CHARLES KOCH INSTITUTE FORM 990 & 990-T PUBLIC DISCLOSURE TAX YEAR 2018

## Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-1878
OWE		1040-1010

	For calendar year 2018, or	fiscal year beginning $01/01$		/31	, 20 18	0040
Department of the Treasury	<b>.</b> .	► Do not send to the IR				2018
Internal Revenue Service Name of exempt organization	<b>→</b> G	o to www.irs.gov/Form8879	EU for the latest information		Employer ident	l tification number
CHARLES KOCH	INSTITUTE				27-496	
Name and title of officer					27 150	1132
SUSAN MOTIFF,	TREASURER					
Part I Type of Re	turn and Return Inf	ormation (Whole Dollar	rs Only)			
check the box on line 1 leave line 1b, 2b, 3b, 4	a, 2a, 3a, 4a, or 5a, b b, or 5b, whichever is w. Do not complete mo	e using this Form 8879-E elow, and the amount on applicable, blank (do not ore than one line in Part I. revenue, if any (Form 99	that line for the return b enter -0-). But, if you en	eing filed tered -0-	l with this fo on the retur	orm was blank, ther n, then enter -0- or
2a Form 990-EZ check		Total revenue, if any (Form				00010701.
3a Form 1120-POL ch		b Total tax (Form 1120				
4a Form 990-PF check	chere ▶b Ta	ıx based on investment i				
5a Form 8868 check I		nce Due (Form 8868, line				
		thorization of Officer an officer of the above o				
organization's electronic to send the organization the transmission, (b) the authorize the U.S. Treasfinancial institution accoreturn, and the financial Agent at 1-888-353-453 involved in the processing resolve issues related to	creturn. I consent to all is return to the IRS an reason for any delay is sury and its designated unt indicated in the tax institution to debit the 7 no later than 2 busing of the electronic payothe payment. I have se	are that the amount in Pa llow my intermediate served to receive from the IRS ( in processing the return of Financial Agent to initiate preparation software for entry to this account. To the pay yment of taxes to receive selected a personal identication's consent to electro	vice provider, transmitter, (a) an acknowledgement or refund, and (c) the date te an electronic funds with payment of the organiza revoke a payment, I mus rment (settlement) date. I confidential information ification number (PIN) as	or electrof receiptof any rehamal ( ation's fedst contactors autonessar	ronic return of t or reason fund. If appl direct debit) deral taxes of the U.S. Tre horize the fi y to answer	originator (ERO) for rejection of icable, I entry to the owed on this easury Financial nancial institutions inquiries and
Officer's PIN: check on	e box only					
X Lauthorize BK	D, LLP		to enter my PIN	4 5	8 9 3	as my signature
		irm name	to entermy the	Enter five	numbers, but ter all zeros	as my signature
being filed with a	a state agency(ies) reg	ectronically filed return. If julating charities as part of isclosure consent screen.				
If I have indicate	d within this return tha	enter my PIN as my signa t a copy of the return is b r my PIN on the return's d	eing filed with a state ago	's tax yea ency(ies)	r 2018 elec regulating o	tronically filed return. charities as part of
Officer's signature 🕨	wan Mor	ail	SIGNIHERE Date	<b>&gt;</b> (1/	12/19	
Part III Certification	n and Authenticatio	n			1	
ERO's EFIN/PIN. Enter y number (EFIN) followed			4		7 2 2 4	1 4 0 1 6
certify that the above no ndicated above. I confirm nformation for Authorize	n that I am submitting	, which is my signature of this return in accordance or Business Returns.	n the 2018 electronically with the requirements of	filed retu Pub. 416	rn for the or 33, Moderniz	ganization :ed e-File (MeF)
RO's signature	Mhe	hgl	Date ▶	11/1	5/19	
		Must Retain This Form				
or Banarwark Badustic		t This Form To the IRS	Unless Requested To	Do So		0070 EO (1011)

Form **8879-EO** (2018)

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

Form **990** 

Department of the Treasury Internal Revenue Service 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

2018

Open to Public Inspection

A F	or th	e 201	8 calendar year, or tax year begin	ning	, 2018	, and ending	g			, 20	
<b>B</b> c	heck if ap	oplicable:	C Name of organization CHARLES KOCH INSTITUTE	3				D Employer ide	entification	number	
	Addre		Doing Business As					27-4967	7732		
	chang	e change	Number and street (or P.O. box if mail is r	not delivered to street address	)	Room/suite		E Telephone n			
	+	return	1320 N COURTHOUSE ROAL	STE 500				(703) 87	5-1658		
	Termi		City or town, state or province, country, a					,, -			
	Amen	ided	ARLINGTON, VA 22201					<b>G</b> Gross receip	ts \$	60,913	751.
		cation	F Name and address of principal officer:	BRIAN HOOKS				H(a) Is this a grou	up return for	Yes	X No
	l pendi	ng	1320 N. COURTHOUSE ROA	AD, STE 500, ARI	LINGTON	, VA 222	0	subordinates H(b) Are all subord		Yes	$\vdash$
$\overline{}$	Tax-ex	empt st		) ◀ (insert no.)	4947(a)(1)				ch a list. (see		
J	Websi	te: ►	WWW.CHARLESKOCHINSTITUTI		- (-)(-)			H(c) Group exem	ption number	<b>•</b>	
K	Form o	of organ	nization: X Corporation Trust	Association Other		L Year of	formati	on: 2011 <b>M</b>	State of leg	al domicile	: DE
P	art I	Su	mmary	1				<u> </u>			
	1	Briefly	y describe the organization's mission or	r most significant activities:	INSPIR	RED BY A	REC	OGNITION	THAT F	REE	
ė		PEO	PLE ARE CAPABLE OF EXTRA	ORDINARY THINGS	, THE C	CHARLES I	KOCH	INSTITUT	 Е		
Activities & Governance		SUP	PORTS EDUCATIONAL PROGRA	MS AND DIALOGUE	TO (SE	EE SCHEDU	JLE (	 )			
/err	2	Check	k this box ▶ if the organization di	scontinued its operations	or dispose	d of more tha	n 25%	of its net assets	S.		
Ó	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3		6.
حة س			per of independent voting members of the						4		1.
ties			number of individuals employed in cale						5		154.
Ξ			number of volunteers (estimate if necess						6		0.
Ă	7a	Total	unrelated business revenue from Part VI	III, column (C), line 12					7a	5,19	1,261
			nrelated business taxable income from F						7b	4,61	9,474
								Prior Year		Current \	/ear
a)	8	Contri	ibutions and grants (Part VIII, line 1h)					52,302,30	0.	52,19	5,200
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		COP	Y FOR			0.		0
ě	10	Invest	tment income (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC IN	ISPECTION		655,20			5,661
Œ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)		[		2,056,91			2,890
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A	), line 12) <b>.</b>			55,014,41		60,91	3,751
	13	Grant	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)				1,426,99	6.	1,28	8,273
	14	Benef	fits paid to or for members (Part IX, colur				0.		0		
S	15	Salari	es, other compensation, employee bene	efits (Part IX, column (A), li	nes 5-10)			16,182,58	3.	14,32	9,589
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)					0.		0
ď	b	Total	fundraising expenses (Part IX, column (E	D), line 25) ▶	0	·					
ш	17	Other	expenses (Part IX, column (A), lines 11a	a-11d, 11f-24e)				10,224,16		10,07	
			expenses. Add lines 13-17 (must equal					27,833,74		25,69	
		Rever	nue less expenses. Subtract line 18 from	line 12				27,180,66	57.	35,21	6,047
s or								ning of Current \		End of Ye	
sset	20	Total	assets (Part X, line 16)				3	36,666,38		350,55	
Net Assets or Fund Balances	21							6,860,00			2,660
			ssets or fund balances. Subtract line 21	from line 20			3.	29,806,37	9.	345,28	8,339
	rt II		gnature Block								
Une	der per e, corre	nalties o ect, and	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	s return, including accompa officer) is based on all inforn	nying schedu nation of whic	iles and statem ch preparer has	ents, ar any kn	nd to the best of owledge.	my knowle	edge and b	elief, it is
								11/1	E / 2010		
Sig	ın		Signature of officer					Date	5/2019		
He			SUSAN MOTIFF		TO E A CI	משמז		Date			
			Type or print name and title		TREASU	REK					
			Type or print name and time  (Type preparer's name	Preparer's signature		Date			: PTIN		
Paid	d			. Toparoi o signature		Date		Check self-employ	"	102021	1
Pre	parer		HAEL J ENGLE						ed   P00 44-016	482834	<u> </u>
Use	Only		s name BKD, LLP		0045		-		816-22		1
Mar	, tho !!		s address > 1201 WALNUT, SUITE 1700 ccuss this return with the preparer shown						7		
_			Reduction Act Notice, see the separate		<u>'</u>				Δ.	Yes Form 99	No (2018)
LOL	rave	WUIK	Neugetion Activolice, see the separate	と いっし いしいひいる.						rom <b>JJ</b>	<b>∪</b> (∠∪1ŏ)

### Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-1709

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

			, , ,					
	6-Month Extension of Time. Only subn		· · · ·					
	ons required to file an income tax return oth		, -	0-C filers), partnerships,	RE	MICs, a	and trusts	
nust use Fo	orm 7004 to request an extension of time to	file income	tax returns.					
	Name of support and a state of the state of	·		Enter filer's identifyin				
Гуре or	Name of exempt organization or other filer, see	instructions.		Employer identification nu	ımbe	r (EIN)	or	
orint	CHARLES KOCH INSTITUTE			27-496773	2			
ile by the		ov soo instru	otions					
ue date for	Number, street, and room or suite no. If a P.O. b 1320 N COURTHOUSE RD STE 500	Social cooling manner (con)						
ling your eturn. See	City, town or post office, state, and ZIP code. For	or a faraign ad	draga aga instructions					
nstructions.	ARLINGTON, VA 22201	or a roreigir au	dress, see mstructions.					
	ARLINGION, VA 22201							
Enter the Ro	eturn Code for the return that this application	n is for (file	a separate application for	or each return)			0 1	
Application		Return	Application				Return	
s For		Code	Is For				Code	
orm 990 o	r Form 990-EZ	01	Form 990-T (corporate	tion)			07	
orm 990-B		02	Form 1041-A	,			08	
orm 4720	(individual)	03	Form 4720 (other tha	ın individual)			09	
orm 990-P	F	04 Form 5227					10	
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
orm 990-T	m 990-T (trust other than above) 06 Form 8870						12	
If the org If this is for the whole list with the	e No. ► 703 875-1658  anization does not have an office or place of or a Group Return, enter the organization's for the group, check this box ►  e names and EINs of all members the extension and automatic 6-month extension of time to organization named above. The extension in the contract of the extension in the ext	f business ir our digit Gro If it is for pa sion is for. until	oup Exemption Number art of the group, check to the group, check to the group, 20 group in the state of the group in the g	(GEN)		If th and att	nis is tach	
X	calendar year 20 <u>18</u> or tax year beginning	00			20			
	tax year beginning	, 20	, and ending	,	20_	—.		
	ax year entered in line 1 is for less than 12 r Change in accounting period				n			
	application is for Forms 990-BL, 990-PF, 9	990-T, 4720	0, or 6069, enter the	tentative tax, less any				
	nonrefundable credits. See instructions.							
	application is for Forms 990-PF, 990-T		•					
	ted tax payments made. Include any prior ye				3b	\$	0.	
	ce due. Subtract line 3b from line 3a. Include		ent with this form, if re	quired, by using EFTPS				
	onic Federal Tax Payment System). See instr				3с		0.	
	u are going to make an electronic funds withdraw	al (direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form	1 88°	79-EO f	or payment	
nstructions.								
or Privacy	Act and Paperwork Reduction Act Notice, see ins	tructions.			Forr	n <b>8868</b>	(Rev. 1-2019)	

Form 990 (2018) Page 2

			esponse or note to any line in this Part	'''	X
1	Briefly describe the o SEE SCHEDULE O	rganization's mission:			
	SEE SCHEDULE O				
2	Did the organization	undortako any signifi	cant program services during the yea	ur which were not listed on	tho
_	prior Form 990 or 990	)-EZ?			Yes X No
3	•	cease conducting,	or make significant changes in he		
	If "Yes," describe thes		ule O.		Yes X No
4	expenses. Section 50	01(c)(3) and 501(c)(4	vice accomplishments for each of its 4) organizations are required to reported to reported.		
4a			12,195. including grants of \$ 1,3		5,191,261.
			OOM REGARDING THE PRINCIPIELE BEST LIVES.	LES THAT	
	ENABLE INDIVIDU	JALS IO LIVE IN	EIR BEST LIVES.		
4 1-	(Codo:	/F.m.ono.o. ¢	including grants of C	) (Devenue ¢	\
4D	(Code:)	(Expenses \$	including grants of \$	) (Revenue \$	)
40	(Codo:	(Evnances ¢	including grants of C	\ (Payanua ¢	\
4C	(Code:)	(Expenses \$	including grants of \$	) (Revenue \$	)
4 .	Othernment	on (December 1: Oct	lula O )		
4d	Other program service			Φ ,	
_	(Expenses \$	including gra	nts of \$ ) (Revenue	Φ )	

Form **990** (2018)

Form 990 (2018)

Part IV Page 3

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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,	_		
′		7		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
)	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
	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,"			
	complete Schedule D, Part VI	11a	Х	
h	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	Х	
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
_	·	110		21
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.1		Х
	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		Λ
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
а	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	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? If "Yes," complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
,	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
,		16		- 21
'	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			77
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
) a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
A 1.00			990	(201)
	5425DW K922 11/14/2019 1:57:20 PM V 18-7.6F 094135			AGE

Form 990 (2018) Page **4** 

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete 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		
	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			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
D	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	256		х
26		25b		- 21
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			Х
	disqualified persons? If "Yes," complete Schedule L, Part II.	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3.7
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
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	T		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	ĺ
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			
0,	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 in Schedule O for Part VI, lines 11b and	<u> </u>		
55	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part		30		
rait				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 69	140
	Enter the name of the time to be included in line to be not applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		37	
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>

Form 990 (2018) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 154								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X						
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country: ▶								
	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		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization								
va	solicit any contributions that were not tax deductible as charitable contributions?	6a		X					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
D	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	7a		Х					
	and services provided to the payor?	7b							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		Х					
_	required to file Form 8282?	7c							
	If "Yes," indicate the number of Forms 8282 filed during the year			X					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	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.)								
12a	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								
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	<b>Note.</b> 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								
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · ·	14b							
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
. •	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
. 0	If "Yes," complete Form 4720, Schedule O.								

CHARLES KOCH INSTITUTE 27-4967732 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or 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? . . . . . X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Х 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?....... 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? 15a X Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a 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

#### Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ▶ CA, WI, 17

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Another's website Other (explain in Schedule O)

organization's exempt status with respect to such arrangements?

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ► SUSAN MOTIFF 1320 N COURTHOUSE RD, STE 500 ARLINGTON, VA 22201 703-875-1658 20

Form **990** (2018)

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any			(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other				
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)BRIAN HOOKS	25.00									
PRESIDENT/DIRECTOR	17.00	Х		Х				899,870.	0.	33,445.
(2)CHARLES CHASE KOCH	1.00									
DIRECTOR/VICE CHAIRMAN	2.25	Х						0.	0.	0.
(3)CHARLES G. KOCH	1.00									
CHAIRMAN	2.25	Х						0.	0.	0.
(4)ELIZABETH B. KOCH	1.00									
DIRECTOR	1.25	Х						0.	0.	0.
(5)RICHARD FINK (PARTIAL)	1.00									
VICE CHAIRMAN	2.00	Х						0.	0.	0.
(6)DALE GIBBENS	1.00									
EXECUTIVE VICE PRESIDENT	5.00	Х		Х				0.	23,063.	0.
(7)ARIANNE MASSEY (PARTIAL)	20.00									
VICE PRESIDENT, TALENT DEV.	0.			Х				0.	0.	0.
(8)WILLIAM RUGER	49.00									
VICE PRESIDENT-RESEARCH/POLICY	40.00			Х				283,168.	43,763.	33,228.
(9)BRIAN MENKES	2.00									
SECRETARY	5.00			Х				0.	0.	0.
(10)ROBERT HEATON	1.00									
TREASURER - OUTGOING	5.00			Х				0.	0.	0.
(11)SUSAN MOTIFF	1.00									
TREASURER	1.00			Х				0.	0.	0.
(12)KATEY ROBERTS	50.00									
VICE PRESIDENT- CHIEF OF STAFF	0.					X		451,743.	0.	16,304.
(13) DEREK JOHNSON	50.00									
DIRECTOR - EDUC. DEVELOPMENT	40.00					X		286,417.	30,363.	33,689.
(14)AMY PELLETIER	35.00									_
VICE PRESIDENT	15.00					Х		205,469.	0.	30,147.
JSA										Form <b>990</b> (2018)

