET ORDINARY INCOME - INVESTMENTS K-1 66,178. 66,178.

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS 66,178.

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

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

Open to Public Inspection for 501(c)(3).

B Employer identification number

CHARLES KOCH INSTITUTE					7732		
C Ur	related business activity code (see instructions) ▶ 903011			D Sequence:	12	of	17
E De	scribe the unrelated trade or business ►FUND XII			<u> </u>			
Pai	Unrelated Trade or Business Income		(A) Income	(B) Ex	penses	(	C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) SEE. STATEMENT. 1	5	-16,05	4.		-	16,054.
6	Rent income (Part IV)	6					,
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section $501(c)(7)$ , (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	-16,05	4		_	16,054.
	t II Deductions Not Taken Elsewhere See instructions f				ductions n		
	directly connected with the unrelated business income		manorio ori ao	200.01.01.00	44011011011		•
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages						
3	Repairs and maintenance						
4	Bad debts						
5	Interest (attach statement). See instructions						
6	Taxes and licenses						
7	Depreciation (attach Form 4562). See instructions		1 1				
8	Less depreciation claimed in Part III and elsewhere on return.				8b		
9	Depletion						
10	Contributions to deferred compensation plans						
11	Employee benefit programs						
12	Excess exempt expenses (Part VIII)						
13	Excess readership costs (Part IX)						
14	Other deductions (attach statement)						
15	Total deductions. Add lines 1 through 14						
16	Unrelated business income before net operating loss deduction.						
. •	column (C)					_	16,054.
17	Deduction for net operating loss. See instructions					•	,
18	Unrelated business taxable income. Subtract line 17 from line 1					_	16,054.
	aperwork Reduction Act Notice, see instructions.						990-T) 2021

	t III Cost of Goods Sold	Enter method of invent	tory valuation ►		rage <b>z</b>
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. E				
9	Do the rules of section 263A (with respect to pro				Yes No
	t IV Rent Income (From Real Property				
1	Description of property (property street address, c	ity, state, ZIP code). Chec	ck if a dual-use. See instruc	tions.	
	A				
	B				
	D				
		Α	В	С	D
2	Rent received or accrued		_		
a	From personal property (if the percentage of				
_	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colur	mns A through D. Enter h	ere and on Part I, line 6, col	umn (A)	
4	Deductions directly connected with the income				
-	in lines 2(a) and 2(b) (attach statement) L  Total deductions. Add line 4 columns A through E	) Francisco and an Dark	L line C column (D)		
5	Total deductions. Add lifte 4 columns A through L	D. Enter here and on Part	i, line 6, column (b)	· · · · · · · · · · · · · · · · · · ·	
<b></b> Par	t Va Unrelated Debt-Financed Income (	see instructions)			
1	Description of debt-financed property (street addre		. Check if a dual-use. See in	structions.	
•	A (chiest dash	500, 511 <b>)</b> , 51410, <u>-</u> 11. 5540).			
	В				
	С				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
E	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt- financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	/0	/0	/0	70
8	Total gross income (add line 7, columns A through	ah D). Enter here and on I	Part I, line 7, column (A)		
٠	g. 222 machine (dad mile 1, coldinio 7 tillou)	2/1. =or 11010 and 0111	, r, ooldiiii (r) I		
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A	A through D. Enter here a	and on Part I, line 7, column	(B) <b>•</b>	
11	Total dividends-received deductions included in I	ine 10		· · · · · · · · • <u> </u>	

Dort VI Interest An	muitica Davalt	ios and Dante	s from Controlled Organ	inations (and instructions)	Page 3
interest, An	inuities, Royali	les, and Kents	s from Controlled Organ	ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4     that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	'	Nonexe	empt Controlled Organizatio	ons	
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiza	ation (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income. Othe	er Than Advertising Inco	me (see instructions)	
1 Description of explo		,, •		(100	
·	· -	om trade or bus	iness. Enter here and on Pa	art I, line 10, column (A)	2
			nrelated business income. En	, , , , , , , , , , , , , , , , , , , ,	_
line 10, column (B)					3
, , ,		trade or busines	s. Subtract line 3 from line	e 2. If a gain, complete	-
lines 5 through 7					4
5 Gross income from					5
	•				6
7 Excess exempt exp	enses. Subtract I	ine 5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on	Part II, line 12				7

Par	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	a two or more periodicals o	n a consolidated hasis		
•		g two or more periodicals o	iii a consolidated basis.		
	A				
	В				
	c				
	D				
Enter	amounts for each periodical listed above in the	corresponding column			
Lintoi	amounts for each periodical noted above in the		В	С	D
		A	В	C	U
2	Gross advertising income				
а	Add columns A through D. Enter here and on F	Part I, line 11, column (A).			<b></b>
3	Direct advertising costs by periodical				
	Add columns A through D. Enter here and on F				
а	Add columns A imough D. Enter here and on F	rait i, line 11, column (b)			
				I	
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain	,			
	complete lines 5 through 8. For any column in	1			
	line 4 showing a loss or zero, do not complete				
_	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than	1			
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
	·				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or	1			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter	the greater of the line	e 8a, columns total o	or zero here and	on
	Part II, line 13				_
_					
Par	t X Compensation of Officers, Direct	ctors, and Trustees (	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		f time devoted	attributable to
	TT Name	21 11110			
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Tota	I. Enter here and on Part II, line 1			🕨	
Par	t XI Supplemental Information (see i	nstructions)			
		,			

SCHEDULE A: FUND XII

INCOME (	TiOSS)	FROM	PARTNERSHIPS	AND/OR	S	CORPORATIONS

\_\_\_\_\_\_

SHARE OF SHARE OF GAIN OR GROSS INCOME DEDUCTIONS (LOSS)

-16,054. -16,054. NET ORDINARY INCOME - INVESTMENTS K-1

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS -16,054.