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es,	and F	ligl	hest Compensat	ed Employees (c	ontinue	ed)	
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box, office	unles r and	ss pe d a d	more rson lirect	than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	am	timated ount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anizatio d related unization	b
15) ADAM SOHN	50.00											
VICE PRESIDENT	0.					Х		338,670.	0.		27,9	32.
16) NANCY GRAHAM	50.00											
SENIOR DIRECTOR	0.					Х		262,591.	0.		19,7	65.
1b Sub-total							<b></b>	2,126,667.	97,189.	1	46,8	13.
c Total from continuation sheets to Part VII, Se	ection A						<b>•</b>	601,261.	0.		47,6	97.
d Total (add lines 1b and 1c)	_						<b>&gt;</b>	2,727,928.	97,189.	1	94,5	10.
2 Total number of individuals (including but not I reportable compensation from the organization		hose 31		d al	bove	e) who	re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3		Х
<b>4</b> For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	0,0	00?	lf	"Yes	5," (	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Ye Section B. Independent Contractors										5		Х
Complete this table for your five highest compensation from the organization. Report compensation.												

year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 ► 14

#### Page 9

### Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part VII	I		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
Gra	b	Membership dues 1b					
fts,	С	Fundraising events 1c					
ig ë	d	Related organizations 1d					
Sin	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	52,195,200.				
a de	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		52,195,200.			
Program Service Revenue			Business Code				
»e	2a						
8	b						
ξ	С						
Ser	d						
аш	е						
ogr	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f	<u> ▶</u>	0.			
	3	Investment income (including divider	nds, interest,				
		and other similar amounts)	▶	2,425,661.			2,425,661.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶	0.			
ē	8a	Gross income from fundraising					
en.		events (not including \$					
Revenue		of contributions reported on line 1c).					
Other		See Part IV, line 18 a	0.				
₹	b	Less: direct expenses b					
	С	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b		0			
	C	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold <b>b</b> Net income or (loss) from sales of inventory		0.			
	٣	Miscellaneous Revenue	Business Code	0.			
	44 -	PARTNERSHIP INCOME	900099	5,191,261.		5,191,261.	
	11a	SUPPORT SERVICES	616000	947,260.		3,151,201.	947,260.
	b			21.7200.			517,200.
	C C	All other revenue		154,369.			154,369.
	d	All other revenue		6,292,890.			
	12	Total Add lines 11a-11d  Total revenue. See instructions.		60,913,751.		5,191,261.	3,527,290.
	<del></del>						

### 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). Chack if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a response 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	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	825,667.	825,667.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	462,606.	462,606.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0.							
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors,								
	trustees, and key employees	1,244,062.	1,119,656.	124,406.					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0.							
7	Other salaries and wages	10,681,356.	9,613,219.	1,068,137.					
	section 401(k) and 403(b) employer contributions)	439,618.	395,656.	43,962.					
9	Other employee benefits	1,129,953.	1,016,958.	112,995.					
10	Payroll taxes	834,600.	751,140.	83,460.					
11	Fees for services (non-employees):								
а	Management	0.							
b	Legal	0.							
c	Accounting	79,409.		79,409.					
d	Lobbying	0.							
е	Professional fundraising services. See Part IV, line 17.	0.		01 000					
1	Investment management fees	81,220.		81,220.					
9	Other. (If line 11g amount exceeds 10% of line 25, column	3,206,242.	2,885,618.	220 624					
	(A) amount, list line 11g expenses on Schedule O.) ATCH 2	523,272.	470,945.	320,624. 52,327.					
	Advertising and promotion	100,355.	90,320.	10,035.					
13	Office expenses	576,697.	519,027.	57,670.					
14	Information technology	0.	317,027.	37,070.					
15	Royalties	2,585,631.	2,327,068.	258,563.					
16 17	Occupancy	1,505,237.	1,354,713.	150,524.					
18	Travel Payments of travel or entertainment expenses	, ,	, ,	,					
10	for any federal, state, or local public officials	0.							
19	Conferences, conventions, and meetings	1,126,559.	1,013,903.	112,656.					
20	Interest	0.							
21	Payments to affiliates	0.							
22	Depreciation, depletion, and amortization	0.							
23	Insurance	62,995.	56,696.	6,299.					
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
	PRINTING/PUBLISHING	196,068.	176,461.	19,607.					
b	AWARDS & INCENTIVES	15,009.	13,508.	1,501.					
C	· <u> </u>								
	<u> </u>	01 145	10 004	0 114					
	All other expenses	21,147.	19,034.	2,114.					
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	25,697,704.	23,112,195.	2,585,509.					
20	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here if	2							
_	following SOP 98-2 (ASC 958-720)	0.			Form <b>QQQ</b> (2018)				

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### Part X Balance Sheet

цe	ILA	- a.a.i.o a.i.o.					
		Check if Schedule O contains a response o	r note	e to any line in this Pa	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			153,392.	1	248,720.
	2	Savings and temporary cash investments	64,701,301.	2	70,482,160.		
	3	Pledges and grants receivable, net	0.	3	0.		
	4	Accounts receivable, net			66,761.	4	2,402,598.
	5	Loans and other receivables from current and f	orme	r officers, directors,			
		trustees, key employees, and highest co	mper	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified personal schedule.			0.	5	0.
	6						
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu					
"		organizations (see instructions). Complete Part II of Sche	dule L		0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
ASS	8	Inventories for sale or use			0.	8	0.
_	9	Prepaid expenses and deferred charges			3,288,609.	9	1,443,719.
	10 a	Land, buildings, and equipment: cost or					
			10a				
	b	Less: accumulated depreciation	10b	67,500.	267.		
	11				0.		0.
	12	Investments - other securities. See Part IV, line 11			268,456,058.	12	275,973,780.
	13	Investments - program-related. See Part IV, line 11			0.		0.
	14	Intangible assets			0.	1.7	0.
	15	Other assets. See Part IV, line 11	0.		0.		
	16	Total assets. Add lines 1 through 15 (must equal			336,666,388.	16	350,550,999.
	17	Accounts payable and accrued expenses			6,860,009.	17	5,262,660.
	18	Grants payable			0.		0.
	19	Deferred revenue			0.		0.
	20	Tax-exempt bond liabilities			0.		0.
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
Liabilities	22	Loans and other payables to current and for					
ij		trustees, key employees, highest compen-			0.	00	0.
E.		disqualified persons. Complete Part II of Schedule			0.		0.
	23 24	Secured mortgages and notes payable to unrelate			0.		0.
	25	Unsecured notes and loans payable to unrelated to Other liabilities (including federal income tax, page 1).			0.	24	0.
	23	parties, and other liabilities not included on lines	-				
		of Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25.			6,860,009.	26	5,262,660.
		Organizations that follow SFAS 117 (ASC 958),	check		.,	20	
Fund Balances	27	complete lines 27 through 29, and lines 33 and Unrestricted net assets			329,806,379.	27	345,288,339.
<u>ala</u>	28	Unrestricted net assets Temporarily restricted net assets			0.	28	0.
B B	29	Permanently restricted net assets			0.	29	0.
		Organizations that do not follow SFAS 117 (ASC 958)					
o.		complete lines 30 through 34.					
Assets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or equ	ipmer	it tund		31	
Net /	32	Retained earnings, endowment, accumulated inco	ome, o	or other funds	329,806,379.	32	245 200 220
Ž	33	Total net assets or fund balances			329,806,379.	33	345,288,339. 350,550,999.
	34	Total liabilities and net assets/fund balances			330,000,388.	34	350,550,999.