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## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

A Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3).

B Employer identification number

_CH	ARLES KOCH INSTITUTE			27-4967	732		
C Ur	related business activity code (see instructions) ▶ 903012			<b>D</b> Sequence:	13	of	17
E De	scribe the unrelated trade or business ►FUND XIII		T				
Pai	Unrelated Trade or Business Income		(A) Income	(В) Ехр	enses	(	C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					_
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) SEE. STATEMENT. 1	5	-134,10	1.		-1	34,101.
6	Rent income (Part IV)	6	,				•
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	-134,10	1.		-1	34,101.
Pai	t II Deductions Not Taken Elsewhere See instructions f		nitations on ded	ductions. Ded	uctions n	nust be	<del>)</del>
	directly connected with the unrelated business incom	е					
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages				2		
3	Repairs and maintenance				3		
4	Bad debts				4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses				6		
7	Depreciation (attach Form 4562). See instructions		7				
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b		
9	Depletion				9		
10	Contributions to deferred compensation plans				10		
11	Employee benefit programs				11		
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)				13		
14	Other deductions (attach statement)				14		
15	Total deductions. Add lines 1 through 14						
16	Unrelated business income before net operating loss deduction	. Sub	tract line 15 fro	m Part I, line 1	3,		
	column (C)					-1	<u>34,101.</u>
17	Deduction for net operating loss. See instructions						
18	Unrelated business taxable income. Subtract line 17 from line 1	16					<u>34,101.</u>
For P	aperwork Reduction Act Notice, see instructions.				Schedule	A (Form	990-T) 2021

Par	Cost of Goods Sold	Enter method of inven	tory valuation 🕨		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement	)		4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to pr	operty produced or acqui	ired for resale) apply to the	ne organization?	Yes No
Par	Rent Income (From Real Property	y and Personal Prop	erty Leased with Re	eal Property)	
1	Description of property (property street address,				
	A				
	В				
	С				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colu	umns A through D. Enter h	nere and on Part I, line 6, c	column (A)	
		ao / t ao ag Do			
4	Deductions directly connected with the income				
- -	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part	I. line 6. column (B)	<b>•</b>	
	· ·		, , , , , , , , , , , , , , , , , , , ,		
<b></b> Par	t V  Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add		. Check if a dual-use. See	instructions.	
	A	, , , , , , , , , , , , , , , , , , ,			
	В				
	С				
	D D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
_	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement).				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b.				
·	columns A through D)				
4	,				
4	Amount of average acquisition debt on or allocable				
F	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
^	financed property (attach statement)	6.1	0,1	0.1	21
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	unit D) Fri i	Death Sec. 7 1 (2)		
8	Total gross income (add line 7, columns A through	ugn D). Enter here and on	Part I, line 7, column (A)	▶ _	
_	Au	T	T		
9	Allocable deductions. Multiply line 3c by line 6	A there are D. E. c	and an David P. T	(D)	
10	<b>Total allocable deductions.</b> Add line 9, columns	-			
11	Total dividends-received deductions included in	line iu		· · · · · · · ·	

Part VI Interest, Ani	nuities. Rovalt	ies, and Rents	s from Controlled Organ	nizations (see instructions)	- rage O	
				ntrolled Organizations		
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
	'	Nonexe	empt Controlled Organization	ons		
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals				1		
1. Description of income		ount of income	(7), (9), or (17) Organiza	4. Set-asides	5. Total deductions	
T. Description of income	2. AIII	ount of income	directly connected (attach statement)	(attach statement)	and set-asides (add columns 3 and 4)	
<u>(1)</u>						
(2)						
(3)						
(4)						
Totals	Enter he line	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
		/ Income Oth	er Than Advertising Inco	me (see instructions)		
1 Description of exploit	•	, moonie, oth	or than Advertising inco	me (see instructions)		
•	· —	om trade or bus	iness. Enter here and on Pa	art I line 10 column (A)	2	
				, , , , , , , , , , , , , , , , , , , ,		
·	Expenses directly connected with production of unrelated business income. Enter here and on Part I,					
, , , ,	line 10, column (B)					
lines 5 through 7.			a. Subitaci iiile 3 HUIII IIII	ie z. ii a yaiii, compiete		
5 Gross income from a			: income		4	
	,				5	
				than the amount on line	6	
• •			6, but do not enter more			
4. Enter here and on	raitii, iiile IZ				7	

Par	t IX Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting	two or more periodicals o	n a consolidated ba	sis.	
	Α					
	В					
	c					
	D					
Enter	amounts for each periodical listed above i	n the co	orresponding column.			
	,		A	В	С	D
2	Gross advertising income					
a	Add columns A through D. Enter here an		art L line 11 column (Δ)			
a	Add coldining A tillough D. Enter here an	u on re	art i, iiiie i i i, coluiiiii (A)			
3	Direct advertising costs by periodical					
a	Add columns A through D. Enter here an					<b>—</b>
а	Add Coldinins A tillough D. Enter here an	u on ra	irti, iiile 11, coluiliii (b)			. –
4	Advertising gain (loss). Subtract line 3 fro	m lina				
4						
	2. For any column in line 4 showing a	-				
	complete lines 5 through 8. For any colu					
	line 4 showing a loss or zero, do not cor					
_	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less					
	line 5, subtract line 6 from line 5. If line 5					
	than line 6, enter zero					
8	Excess readership costs allowed					
	deduction. For each column showing a g					
_	line 4, enter the lesser of line 4 or line 7.		the	. 0		
а	Add line 8, columns A through D. Part II, line 13		=			, on
	•					· • • • • • • • • • • • • • • • • • • •
Par	t X Compensation of Officers,	Direct	tors, and Trustees (	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					<u> </u>	
(3)					<u> </u>	
(4)						
\ ''					<u>%</u>	
Tota	I. Enter here and on Part II, line 1					
	t XI Supplemental Information (					
· ai	Cappionional information	000 111	ioti dotiono)			

SCHEDULE A: FUND XIII

INCOME (	LOSS)	FROM	PARTNERSHIPS	AND/	OR	S	CORPORATIONS
TI/COLID /		110011	T T TILL T T T T T T T T T T T	1 JI V /	$\circ$	$\sim$	

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SHARE OF SHARE OF GAIN OR GROSS INCOME DEDUCTIONS (LOSS)

-134,101. -134,101. NET ORDINARY INCOME - INVESTMENTS K-1

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS -134,101.