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0	(2010)					, . <u> </u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		60,913,751. 25,697,704.		
2						
3	Revenue less expenses. Subtract line 2 from line 1	3			16,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			06,3	
5	Net unrealized gains (losses) on investments	5	-:	24,1	08,4	06.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8			65,5	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-5,1	91,2	61.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))				88,3	39.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
	<u> </u>				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	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 cor	npiled	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 audi					
	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	oversi	aht			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in			
	the 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 undergo the required audit or audits?	lerao	the			
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHARLES KOCH INSTITUTE

Employer identification number 27-4967732

Рa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions			
The	org	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	ention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	Х	A school described in secti	on 170(b)(1)(A)(ii)	170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described	n <b>sectio</b>	n 170(b)	(1)(A)(iii).			
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the		
		hospital's name, city, and st	tate:							
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in		
	_	section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	J			,	,,,,,,,			
7		An organization that norma	-	·	pport fro	om a go	vernmental unit or fro	om the general public		
		described in section 170(b)		,						
8		A community trust describe								
9		An agricultural research org	=			-				
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state of	f the college or		
		university:								
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt frent income and un	unctions - subject to on the subject to one of the subject to the	certain e able inco	xception me (les	s, and (2) no more tha s section 511 tax) from	n 331/3 % of its		
11		An organization organized	•	•	•					
12		An organization organized	•	•						
		of one or more publicly su								
		Check the box in lines 12a t	•	• •			•			
а	L	<b>Type I.</b> A supporting orga	· ·	•	-					
		the supported organization				ajority of	f the directors or truste	es of the		
	Г	supporting organization.	-							
b	L	<b>Type II.</b> A supporting org	•				- · · ·	· · · · -		
		control or management of		=	the sam	e persor	ns that control or man	age the supported		
	Г	organization(s). You must	•					De Catalonia ta de 206		
С	L	Type III functionally integ						lly integrated with,		
الم	Г	its supported organization		•				tod organization(s)		
d	L	Type III non-functionally that is not functionally interest.			-					
		requirement (see instruct		•			•	a an attentiveness		
е	Г	Check this box if the orga		-				I Type III		
-		functionally integrated, or						і, туре ііі		
f	Fn	ter the number of supported	7 1	, , ,		•				
q		ovide the following information								
		lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of		
				(described on lines 1-10 above (see instructions))		ur governing	support (see instructions)	other support (see		
				above (see instructions))	Yes	nent?	instructions)	instructions)		
/ A \										
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	al									

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

Schedule A (Form 990 or 990-EZ) 2018

Page 2 Schedule A (Form 990 or 990-EZ) 2018

Par	Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	d 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	7		,,		,	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		T	T	T	T	T
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(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	<b>Total support.</b> Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. (s <b>First five years.</b> If the Form 990 is f organization, check this box and <b>stop here</b>	or the organiza	tion's first, secon	nd, third, fourth,	or fifth tax ye		
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2018 (li	ne 6, column (f	) divided by line	11, column (f))		14	%
15	Public support percentage from 2017						<u>%</u>
16a	331/3% support test - 2018. If the or						
	box and <b>stop here.</b> The organization q						
b	331/3% support test - 2017. If the org						
	this box and <b>stop here.</b> The organizati	•		_			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets to organization	meets the "fa he "facts-and-	cts-and-circums circumstances" t	tances" test, chest. The organi	neck this box a ization qualifies	nd <b>stop here.</b> It as a publicly s	Explain in supported
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organizati	<b>2017.</b> If the organization meets on meets the	ganization did r s the "facts-an 'facts-and-circur	not check a box d-circumstances mstances" test.	on line 13, 16 " test, check t The organization	a, 16b, or 17a his box and <b>st</b> on qualifies as a	, and line top here. a publicly
18	supported organization  Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page 3

#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	,		, μ		,	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	(-, -	(1)	(-, -	(4)		(,
•	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.)						
Sec	tion B. Total Support		•	•		•	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	<del>_</del>						
	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						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first, seco	nd, third, fourth	i, or fifth tax y	year as a secti	on 501(c)(3)
	organization, check this box and stop here.						<u></u>
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,						%
16	Public support percentage from 2017 Schee	dule A, Part III, li	ne 15			16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2018 (lin	ie 10c, column	(f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2017 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2018. If the org						, and line
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2017. If the organ			•	•		
-	line 18 is not more than 331/3 %, check						
20	Private foundation If the organization of						

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Schedule A (Form 990 or 990-EZ) 2018 Page 4

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 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 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
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er			
nd he			
D)	3b		
В)	3с		
If	4a		
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Schedule A (Form 990 or 990-EZ) 2018

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Part	Supporting Organizations (continued)		<b>V</b>	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations		<b>V</b>	NI -
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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.			
24	11 0 0	2		
secti	on C. Type II Supporting Organizations		Vas	NI -
			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).	•		
Saati	., .	1		
secti	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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	res	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 in (2), 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 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institute The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ŕ	
С	——————————————————————————————————————	แเงแน	Yes	
2	Activities Test. Answer (a) and (b) below.		1 63	140
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 those supported organizations and explain</b> 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 in (a) 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	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>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? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income	(B) Current Year		
		(A) Prior 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		
Section 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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionall	y integra	ted Type III supporting	g organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2018

Page 7 Schedule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	ection D - Distributions						
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
С	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
•	Section D, line 7:						
а	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
J	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in <b>Part VI</b> . See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
0	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
_							
7	Excess distributions carryover to 2019. Add lines 3j						
0	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2014						
b	Excess from 2015						
<u>c</u>	Excess from 2016						
d	Excess from 2017						
е	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

Part V

Schedule A (Form 990 or 990-EZ) 2018 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

**Employer identification number** 

CHARLES KOCH INSTITUTE 27-4967732 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule**  $\mid$  X  $\mid$  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization CHARLES KOCH INSTITUTE

Employer identification number 27-4967732

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization CHARLES KOCH INSTITUTE

Employer identification number 27-4967732

art II	Noncash Property	(see instructions)	). Use duplicate c	opies of Part II if a	dditional space is needed.
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization CHARLES KOCH INSTITUTE **Employer identification number** 27-4967732 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

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

### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

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

**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 501(c)(3) organizations	that have NOT filed Form 5768 (elec	tion under section 501(h	)): Complete Part II-B. Do no	ot complete Part II-A.
If th	e organization answered "Yes,"	on Form 990, Part IV, line 5 (Prox	y Tax) (see separate i	nstructions) or Form 990-l	EZ, Part V, line 35c (Proxy
•	(see separate instructions), ther Section 501(c)(4), (5), or (6) orga				
	e of organization	anizatione. Complete i art in:		Employer ide	ntification number
CHA	ARLES KOCH INSTITUTE			27-496	7732
Pa	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 organ	nization.
1	<u> </u>	organization's direct and indirect			
-	definition of "political campa	•	pomioai oampaigii a		
2	·	xpenditures (see instructions)		▶ \$	
		campaign activities (see instruction			
	rt I-B Complete if the c	organization is exempt under	section 501(c)(3).		
1		cise tax incurred by the organizati		5. ▶\$	
2	Enter the amount of any exc	cise tax incurred by organization r	nanagers under secti	on 4955 ► \$	
3		a section 4955 tax, did it file Form			
4a					
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the c	organization is exempt under	r section 501(c), ex	ccept section 501(c)(3	3).
1	<del>_</del>	expended by the filing organization		•	
2		ng organization's funds contribute			
_		es			
3	Total exempt function expe	enditures. Add lines 1 and 2. E	nter here and on Fo	orm 1120-POL,	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification num	ber (EIN) of all section	on 527 political organiz	ations to which the filing
		s. For each organization listed, e			
		ributions received that were pro			
		nd or a political action committee	<u> </u>	bace is needed, provide i	ntormation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				,,	delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)			-		
(4)					
(5)					
(6)					
v			_		