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## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury

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

Open to Public Inspection for 501(c)(3).

Open to Public Inspection for 501(c)(3).

Internal Revenue Service	301(c)(3) Organizations Only
A Name of the organization	B Employer identification number
CHARLES KOCH INSTITUTE	27-4967732
C Unrelated business activity code (see instructions) ► 903013	D Sequence: 14 of 17

<u>C</u> 01	irelated business activity code (see instructions) > 903013			Sequence. 1	4 01 1/
E De	scribe the unrelated trade or business FUND XIV				
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expense	s (C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
)	Exploited exempt activity income (Part VIII)	10			
l	Advertising income (Part IX)	11			
2	Other income (see instructions; attach statement)				
3	<b>Total.</b> Combine lines 3 through 12				
	t II Deductions Not Taken Elsewhere See instructions		nitations on deduc	ctions Deduction	ons must be
	directly connected with the unrelated business incom				0.10 111001 00
1	Compensation of officers, directors, and trustees (Part X)				1
2	Salaries and wages				2
3	Repairs and maintenance				3
, 4	Bad debts				4
5	Interest (attach statement). See instructions				5
) 3	Taxes and licenses			T T	6
, 7	Depreciation (attach Form 4562). See instructions				
	Less depreciation claimed in Part III and elsewhere on return				8b
B					9
9	Depletion				
)	Contributions to deferred compensation plans			T T	10
	Employee benefit programs				11
2	Excess exempt expenses (Part VIII)			T T	12
3	Excess readership costs (Part IX)			T T	13
1	Other deductions (attach statement)				14
5	<b>Total deductions.</b> Add lines 1 through 14				15
6	Unrelated business income before net operating loss deduction				
	column (C)			T T	16
7	Deduction for net operating loss. See instructions				17
8	Unrelated business taxable income. Subtract line 17 from line	16			18

For Paperwork Reduction Act Notice, see instructions.

Par	t III Cost of Goods Sold	Enter method of inven	tory valuation >		-3-
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				V N-
9	Do the rules of section 263A (with respect to p				Yes No
1	Description of property (property street address	•			
•	A	,, only, onato, <u></u>			
	В				
	с				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
h	but not more than 50%) From real and personal property (if the				
b	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c co	olumns A through D. Enter h	nere and on Part I, line 6, c	olumn (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on Part	I, line 6, column (B)	▶ _	
<b></b> Par	t V Unrelated Debt-Financed Incom	a (see instructions)			
1	Description of debt-financed property (street ac		Chack if a dual-use See	instructions	
•	A Street at	duress, only, state, 211 code,	. Officer if a dual-use. Occ	manuchona.	
	В				
	С				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
a	Straight line depreciation (attach statement).				
b c	Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4	Amount of average acquisition debt on or allocable				
-	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A thro	ough D). Enter here and on	Part I, line 7, column (A)	▶_	
-			<u> </u>	T	
9	Allocable deductions. Multiply line 3c by line 6	•	and an Dart Library 7	- (D)	
10 11	Total allocable deductions. Add line 9, column  Total dividends-received deductions included i	ŭ	·	` '	
	i otal alviacilas-i cocivea acaucilolis illoladea i				

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Part VI Interest, Ann	nuities, Royalt	ies, and Rents	s from Controlled Organ	izations (see instructions)	Page
				ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
•	'	Nonexe	empt Controlled Organizatio	ons	1
7. Taxable income	ine	let unrelated come (loss) a instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals			•	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiza	ation (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income Oth	er Than Advertising Inco	me (see instructions)	
1 Description of exploit		,,		(00001.001010)	
•		om trade or bus	iness. Enter here and on Pa	art I. line 10. column (A)	2
			nrelated business income. E	, , , , , , , , , , , , , , , , , , , ,	-
line 10, column (B)			Daomico modilio. Li		3
, , ,		rade or busines	ss. Subtract line 3 from lin	e 2. If a gain complete	
lines 5 through 7					4
ŭ			s income		5
	•		sincome		6
•			6, but do not enter more	than the amount on line	0
4. Enter here and on I				man the amount on line	7
T. LINGI HOLD AND ON I	. a				1 1 1

Par	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box if	reporting two or more periodi	cals on a consolidated basis.		
	A				
	B				
	с				
	D				
nter	amounts for each periodical listed above	e in the corresponding columr	l.		
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here a	•	(A)		_
а	Add Coldiniis A tillough D. Enter here a	and on ranti, line 11, column	(^)		
3	Direct advertising costs by periodical .				
а	Add columns A through D. Enter here a	and on Part I, line 11, column	(B)		<b>-</b>
4	Advertising gain (loss). Subtract line 3 f	rom line			
	2. For any column in line 4 showing				
	complete lines 5 through 8. For any co	-			
	line 4 showing a loss or zero, do not c				
_	lines 5 through 7, and enter zero on line				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is le	ess than			
	line 5, subtract line 6 from line 5. If line	5 is less			
	than line 6, enter zero				
8	Excess readership costs allowed				
•	deduction. For each column showing a				
	_	-			
	line 4, enter the lesser of line 4 or line 7				
а	,	-			on
	Part II, line 13				
	raitii, iiile 13				<b>&gt;</b>
Par					<u> </u>
Par					<b>-</b>
Par	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage	4. Compensation
Par			ees (see instructions)		Compensation attributable to
Par	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage	·
	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business	attributable to
1)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business %	attributable to
1) 2)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business %	attributable to
1) 2) 3)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business %	attributable to
1) 2) 3)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business %	attributable to
1) 2) 3)	rt X Compensation of Officers	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
2) 3) 4) Γotal	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to
1) 2) 3) 4)	1. Name  1. Name	, Directors, and Truste	ees (see instructions)	3. Percentage of time devoted to business  % % %	attributable to

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

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

Open to Public Inspection for 501(c)(3).

B Employer identification number

_CH	ARLES KOCH INSTITUTE			27-4967	732		
C Ur	related business activity code (see instructions) ▶ 903014			<b>D</b> Sequence:	15	of <u>1</u> '	7
E De	scribe the unrelated trade or business ► FUND XV						
Pai	Unrelated Trade or Business Income		(A) Income	(B) Exp	enses	(C) N	et
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) SEE. STATEMENT. 1	5	216,30	0.		216	,300.
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	216,30	0.		216	,300.
Pai	t II Deductions Not Taken Elsewhere See instructions f	for lin	nitations on dec	ductions. Dec	luctions n	nust be	
	directly connected with the unrelated business incom	е					
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages				2		
3	Repairs and maintenance				3		
4	Bad debts				4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses				6		
7	Depreciation (attach Form 4562). See instructions		7				
8	Less depreciation claimed in Part III and elsewhere on return				8b		
9	Depletion				9		
10	Contributions to deferred compensation plans						
11	Employee benefit programs						
12	Excess exempt expenses (Part VIII)						
13	Excess readership costs (Part IX)						
14	Other deductions (attach statement)						
15	Total deductions. Add lines 1 through 14						
16	Unrelated business income before net operating loss deduction						
	column (C)					216	<u>,300.</u>
17	Deduction for net operating loss. See instructions						
18	Unrelated business taxable income. Subtract line 17 from line	16					<u>,300.</u>
For P	aperwork Reduction Act Notice, see instructions.				Schedule	A (Form 990	J-T) 2021

Par	t III Cost of Goods Sold	Enter method of inven	tory valuation >		-3-
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				V N-
9	Do the rules of section 263A (with respect to p				Yes No
1	Description of property (property street address	•			
•	A	,, only, onato, <u></u>			
	В				
	с				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
h	but not more than 50%) From real and personal property (if the				
b	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c co	olumns A through D. Enter h	nere and on Part I, line 6, c	olumn (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on Part	I, line 6, column (B)	▶ _	
<b></b> Par	t V Unrelated Debt-Financed Incom	a (see instructions)			
1	Description of debt-financed property (street ac		Chack if a dual-use See	instructions	
•	A Street at	duress, only, state, 211 code,	. Officer if a dual-use. Occ	manuchona.	
	В				
	С				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
a	Straight line depreciation (attach statement).				
b c	Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4	Amount of average acquisition debt on or allocable				
-	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A thro	ough D). Enter here and on	Part I, line 7, column (A)	▶_	
-			<u> </u>	T	
9	Allocable deductions. Multiply line 3c by line 6	•	and an Dart Library 7	- (D)	
10 11	Total allocable deductions. Add line 9, column  Total dividends-received deductions included i	ŭ	·	` '	
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Dort VI Interest An	muitica Davalt	ios and Dante	s from Controlled Organ	inations (and instructions)	Page 3
interest, An	inuities, Royali	les, and Kents	s from Controlled Organ	ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4     that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	'	Nonexe	empt Controlled Organizatio	ons	
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiza	ation (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income. Othe	er Than Advertising Inco	me (see instructions)	
1 Description of explo		,, •		(100	
·	· -	om trade or bus	iness. Enter here and on Pa	art I, line 10, column (A)	2
			nrelated business income. En	, , , , , , , , , , , , , , , , , , , ,	_
line 10, column (B)					3
, , ,		trade or busines	s. Subtract line 3 from line	e 2. If a gain, complete	-
lines 5 through 7					4
5 Gross income from					5
	•				6
7 Excess exempt exp	enses. Subtract I	ine 5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on	Part II, line 12				7

Par	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	a two or more periodicals o	n a consolidated hasis		
•		g two or more periodicals o	iii a consolidated basis.		
	A				
	В				
	c				
	D				
Enter	amounts for each periodical listed above in the	corresponding column			
Lintoi	amounts for each periodical noted above in the		В	С	D
		A	В	C	U
2	Gross advertising income				
а	Add columns A through D. Enter here and on F	Part I, line 11, column (A).			<b></b>
3	Direct advertising costs by periodical				
	Add columns A through D. Enter here and on F				
а	Add columns A imough D. Enter here and on F	rait i, line 11, column (b)			
				I	
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain	,			
	complete lines 5 through 8. For any column in	1			
	line 4 showing a loss or zero, do not complete				
_	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than	1			
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
	·				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or	1			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter	the greater of the line	e 8a, columns total o	or zero here and	on
	Part II, line 13				_
_					
Par	t X Compensation of Officers, Direct	ctors, and Trustees (	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		f time devoted	attributable to
	TI Namo	21 11110			
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Tota	I. Enter here and on Part II, line 1			🕨	
Par	t XI Supplemental Information (see i	nstructions)			
		,			

SCHEDULE A: FUND XV

TNCOME	(DDOT)	$M \cap AH$	DARTMERCHIDG	$\Delta MD / OB$	S	CORPORATIONS
TINCOLLE	$(\Box \cup \cup \cup \cup)$	T. I.COI.I	EUMINDITED	$\Delta MD/OK$	$\sim$	COMPONATIONS

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\_\_\_\_\_\_

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS 216,300.