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

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 CHAR	LES KOCH	INSTITUTE		27-49	967732 Page 2
Part II-A Complete if the organization 501(h)).	ation is exe	mpt under sectior	501(c)(3) and	filed Form 5768 (elec	tion under
A Check ► X if the filing organization address, EIN, expenses				ich affiliated group meml	per's name,
B Check ► if the filing organization	checked box	A and "limited contro	l" provisions app	ly.	
Limits on Lo (The term "expenditures"	bbying Exper means amou		)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opir	nion (grass roots lobb	ying)		
<b>b</b> Total lobbying expenditures to influen	ce a legislativ	ve body (direct lobbyii	ng)		
c Total lobbying expenditures (add lines	s 1a and 1b) .		[		
d Other exempt purpose expenditures			[	25,697,704.	54,210,746.
e Total exempt purpose expenditures (	add lines 1c a	nd 1d)		25,697,704.	54,210,746.
f Lobbying nontaxable amount. Enter	the amount	from the following	table in both		
columns.		· ·		1,000,000.	1,000,000.
If the amount on line 1e, column (a) or (b)	is: The lobbyi	ing nontaxable amount i	s:		
Not over \$500,000	20% of the	amount on line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,000 p	olus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000	olus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,00	00 \$225,000	olus 5% of the excess o	ver \$1,500,000.		
Over \$17,000,000	\$1,000,000	0.			
g Grassroots nontaxable amount (enter	25% of line 1	f)		250,000.	250,000.
h Subtract line 1g from line 1a. If zero of	or less, enter -	0	[	0.	0
i Subtract line 1f from line 1c. If zero o	r less, enter -C	)	[	0.	0
j If there is an amount other than ze	ro on either	line 1h or line 1i, c	lid the organiza	ion file Form 4720	
reporting section 4911 tax for this year					Yes No
(Some organizations that mad	4-Year Ave	raging Period Under	Section 501(h)		ns below
		ate instructions for l			
Lo	bbying Expe	enditures During 4-Ye	ear Averaging Pe	iod	
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount		1,000,000.	1,000,00	0. 1,000,000.	3,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					4,500,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount		250 000	250.00	0 250 000	750 000

250,000.

Schedule C (Form 990 or 990-EZ) 2018

750,000.

1,125,000.

250,000.

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

f Grassroots lobbying expenditures

250,000.

Page 3 Schedule C (Form 990 or 990-EZ) 2018

Par	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	l For	m 576	88		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	)		(b)		
		Yes	No		Amo	ınt	
1	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:						
a b	Volunteers?						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e f	Publications, or published or broadcast statements?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912		-				
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5).	or s	ection			
	501(c)(6).	-,(-,,	0. 0		-		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?						
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)						
ıaı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C					3. is	
	answered "Yes."	`					
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amoun political expenses for which the section 527(f) tax was paid).	nts o	of				
а	Current year		[	2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	S		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion		- 1				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lob	byin	g	4			
5	and political expenditure next year?			5			
Par		<u> </u>					
2 (se	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated e instructions); and Part II-B, line 1. Also, complete this part for any additional information.  PAGE 4	grou	p list	); Part	II-A, lii	nes 1	and

Schedule C (Form 990 or 990-EZ) 2018 Page 4

#### Part IV Supplemental Information (continued)

SCHEDULE C, PART II-A

AFFILIATED GROUP MEMBER

NAME: STAND TOGETHER, INC.

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

LOBBYING EXPENSES: NONE

TOTAL EXPENSES: \$28,513,042

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

## SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

CHA	RLES KOCH INSTITUTE	27-4967732
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Funds or Other Funds or Other Similar Funds or Other	Accounts.
	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	n 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 fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	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).	
	Preservation of land for public use (e.g., recreation or education)	f a historically important land area
	Protection of natural habitat Preservation o	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ated 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	on, handling of
	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 conse	ervation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
	<b>&gt;</b> \$	
8	$Does\ each\ conservation\ easement\ reported\ on\ line\ 2(d)\ above\ satisfy\ the\ requirements\ of\ section$	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes the
_	organization's accounting for conservation easements.	0: " 4 4
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educations are supplied to the control of the contro	evenue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	ribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	venue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educa-	ation, or research in furtherance of
	public service, provide the following amounts relating to these items:	<b>&gt;</b> 0
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	= :
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a h	Revenue included on Form 990, Part VIII, line 1	
b	Aggets molaced in Form 990, Falt A. F.	

Page 2 Schedule D (Form 990) 2018

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):  a Public exhibition  b Scholarly research  c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrow and Gustodial Arrangements.  Complete if the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X.  1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X.  1a Is the organization and part XIII and complete the following table:  C Beginning balance  0 Additions during the year  1 Ending balance  1 Ending balance  1 Ending balance  1 Description during the year  1 Ending balance  1 Organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Bill Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Bill Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  1a Beginning of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated	Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures,	or Other	Similar Assets (c	continued)	rage =
collection items (check all that apply): a										
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? \ Yes \ No Part IV \ Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10.  Complete if the organization include an amount on Form 990, Part IV, line 21, for escrow or custodial account liability? \ Yes \ No b if "Yes," explain the arrangement in Part IXII. Check here if the explanation has been provided on Part IXII \ Part IV \ Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance. \ (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back.  1a Beginning of year balance. \ (a) Current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment \ M  6 Temporarily restricted endowment \ M  7 Expression or propersy (a) 22 should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (b) unrelated organizations (a) 22, and 22 should equal 100%.  3a Are there endowment funds no		collection items (check all that app	ly):							
c	а	Public exhibition		d	Loan	r exchan	ge progra	ms		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assess to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		е	Other					
XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrow and Custodial Arrangements.  Complete if the organization an savered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an aspent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is a Is the organization an aspent in Part XIII and complete the following table:  Complete if the organization and the arrangement in Part XIII and complete the following table:  Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If It Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  The Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Administrative expenses (a) Grants or scholarships.  Other expenditures for facilities and programs.  Administrative expenses (b) From year (c) Two years back (d) Three years back (e) Four years back (d) Grants or scholarships.  Other expenditures for facilities and programs.  Administrative expenses (b) Contributions or scholarships (b) Contributions or scholarships (c) If Yes' No are endowment thanks not in the possession of the organization that are held and administered for the organization by:  (b) If "Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? (b) Cost endower thanks (c) Complete if the organizations (c) Contributions (d) Cost endower thanks (d) Cost en	С	Preservation for future gene	rations							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X/   Yes No    b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance	4	Provide a description of the organ	nization's collection	s and expla	ain how t	hey furth	er the or	ganization's exemp	t purpose i	n Part
assets to be sold to raise funds arther than to be maintained as part of the organization's collection?		XIII.								
Part IV	5									
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part K, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?				ained as pa	rt of the o	organizati	on's collec	ction?	Yes	No
990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  □ If 'Yes,' explain the arrangement in Part XIII and complete the following table:  □ Amount □ Estimated by Segment in Part XIII and complete the following table:  □ Amount □ C Beginning balance □ It   Id   □   □   □   □   □   □   □   □   □	Pa								_	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes			ition answered "Yo	es" on For	m 990, F	Part IV, Iir	ne 9, or r	eported an amoui	nt on Form	1
included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table:  Beginning balance  Id  Amount  Amount  Beginning balance  Distributions during the year  Ending balance  If Balanc										
b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance	1a									<b>—</b>
c Beginning balance d Additions during the year. e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? Yes   No b   f"Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	_	included on Form 990, Part X?							Yes	No
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability?	b	If "Yes," explain the arrangement i	n Part XIII and com	plete the to	llowing tab	ole:				
d Additions during the year		De alecte a halece						Amount		
e Distributions during the year   fe   friding balance   1	_									
f Ending balance										
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_									
Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.								account liability?	Voc	No
Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Contributions										
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.			II Fait Alli. Check ii	ere ii tile e	хріанаціон	nas been	provided	UII FAIL AIII		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  (b) Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  i) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  2 Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (other)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (other)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 14a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 14a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 14a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 14a. See Form 990, Part	ıa		ation answered "Y	es" on For	m 990. F	Part IV. lir	ne 10.			
Beginning of year balance		gampioto ii uio oigamii		1				(d) Three years back	(e) Four vea	rs back
b Contributions	1.0	Paginning of year balance	.,	(1)	,			(,,	(1)	
c Net investment earnings, gains, and losses										
and losses										
d Grants or scholarships	C									
e Other expenditures for facilities and programs	٦									
and programs		-								
g End of year balance	-	-								
g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	f									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶		-								
a Board designated or quasi-endowment ▶	_	•	of the current year	end balanc	e (line 1a	column (a	a)) held as			
Temporarily restricted endowment ▶					o (og,	001011111 (0	.,,o.a ao	•		
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations.  (ii) related organizations.  (ii) related organizations.  (iii) related organizations.  (iv) unrelated organizations.  (iv) unrelated organizations.  (iv) ves" on line 3a(ii), are the related organizations listed as required on Schedule R?  (iv) vesting on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  the Land.  (a) Land.  (b) Buildings  (c) Accumulated depreciation  (d) Book value  (e) Accumulated depreciation  (f) Book value  (investment)  (inves	b	Permanent endowment >	%	_						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	С	Temporarily restricted endowment	▶ %							
organization by:  (i) unrelated organizations (ii) related organizations  (iii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment.  67,522. 67,500. 222.		The percentages on lines 2a, 2b, a	and 2c should equal	100%.						
(i) unrelated organizations (ii) related organizations (iii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (other)  1a Land  b Buildings  c Leasehold improvements  d Equipment  67,522  67,500  22.	3a	Are there endowment funds not in	the possession of t	he organiza	ation that	are held a	and admir	nistered for the		
(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  67,522. 67,500. 22.		organization by:							Yes	s No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		(i) unrelated organizations							3a(i)	
Describe in Part XIII the intended uses of the organization's endowment funds.  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (c) Accumulated depreciation  (d) Book value depreciation  b Buildings  c Leasehold improvements  d Equipment.  67,522.  67,500.  22.		(ii) related organizations							3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (other) (other) (other) (other)  1a Land. b Buildings c Leasehold improvements. d Equipment.  67,522. 67,500.	b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	ed as require	ed on Sch	edule R?			3b	
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (e) Accumulated depreciation  (f) Cost or other basis (other)										
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (e) Accumulated depreciation  (f) Cost or other basis (other)	Pa	rt VI Land, Buildings, and Equ	<b>.iipment.</b> ation answered "Y	'es" on Foi	m 00∩ I	Part I\/ li	ne 11a 9	See Form 990 Pa	rt X line 1	Ω
that Company is a positive of the problem o		Description of property	(a) Cost o	r other basis						<del></del>
b Buildings			(inve	stment)						
c Leasehold improvements	1 a									
<b>d</b> Equipment	b	_								
	С					60 500		67.500		
e Other						0/,522	•	0/,500.		22.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				m 000 D= 1	V c=1	2 (D) !':	100 )			22