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

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

Open to Public Inspection for 501(c)(3).

B Employer identification number

CHARLES KOCH INSTITUTE					7732				
C Ur	related business activity code (see instructions) ▶ 903015	16	of 17						
E De	scribe the unrelated trade or business ► FUND XVI								
Pai	Unrelated Trade or Business Income		(A) Income	(B) Exp	enses	(C) Net			
1a	Gross receipts or sales								
b	Less returns and allowances c Balance ▶	1c							
2	Cost of goods sold (Part III, line 8)	2							
3	Gross profit. Subtract line 2 from line 1c	3							
4a	Capital gain net income (attach Sch D (Form 1041 or Form								
	1120)). See instructions	4a	5,97	7.		5,97	7.		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				•			
С	Capital loss deduction for trusts	4c							
5	Income (loss) from a partnership or an S corporation (attach								
	statement) SEE. STATEMENT. 1	5	267,50	0.		267,50	0.		
6	Rent income (Part IV)	6	,			•			
7	Unrelated debt-financed income (Part V)	7							
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Part VI)	8							
9	Investment income of section 501(c)(7), (9), or (17)								
	organizations (Part VII)	9							
10	Exploited exempt activity income (Part VIII)	10							
11	Advertising income (Part IX)	11							
12	Other income (see instructions; attach statement)	12							
13	Total. Combine lines 3 through 12	13	273,47	7.		273,47	<del>7.</del>		
Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be									
	directly connected with the unrelated business incom	е							
1	Compensation of officers, directors, and trustees (Part X)				1				
2	Salaries and wages				2				
3	Repairs and maintenance				3				
4	Bad debts				4				
5	Interest (attach statement). See instructions				5				
6	Taxes and licenses				6				
7	Depreciation (attach Form 4562). See instructions		7						
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b				
9	Depletion				9				
10	Contributions to deferred compensation plans				10				
11	Employee benefit programs								
12	Excess exempt expenses (Part VIII)								
13	Excess readership costs (Part IX)				13				
14	Other deductions (attach statement)								
15	Total deductions. Add lines 1 through 14								
16	Unrelated business income before net operating loss deduction								
	column (C)					273,47	<u>7.</u>		
17	Deduction for net operating loss. See instructions								
18	Unrelated business taxable income. Subtract line 17 from line	16				273,47	_		
For Paperwork Reduction Act Notice, see instructions.					Schedule	A (Form 990-T) 2	021		

Par	t III Cost of Goods Sold	Enter method of inven	tory valuation >		-3-					
1	Inventory at beginning of year			1						
2	Purchases			2						
3	Cost of labor									
4	Additional section 263A costs (attach statement									
5	Other costs (attach statement)									
6	Total. Add lines 1 through 5									
7	Inventory at end of year									
8	Cost of goods sold. Subtract line 7 from line 6				V N-					
9	Do the rules of section 263A (with respect to p				Yes No					
1	Rent Income (From Real Property and Personal Property Leased with Real Property)  Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.									
•	A									
	В									
	с									
	D									
		Α	В	С	D					
2	Rent received or accrued									
а	From personal property (if the percentage of									
	rent for personal property is more than 10%									
h	but not more than 50%) From real and personal property (if the									
b	percentage of rent for personal property									
	exceeds 50% or if the rent is based on profit or									
	income)									
С	Total rents received or accrued by property.									
	Add lines 2a and 2b, columns A through D									
3	Total rents received or accrued. Add line 2c co	olumns A through D. Enter h	nere and on Part I, line 6, c	olumn (A)						
4	Deductions directly connected with the income									
	in lines 2(a) and 2(b) (attach statement)									
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on Part	I, line 6, column (B)	▶ _						
<b></b> Par	t V Unrelated Debt-Financed Incom	a (see instructions)								
1	Description of debt-financed property (street ac		Chack if a dual-use See	instructions						
•	A Street at	duress, only, state, 211 code,	. Officer if a dual-use. Occ	manuchona.						
	В									
	С									
	D									
		Α	В	С	D					
2	Gross income from or allocable to debt -									
	financed property									
3	Deductions directly connected with or allocable									
_	to debt-financed property									
a	Straight line depreciation (attach statement).									
b c	Other deductions (attach statement) Total deductions (add lines 3a and 3b,									
·	columns A through D)									
4	Amount of average acquisition debt on or allocable									
-	to debt - financed property (attach statement)									
5	Average adjusted basis of or allocable to debt-									
	financed property (attach statement)									
6	Divide line 4 by line 5	%	%	%	%					
7	Gross income reportable. Multiply line 2 by line 6									
8	Total gross income (add line 7, columns A thro	ough D). Enter here and on	Part I, line 7, column (A)	▶_						
		Т	1	T						
9	Allocable deductions. Multiply line 3c by line 6		and an David P. T	- (D)						
10 11	Total allocable deductions. Add line 9, column  Total dividends-received deductions included i	ŭ	·	` '						
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Schedule A (Form 990-T) 2021 Page **3** 

Part VI Interest, Ani	nuities. Rovalt	ies, and Rents	s from Controlled Organ	nizations (see instructions)	- rage O		
				ntrolled Organizations			
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5		
(1)							
(2)							
(3)							
(4)							
	'	Nonexe	empt Controlled Organization	ons			
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)							
(2)							
(3)							
(4)							
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals				1			
1. Description of income		ount of income	(7), (9), or (17) Organiza	4. Set-asides	5. Total deductions		
T. Description of income	2. AIII	ount of income	directly connected (attach statement)	(attach statement)	and set-asides (add columns 3 and 4)		
<u>(1)</u>							
(2)							
(3)							
(4)							
Totals	Enter he line	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)		
		/ Income Oth	□ er Than Advertising Inco	me (see instructions)			
1 Description of exploit	•	, moonie, oth	or man Advertising inco	me (see instructions)			
•	· —	om trade or bus	iness. Enter here and on Pa	art I line 10 column (A)	2		
				, , , , , , , , , , , , , , , , , , , ,			
	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)						
, , , ,			s. Subtract line 3 from lin	ne 2 If a gain complete	3		
lines 5 through 7.			a. Subitaci iiile 3 HUIII IIII	ie z. ii a yaiii, compiete			
5 Gross income from a			: income		4		
	,				5		
				than the amount on line	6		
• •			6, but do not enter more		7		
4. Enter here and on	4. Enter here and on Part II, line 12						

Schedule A (Form 990-T) 2021

Schedule A (Form 990-T) 2021 Page 4

Par	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	a two or more periodicals o	n a consolidated hasis		
•		g two or more periodicals o	iii a consolidated basis.		
	A				
	В				
	c				
	D				
Enter	amounts for each periodical listed above in the	corresponding column			
Lintoi	amounts for each periodical noted above in the		В	С	D
		A	В	C	U
2	Gross advertising income				
а	Add columns A through D. Enter here and on F	Part I, line 11, column (A).			<b></b>
3	Direct advertising costs by periodical				
	Add columns A through D. Enter here and on F				
а	Add columns A imough D. Enter here and on F	rait i, line 11, column (b)			
				I	
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain	,			
	complete lines 5 through 8. For any column in	1			
	line 4 showing a loss or zero, do not complete				
_	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than	1			
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
	·				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or	1			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter	the greater of the line	e 8a, columns total o	or zero here and	on
	Part II, line 13				_
_					
Par	t X Compensation of Officers, Direct	ctors, and Trustees (	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		f time devoted	attributable to
	TI Namo	21 11110			
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Tota	I. Enter here and on Part II, line 1			🕨	
Par	t XI Supplemental Information (see i	nstructions)			
		,			

SCHEDULE A: FUND XVI

INCOME (	TiOSS)	FROM	PARTNERSHIPS	AND/OR	S	CORPORATIONS

\_\_\_\_\_\_

SHARE OF SHARE OF GAIN OR GROSS INCOME DEDUCTIONS (LOSS) 267,500. 267,500.

NET ORDINARY INCOME - INVESTMENTS K-1

267,500.

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

=========

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

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

Open to Public Inspection for

Department of the Treasury Internal Revenue Service

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

The first terrorise delines	11 (1)(1) 1 3 1 1 1 1 1
A Name of the organization	B Employer identification number
CHARLES KOCH INSTITUTE	27-4967732
C Unrelated business activity code (see instructions) ► 903016	<b>D</b> Sequence: 17 of 17

<u>C</u> 011	related business activity code (see instructions) > 903016			equence. 1	_ /	01 1 /
E De Par	scribe the unrelated trade or business ►FUND XVII  Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
1a b	Gross receipts or sales	1c				
	Less returns and allowances c Balance ▶ Cost of goods sold (Part III, line 8)	2				
2		3				
3	Gross profit. Subtract line 2 from line 1c	<u> </u>				
4a	Capital gain net income (attach Sch D (Form 1041 or Form	4.				
L	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
c	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach	_	C1 C			C1 C
_	statement) SEE. STATEMENT. 1	5	616.			616.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
_	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)					
13	Total. Combine lines 3 through 12		616.			616.
Par			nitations on deduct	ions. Deduct	ions mu	ist be
	directly connected with the unrelated business incom				T . I	
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return .				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	Total deductions. Add lines 1 through 14				15	
16	Unrelated business income before net operating loss deduction	. Subt	tract line 15 from Pa	art I, line 13,		
	column (C)				16	616.
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from line	16			18	616.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Schedule A (Form 990-T) 2021 Page 2

Part	Cost of Goods Sold	Enter method of inven	tory valuation >		<u> </u>
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	<b>Total.</b> Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to pr	operty produced or acqu	ired for resale) apply to the	he organization?	Yes No
Part	IV Rent Income (From Real Property	y and Personal Prop	erty Leased with Re	eal Property)	
1	Description of property (property street address,	city, state, ZIP code). Che	ck if a dual-use. See instru	uctions.	
	Α				
	В				
	c				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colu	umns A through D. Enter h	nere and on Part I, line 6, o	column (A)	
	Deducations discould an advisable the in-				
4	Deductions directly connected with the income				
_	in lines 2(a) and 2(b) (attach statement) [  Total deductions. Add line 4 columns A through	D. Enter here and an Pari	t L line 6 column (P)		
5	Total deductions. Add line 4 columns A through	D. Enter here and on Pan	i i, iiile 6, coluiiiii (b)	· · · · · · · · · · · · · · · · · · ·	
<b>■Par</b>	Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	,	Check if a dual-use. See	instructions	
•	A Second to the second through the second to	ness, only, state, zn sode,	. Oncok ii a dadi asc. Occ	motractions.	
	В —				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here and on	Part I, line 7, column (A)	<b>&gt;</b> _	
	,			1	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter here	and on Part I, line 7, colum	nn (B)	
11	Total dividends-received deductions included in	line 10	<u></u>	<u> </u>	