 Schedule D (Form 990) 2018
 Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, I	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market	n:
(1) Financia	al derivatives			
	held equity interests			
(3) Other_				
(A) DOM	ESTIC PASSIVE INV. PTNRSHIP	275,973,780.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	275,973,780.		
Part VIII	Investments - Program Related.	273737700.		
I alt viii	Complete if the organization answered	l "Yes" on Form 990	. Part IV. line 11c. See Form 990. F	Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	on:
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered		, Part IV, line 11d. See Form 990, I	
	<b>(a)</b> De	scription		(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u> <u>(5)</u>				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	n 990, Part X,
1.	(a) Description of liability	(b) Book valu	е	
(1) Feder	al income taxes			
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)	on /h) must occup Forms 000 Part V I /P) !			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		o organization la financial atata	orto tho
∠. Liability fo	r uncertain tax positions. In Part XIII, provide the	iexi oi ine lootnote to the	e organization's rinancial statements that repo	บเร เทย

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018 Page 4

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:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	-
b	Other (Describe in Far Ain.)	4c
с 5	Add lines <b>4a</b> and <b>4b</b>	5
Part		
Tart	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	AI 11.
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	_
b	Prior year adjustments	-
С	Other losses	-
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 IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-
b	Other (Describe in Part XIII.)	4-
_ C	Add lines 4a and 4b	4c 5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	J
Provid 2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line 4; Part X, line mation.
SCHE	DULE D, PART X, LINE 2	
MANA	GEMENT HAS EVALUATED THE INCOME TAX POSITIONS UNDER THE GUIDANCE	
INCL	UDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED	
ANY	MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE	
FINA	NCIAL STATEMENTS.	

Part XIII Supplemental Information (continued)

#### **SCHEDULE E** (Form 990 or 990-EZ)

### **Schools**

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

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CHARLES KOCH INSTITUTE Employer identification number 27-4967732

De	rt I	-		
Га			YES	NO
1	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?	1	Х	
2	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,		X	
3	programs, and scholarships?	2	^	
5	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	3	Х	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially		٠,,	
_	nondiscriminatory basis?	4b	X	
С	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		Х
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	SEE SUPPLEMENTAL PAGE			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
•	Employment of faculty or administrative staff?	5c		Х
С	Employment of faculty of autilinistrative stairs.	30		21
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		X
f	Use of facilities?	5f		Х
	Athletic conserve of O	_		х
g	Athletic programs?	5g		Λ
h	Other extracurricular activities?	5h		Х
	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?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Α
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

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

Schedule E (Form 990 or 990-EZ) 2018

Page 2 Schedule E (Form 990 or 990-EZ) (2018)

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

SCHEDULE E, PART I, LINE 3

THE ORGANIZATION HAS PUBLISHED ITS RACIAL NONDISCRIMINATORY POLICY IN THE WASHINGTON TIMES.

SCHEDULE E, PART I, LINE 4D

THE ORGANIZATION DOES NOT SOLICIT CONTRIBUTIONS.

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

OMB No. 1545-0047 2018

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

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 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.  Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (a) Name and address of organization or government  (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, on noncash assistance) (f) Method of valuation (book, FMV, appraisal, on noncash assistance)	X Yes No S" on Form 990,  (h) Purpose of grant or assistance
the selection criteria used to award the grants or assistance?	s" on Form 990,  (h) Purpose of grant or assistance
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-look, FMV, appraisal, peaceth assistance (g) Description of peaceth assistance (e) Amount of non-look, FMV, appraisal, peaceth assistance (g) Description of peaceth assis	s" on Form 990,  (h) Purpose of grant or assistance
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (b) Method of valuation (b) EIN (d) Amount of cash (e) Amount of non- (b) Oook, FMV, appraisal, personal agricultures (d) Amount of cash (e) Amount of non- (b) Oook, FMV, appraisal, personal agricultures (d) Amount of cash (e) Amount of non- (b) Oook, FMV, appraisal, personal agricultures (d) Amount of non- (b) Oook, FMV, appraisal, personal agricultures (d) Amount of non- (b) Oook, FMV, appraisal, personal agricultures (d) Amount of non- (b) Oook, FMV, appraisal, personal agricultures (d) Amount of non- (b) Oook, FMV, appraisal, personal agricultures (d) Amount of non- (d) Amount of non- (d) Oook, FMV, appraisal, personal agricultures (d) Amount of non- (d) Oook, FMV, appraisal, personal agricultures (d) Oook, FMV, ap	(h) Purpose of grant or assistance
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (book, FMV, appraisal, personal assistance) (if applicable) (if applicable) (c) IRC section (d) Amount of cash (e) Amount of non- (book, FMV, appraisal, personal assistance)	(h) Purpose of grant or assistance
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (book, FMV, appraisal, personal assistance) (if applicable) (if applicable) (c) IRC section (d) Amount of cash (e) Amount of non- (book, FMV, appraisal, personal assistance)	(h) Purpose of grant or assistance
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (book, FMV, appraisal, appraisa	or assistance
(b) Attained and active of right in the control of	or assistance
other)	:DUCATION
(1) AMERICAN COUNCIL OF TRUSTEES AND ALUMNI	DUCATION
1726 M STREET NW SUITE 802 52-1870003 501(C)(3) 14,000.	
(2) AMERICAN LEGISLATIVE EXCHANGE COUNCIL	
1101 VERMONT AVE. NW FLOOR 11 52-0140979 501(C)(3) 34,000.	EDUCATION
(3) ATLAS NETWORK	
1201 L STREET NW 2ND FLOOR 94-2763845 501(C)(3) 38,000.	EDUCATION
(4) CATO INSTITUTE	
1000 MASSACHUSETTS AVENUE, NW 23-7432162 501(C)(3) 64,000.	EDUCATION
(5) CAUSE OF ACTION INSTITUTE	
1919 PENNSYLVANIA AVE. NW STE 650 45-2805977 501(C)(3) 10,000.	EDUCATION
(6) COMPETITIVE ENTERPRISE INSTITUTE	
1899 L STREET NW FL 12 WASHINGTON, DC 20005 52-1351785 501(C)(3) 10,000.	EDUCATION
(7) INSTITUTE FOR ENERGY RESEARCH	
1155 15TH STREET, NW #900 76-0149778 501(C)(3) 16,000.	EDUCATION
(8) INSTITUTE FOR HUMANE STUDIES	
3301 N FAIRFAX DRIVE STE 440 94-1623852 501(C)(3) 60,000.	EDUCATION
(9) INSTITUTE FOR JUSTICE	
901 N. GLEBE ROAD STE 900 52-1744337 501(C)(3) 14,000.	EDUCATION
(10) MACKINAC CENTER FOR PUBLIC POLICY	
140 WEST MAIN STREET MIDLAND, MI 48640 38-2701547 501(C)(3) 7,500.	EDUCATION
(11) MANHATTAN INSTITUTE FOR POLICY RESEARCH	
52 VANDERBILT AVENUE 3RD FLOOR 13-2912529 501(C)(3) 9,820.	EDUCATION
(12) NEVADA POLICY RESEARCH INSTITUTE	
7130 PLACID STREET LAS VEGAS, NV 89119 88-0276314 501(C)(3) 8,150.	EDUCATION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	
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
2018

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
CHARLES KOCH INSTITUTE						27-496773	32
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 process</li> </ol>	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					es" on Form 990,
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) R STREET INSTITUTE							
1050 17TH STREET NW STE 1150	26-3477125	501(C)(3)	24,000.				EDUCATION
(2) REASON FOUNDATION							
3415 S. SEPULVEDA BLVD. STE 400	95-3298239	501(C)(3)	60,250.				EDUCATION
(3) SOCIETY OF PROFESSIONAL JOURNALISTS							
231 S CAVE CREEK DRIVE	61-6034223	501(C)(3)	20,000.				EDUCATION
(4) STUDENTS FOR LIBERTY							
1101 17TH STREET NW, SUITE 810	94-3435899	501(C)(3)	116,160.				EDUCATION
(5) TALIESIN NEXUS							
1101 17TH STREET NW, SUITE 810	27-4737588	501(C)(3)	10,000.				EDUCATION
(6) TECHFREEDOM							
110 MARYLAND AVE NE STE 407	27-3567814	501(C)(3)	6,000.				EDUCATION
(7) YOUNG AMERICANS FOR LIBERTY FOUNDATION							
3030 CLARENDON BLVD STE 200	45-3503672	501(C)(3)	20,000.				EDUCATION
(8) ACTON INSTITUTE							
161 OTTAWA AVENUE NW GRAND RAPIDS, MI 49503	38-2926822	501(C)(3)	12,500.				EDUCATION
(9) AMERICANS FOR PROSPERITY FOUNDATION							
1320 N. COURTHOUSE RD ARLINGTON, VA 22201	52-1527294	501(C)(3)	5,750.				EDUCATION
(10) BARRY GOLDWATER INSTITUTE FOR PUBLIC POLICY							
500 E. CORONADO RD PHOENIX, AZ 85004	86-0597661	501(C)(3)	15,000.				EDUCATION
(11) CARDINAL INSTITUTE FOR WEST VA POLICY							
PO BOX 11495 CHARLESTON, WV 25339	47-1932521	501(C)(3)	11,250.				EDUCATION
(12) CENTER FOR GROWTH AND OPPORTUNITY							
PO BOX 53 LOGAN, UT 84323	45-3564310	501(C)(3)	7,500.				EDUCATION
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble		<del> •</del>	
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
2018

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						27-496773	32
Part I General Information on Grants and	d Assistanc	e					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> </ol>	ts or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient t		_					es" on Form 990,
(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) CO2 COALITION							
1621 N KENT ST ARLINGTON, VA 22209	47-3722575	501(C)(3)	8,000.				EDUCATION
(2) CONSERVATIVES FOR CRIMINAL JUSTICE REFORM							
410 N BOYLAN AVENUE RALEIGH, NC 27603	81-2417093	501(C)(3)	17,813.				EDUCATION
(3) FIRST AMENDMENT PARTNERSHIP							
1730 M STREET NW WASHINGTON, DC 20036	47-1380784	501(C)(3)	6,000.				EDUCATION
(4) INSTITUTE FOR SPENDING REFORM							
PO BOX 1031 ALEXANDRIA, VA 22313	61-1701005	501(C)(3)	16,875.				EDUCATION
(5) JOHN LOCKE FOUNDATION							
200 W. MORGAN ST RALEIGH, NC 27601	56-1656943	501(C)(3)	7,500.				EDUCATION
(6) KS POLICY INSTITUTE							
250 N. WATER WICHITA, KS 67202	23-7047821	501(C)(3)	7,500.				EDUCATION
(7) LEADERSHIP INSTITUTE							
1101 NORTH HIGHLAND STREET	51-0235174	501(C)(3)	11,334.				EDUCATION
(8) NATIONAL REVIEW INSTITUTE							
19 WEST 44TH STREET NEW YORK, NY 10036	13-3649537	501(C)(3)	6,000.				EDUCATION
(9) NATIONAL RIGHT TO WORK LEGAL DEFENSE FOUNDA							
8001 BRADDOCK ROAD SPRINGFIELD, VA 22160	59-1588825	501(C)(3)	6,000.				EDUCATION
(10) PACIFIC LEGAL FOUNDATION							
930 G STREET SACRAMENTO, CA 95814	94-2197343	501(C)(3)	5,334.				EDUCATION
(11) STATE POLICY NETWORK							
1655 N FORT MYER DRIVE ARLINGTON, VA 22209	57-0952531	501(C)(3)	6,000.				EDUCATION
(12) TEXAS PUBLIC POLICY FOUNDATION							
900 CONGRESS AVE AUSTIN, TX 78701	74-2524057	501(C)(3)	6,175.				EDUCATION

JSA 8E1288 1 000

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

Department of the Treasury

Internal Revenue Service

# **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.

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

Open to Public Inspection

**Employer identification number** Name of the organization 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 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 (d) Amount of cash (e) Amount of non-(g) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) THE AMERICAN IDEAS INSTITUTE 910 7TH ST NW WASHINGTON, DC 20006 27-0311492 501(C)(3) 19,688. EDUCATION (2) THE BUCKEYE INSTITUTE FOR PUBLIC POLICY SOL 31-1278593 35,468. 88 EAST BROAD STREET COLUMBUS, OH 43215 501(C)(3) EDUCATION (3) THE HERITAGE FOUNDATION 214 MASSACHUSSETTS AVE NE 23-7327730 501(C)(3) 12,000. EDUCATION (4) (5) (6) (7) (8) (9) (10)(11)(12)39. 

JSA

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

Schedule I (Form 990) (2018)

# 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	671.	462,606.			
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

FUNDS.