Schedule A (Form 990-T) 2021 Page **3** 

Part VI Interest, Ani	nuities. Rovalt	ies, and Rents	s from Controlled Organ	nizations (see instructions)	- rage O		
				ntrolled Organizations			
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5		
(1)							
(2)							
(3)							
(4)							
	'	Nonexe	empt Controlled Organization	ons			
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)							
(2)							
(3)							
(4)							
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals				1			
1. Description of income		ount of income	(7), (9), or (17) Organiza	4. Set-asides	5. Total deductions		
T. Description of income	2. AIII	ount of income	directly connected (attach statement)	(attach statement)	and set-asides (add columns 3 and 4)		
<u>(1)</u>							
(2)							
(3)							
(4)							
Totals	Enter he line	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)		
		/ Income Oth	□ er Than Advertising Inco	me (see instructions)			
1 Description of exploit	•	, moonie, oth	or man Advertising inco	me (see instructions)			
•	· —	om trade or bus	iness. Enter here and on Pa	art I line 10 column (A)	2		
				, , , , , , , , , , , , , , , , , , , ,			
	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)						
, , , ,			s. Subtract line 3 from lin	ne 2 If a gain complete	3		
lines 5 through 7.			a. Subitaci iiile 3 HUIII IIII	ie z. ii a yaiii, compiete			
5 Gross income from a			: income		4		
	,				5		
				than the amount on line	6		
• •			6, but do not enter more		7		
4. Enter here and on	4. Enter here and on Part II, line 12						

Schedule A (Form 990-T) 2021

Schedule A (Form 990-T) 2021 Page 4

Par	rt IX	Advertising Income					
1	Name	e(s) of periodical(s). Check box if r	eporting	two or more periodicals of	n a consolidated ba	asis.	
	Α						
	В						
	c						
	D L						
nter	amour	nts for each periodical listed above	in the c	_			
				Α	В	С	D
2	Gross	s advertising income					
а	Add c	columns A through D. Enter here a	and on Pa	art I, line 11, column (A).			▶
3	Direc	t advertising costs by periodical .					
а		columns A through D. Enter here a		rt I. line 11. column (B).			
				, , , , , , , , , , , , , , , , , , ,			
4	۸dvor	tising gain (loss). Subtract line 3 fr	rom line				
-		• • , ,					
		r any column in line 4 showing					
		lete lines 5 through 8. For any co					
		showing a loss or zero, do not co					
		5 through 7, and enter zero on line					
5	Read	ership costs					
6	Circu	lation income					
7	Exces	s readership costs. If line 6 is le	ss than				
	line 5	, subtract line 6 from line 5. If line	5 is less				
	than I	ine 6, enter zero					
8		s readership costs allowed					
Ū		ction. For each column showing a					
		, enter the lesser of line 4 or line 7	-				
					0 1 1		
а		line 8, columns A through D.		-			ina on
	Рап п	l, line 13					·· <b>&gt;</b>
Par	t X	Compensation of Officers,	Direc	ors, and Trustees (	see instructions)		
						3. Percentage	4. Compensation
		1. Name		2. Title		of time devoted	attributable to
		i. Name		Z. Title			
						to business	unrelated business
(1)							%
(2)							%
(3)							%
(4)							%
`,							70
Tota	I Ente	er here and on Part II, line 1				1	<b>&gt;</b>
		Supplemental Information					-
rai	ιλι	Supplemental information	(see ii	Structions)			

SCHEDULE A: FUND XVII

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS	PARTNERSHIPS AND/OR S CORPORATION	S	AND/OR	PARTNERSHIPS	FROM	(LOSS)	INCOME
---	-----------------------------------	---	--------	--------------	------	--------	--------

=======================================			
	SHARE OF	SHARE OF	GAIN OR
	~~~-		( \

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS 616.

## **SCHEDULE D** (Form 1120)

Name

Department of the Treasury Internal Revenue Service

# **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name					Employe	er identificat	tion number
(	CHARLES KOCH INSTITUTE				2	7-4967	732
	ne corporation dispose of any investment(s) in a s," attach Form 8949 and see its instructions for					Yes	☑ No
Part	Short-Term Capital Gains and Losses	- Assets Held O	ne Year or Less				
	See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.  Totals for all short-term transactions reported on Form	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Foi 8949, Part I, lin column (g)	m(s)	column (d)	(loss) olumn (e) from and combine with column (g)
	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked						
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked						
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked						12,568.
4	Short-term capital gain from installment sales from F	orm 6252, line 26 or 3	37		. 4		
5	Short-term capital gain or (loss) from like-kind exchan	ges from Form 8824			. 5		
6	Unused capital loss carryover (attach computation)				6	(	)
7	Net short-term capital gain or (loss). Combine lines 1:	a through 6 in column	h		. 7		12,568.
Part							12/300.
	See instructions for how to figure the amounts to enter on			(g) Adjustments	to gain	(h) Gain or	(loss)
	the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from For 8949, Part II, lin column (g)	. ,	column (d)	olumn (e) from and combine with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b			ooraniii (g)			(9)
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked						
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked						
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked						730,607.
11	Enter gain from Form 4797, line 7 or 9				. 11		
12	Long-term capital gain from installment sales from Fo	orm 6252, line 26 or 3	7		12		
13	Long-term capital gain or (loss) from like-kind exchange	ges from Form 8824			13		
14	Capital gain distributions (see instructions)				. 14		
15 Part	Net long-term capital gain or (loss). Combine lines 8a  Summary of Parts I and II	through 14 in column	nh		15		730,607.
16	Enter excess of net short-term capital gain (line 7) ov	er net long-term capita	al loss (line 15)		16		12,568.
17	Net capital gain. Enter excess of net long-term capital	-			17		730,607.
18	Add lines 16 and 17. Enter here and on Form 1120, <b>Note:</b> If losses exceed gains, see <i>Capital Losses</i> in the	· -	applicable line on othe	rreturns	18		743,175.

# Form **8949**

## Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074
2021

Attachment 13A

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OII A DI DO	KOGII	TMOTTOTO

Social security number or taxpayer identification number

27-4967732

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

**Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

х	(B) Short-term transactions (C) Short-term transactions (				wasn't reporte	ed to the IRS		
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(a)	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, if any, to gain or loss.  If you enter an amount in column (g), enter a code in column (f).  See the separate instructions.		
	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment		
FUNI	DI-ST							7,172.
FUNI	OV - ST							865.
FUNI	XVI - ST							4,531.
r	Fotals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and inc is checked), <b>lin</b>	lude on your e 2 (if Box B					12,568.

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2021)

Form 8949 (2021) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
CHARLES KOCH INSTITUTE	27-4967732

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

#### Part II

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

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

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

(D) Long-term transactions re (E) Long-term transactions re x (F) Long-term transactions n	eported on F	orm(s) 1099-	B showing basis			e Note above)	
(a) Description of property	(b) Date acquired Date	(c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
FUND I - LT							314,586.
FUND V - LT							4,869.
FUND IX - LT							-447,630.
FUND X - LT							409,706.
FUND XVI - LT							1,446.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and incluis checked), <b>line</b>	ude on your 9 (if Box E					730,607.

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

Form **8949** (2021)

JSA 1X2616 1.000

5425DW K922 V21-7.6F 0094135 **157** 

## Electronic Filing Information: PDF attachments Included in this Return

Tax Year: 2021 Name: CHARLES KOCH INSTI Jurisdiction: Federal - 990T

No of Attachments: 2

Return No: E5425DW1

PDF Attachment Description	PDF File Name	File Size	
Charitable Carryforward Attachment	E5425DWl_FE-990T_Charitable Carryforward Attachment.pdf	31,992	
NOL Carryforward Attachment	E5425DW1_FE-990T_NOL Carryforward Attachment.pdf	66,485	

## CHARLES KOCH INSTITUTE

EIN: 27-4967732 12/31/2021

## FORM 990-T - CHARITABLE CONTRIBUTIONS CARRYFORWARD

YEAR ENDING	ORIGINAL CONTRIBUTIONS	UTILIZED IN PRIOR YEAR	UTILIZED IN CURRENT YEAR	REMAINING
12/31/2016	798.674	(798,674)		
12/31/2017	1,007,583	(306,688)		- 526,407
12/31/2018	827,641	- (,,	- · · · · · · · · · · · · · · · · · · ·	827,641
12/31/2019	1,148,668	-	<del>-</del>	1,148,668
12/31/2020	47,477,946	-	-	47,477,946
12/31/2021	47,268,613	-	-	47,268,613
CHARITABLE CONTRIB	UTIONS CARRYFORWAR	D AVAILABLE FOR 2022		97,249,275

Total

42,457

# Form 990-T, Schedule A , Line 17 - Net Operating Loss Deduction

Loss Year Ending	NOL Generated	NOL Utilized in Prior Years	NOL Utilized in Current Year	Loss Available
12/31/2018	58,357	(52,776)	(5,581)	-
12/31/2020	215,815	-	(215,815)	-
Total	274,172	(52,776)	(221,396)	-
Form 990-T, Schedule Activity: Fund II	e A , Line 17 - Net Opera	ting Loss Deduction		
		NOL Utilized in	NOL Utilized in	
Loss Year Ending	NOL Generated	Prior Years	Current Year	Loss Available
12/31/2020	697,958	-	-	697,958
12/31/2021	504,535	-	-	504,535
Total	1,202,493	-	-	1,202,493
Form 990-T, Schedule Activity: Fund III	e A , Line 17 - Net Opera	ting Loss Deduction		
l ann Vanz Funding	NOI Compressed	NOL Utilized in Prior Years	NOL Utilized in Current Year	Logo Aveilable
Loss Year Ending	NOL Generated	Prior fears		Loss Available
12/31/2020	103,334		(65,178)	38,156
Total	103,334	-	(65,178)	38,156
Form 990-T, Schedule Activity: Fund VI	e A , Line 17 - Net Opera	ting Loss Deduction		
		NOL Utilized in	NOL Utilized in	
	NO. O			I A
Loss Year Ending	NOL Generated	Prior Years	Current Year	Loss Available
12/31/2020 12/31/2021	6,887 62,172	-	-	6,887 62,172
Total	69,059			69,059
Total	09,009			09,039
Form 990-T, Schedule Activity: Fund VIII	e A , Line 17 - Net Opera	ting Loss Deduction		
		NOL Utilized in	NOL Utilized in	
Loss Year Ending	NOL Generated	Prior Years	Current Year	Loss Available
12/31/2020	18,480	i iioi i cais	Ouriont Ital	18,480
12/31/2021	38,065	-	-	38,065
Total	56,545	<u> </u>	<u> </u>	56,545
	e A , Line 17 - Net Opera	ting Loss Deduction		
Form 990-T, Schedule Activity: Fund XI	e A , Line 17 - Net Opera	_	NOI Utilized in	
	e A , Line 17 - Net Opera	NOL Utilized in Prior Years	NOL Utilized in Current Year	Loss Available

(42,457)

Form 990-T, Schedule A , Line 17 - Net Operating Loss Deduction Activity: Fund XII

		NOL Utilized in	NOL Utilized in	
Loss Year Ending	NOL Generated	Prior Years	<b>Current Year</b>	Loss Available
12/31/2020	1,648	=	-	1,648
12/31/2021	16,054	-	-	16,054
Total	17,702	-	-	17,702

Form 990-T, Schedule A , Line 17 - Net Operating Loss Deduction

**Activity: Fund XIII** 

		<b>NOL Utilized in</b>	NOL Utilized in	
Loss Year Ending	NOL Generated	Prior Years	<b>Current Year</b>	Loss Available
12/31/2020	3,206	-	-	3,206
12/31/2021	134,101	-	-	134,101
Total	137,307	<u> </u>	<u> </u>	137,307

Net Operating Losses were generated from unrelated business losses that were pass-through to the organization from investments reported on Schedule K-1, Line 20V.