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			
	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 réimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
3	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  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 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		Х
	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	X	
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 Page 2

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

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

Note: The sum of columns (B)(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	f W-2 and/or 1099-MI	SC 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
BRIAN HOOKS	(i)	187,370.	712,500.	0.	16,500.	16,945.	933,315.	0.
1 PRESIDENT/DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAM RUGER	(i)	188,168.	95,000.	0.	13,529.	14,050.	310,747.	0.
2 VICE PRESIDENT-RESEARCH/POLICY	(ii)	43,763.	0.	0.	2,771.	2,878.	49,412.	0.
KATEY ROBERTS	(i)	156,743.	295,000.	0.	15,915.	389.	468,047.	0.
3 VICE PRESIDENT- CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
DEREK JOHNSON	(i)	126,417.	160,000.	0.	13,944.	14,018.	314,379.	0.
4 DIRECTOR - EDUC. DEVELOPMENT	(ii)	30,363.	0.	0.	2,856.	2,871.	36,090.	0.
AMY PELLETIER	(i)	155,469.	50,000.	0.	13,250.	16,897.	235,616.	0.
5 <sup>VICE PRESIDENT</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
ADAM SOHN	(i)	258,670.	80,000.	0.	11,004.	16,928.	366,602.	0.
6 VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
NANCY GRAHAM	(i)	212,591.	50,000.	0.	8,813.	10,952.	282,356.	0.
7 <sup>SENIOR</sup> DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
_13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 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 1A

THE ORGANIZATION PAID \$18 PER MONTH IN SOCIAL CLUB DUES FOR AN EMPLOYEE

TREATED AS TAXABLE COMPENSATION BECAUSE THE CLUB IS USED EXCLUSIVELY BY

SO THE ORGANIZATION COULD USE THE CLUB FOR EVENTS. THE DUES WERE NOT

THE ORGANIZATION FOR EVENTS, AND THE EMPLOYEE DOES NOT USE THE CLUB.

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 J, PART II & FORM 990, PART VII

WILLIAM RUGER AND DEREK JOHNSON WERE COMPENSATED BY TSN INSTITUTE (TSNI),

A RELATED 501(C)(4) ORGANIZATION.

#### **SCHEDULE L**

# **Transactions With Interested Persons**

(Form 990 or 990-EZ)

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

Attach to Form 990 or Form 990-EZ.

▶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

Part I

CHARLES KOCH INSTITUTE

Employer identification number 27-4967732

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year

Part II Loans to and/or From Interested Persons.

> Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	<b>(g)</b> In (	lefault?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total	•				<b>•</b>	\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
(1) SEE SCHEDULE L, PART V					
_(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV

LINE 1

- A. ARCH PROPERTIES COMPANY
- B. CHARLES G. KOCH IS A DIRECTOR OF CKI AND ARCH PROPERTIES COMPANY IS A
- 35% CONTROLLED ENTITY.
- C. \$2,568,374
- D. OFFICE SPACE RENTAL (AT COST)
- E. NO

## 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

2018

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 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, THE CHARLES KOCH INSTITUTE 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 8B THERE ARE NO SUCH COMMITTEES.

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

A COPY OF THE INSTITUTE'S FORM 990 WAS SENT TO AND REVIEWED BY THE

INSTITUTE'S LEGAL COUNSEL, TREASURER, AND SECRETARY. IF TIME ALLOWS, THE

FORM 990 AND ALL REQUIRED SCHEDULES WILL BE PROVIDED TO THE BOARD OF

DIRECTORS PRIOR TO FILING.

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

IN SUMMARY, THE INSTITUTE'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 B, LINE 15A

THE PRESIDENT'S COMPENSATION WAS DETERMINED AND APPROVED BY THE BOARD OF

DIRECTORS BASED ON COMPARABLE AMOUNTS PAID BY COMPARABLE ORGANIZATIONS

FOR COMPARABLE SERVICES.

FORM 990, PART VI, SECTION B, LINE 15B
WITH RESPECT TO COMPENSATION FOR THE ORGANIZATION'S OFFICERS, OTHER THAN
THE PRESIDENT, THE PRESIDENT AND HUMAN RESOURCES DIRECTOR RECENTLY
DETERMINED THE COMPENSATION LEVELS AND THOSE INDIVIDUALS WERE COMPENSATED
BASED ON COMPARABLE AMOUNTS PAID BY COMPARABLE ORGANIZATIONS FOR
COMPARABLE SERVICES. ALL COMPENSATION AMOUNTS ARE PROVIDED TO AND
REVEIWED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19

THE INSTITUTE MAKES DOCUMENTS AVAILABLE IN ACCORDANCE WITH IRS RULES.

Schedule O (Form 990 or 990-EZ) 2018 Page 2

Name of the organization Employer identification number CHARLES KOCH INSTITUTE 27-4967732

FORM 990, PART XI, LINE 9

PARTNERSHIP INCOME \$(5,191,261)

ATTACHMENT 1

000 DADE VII COMPENSATION OF THE EIVE HIGHER DAID IND. COMPDACEORS										
990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS	990, PART	VII-	COMPENSATION	OF	THE	FIVE	HIGHEST	PAID	IND.	CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
JFS PRODUCTIONS, INC. 250 W 57TH ST NEW YORK, NY 10107	MEDIA	541,658.
OZY MEDIA, INC. 800 W EL CAMINO REAL MOUNTAIN VIEW, CA 94040	MEDIA	500,000.
CREATIVE SYSTEMS AND CONSULTING, INC. 1056 SWINKS MILL ROAD MCLEAN, VA 22102	CONSULTING	484,057.
REAL CLEAR POLITICS 666 DUNDEE ROAD NORTHBROOK, IL 60062	CONSULTING	375,000.
FUTURE OF STORYTELLING CORP. 124 W 13TH ST NEW YORK, NY 10011	CONSULTING	250,000.

# ATTACHMENT 2

# FORM 990, PART IX - OTHER FEES

DESCRIPTION_	(A) TOTAL <u>FEES</u>	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
PROFESSIONAL CONSULTING FEES	915,913.	824,322.	91,591.	0.
PROFESSIONAL FEES - RECRUITING	185,902.	167,312.	18,590.	0.
PROFESSIONAL FEES - TEMP HELP	33,816.	30,434.	3,382.	0.
PROFESSIONAL FEES - SPEAKERS	346,266.	311,639.	34,627.	0.

Schedule O (Form 990 or 990-EZ) 2018 Page 2

Name of the organization Employer identification number 27-4967732 CHARLES KOCH INSTITUTE ATTACHMENT 2 (CONT'D)

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
PROFESSIONAL FEES - OTHER	1,195,184.	1,075,666.	119,518.	0.
PROFESSIONAL FEES - FACULTY	529,161.	476,245.	52,916.	0.
TOTALS	3,206,242.	2,885,618.	320,624.	0.

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization
CHARLES KOCH INSTITUTE

Employer identification number 27-4967732

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CKI EVENTS LLC 27-496	67732				
1320 N COURTHOUSE RD STE 500 ARLINGTON, VA 22201	SCHOOL EVENTS	DE	0.	0.	CKI
(2) WEB MEDIA LLC					
1320 N COURTHOUSE RD STE 500 ARLINGTON, VA 22201	WEB HOSTING	DE	0.	0.	CKI
(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 rel	<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	Section 5	g) 512(b)(13) rolled tity?	
							Yes	No
(1) CHARLES KOCH FOUNDATION	48-0918408							
1320 N COURTHOUSE RD STE 500	ARLINGTON, VA 22201	GRANT MAKING	KS	501(C)(3)	PF	N/A	X	
(2) STAND TOGETHER, INC.	27-3197768							
1320 N COURTHOUSE RD STE 200	ARLINGTON, VA 22201	PUBLIC CHARIT	DE	501(C)(3)	7	CKI	X	
(3) THE SEMINAR NETWORK, INC.	46-3508366							
1320 N. COURTHOUSE RD STE 500	ARLINGTON, VA 22201	GRANT MAKING	DE	501(C)(3)	7	N/A	X	
(4) TSN INSTITUTE, INC.	47-3175931							
1320 N. COURTHOUSE RD STE 500	ARLINGTON, VA 22201	GRANT MAKING	DE	501(C)(4)	N/A	N/A	X	
(5) KNOWLEDGE AND PROGRESS FUND, INC.	54-1899251							
PO BOX 2256	WICHITA, KS 67201	GRANT MAKING	KS	501(C)(3)	PF	N/A		X
(6)								
(7)								
		1						

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
<u>(7)</u>												

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l	(i) ction b)(13) rolled tity?
									Yes	No
(1) MBM CENTER, INC.	81-4065996									
1320 N. COURTHOUSE RD STE 500 ARLINGTON, VA 2220	1	CONSULTING	DE	CKI	C CORP	57,616.	3,292,511.	100.0000	Х	
(2)										
(3)										
(4)										
(5)										
(6)										
1-7		1								
(7)										
1.1		1								ı
			1	I	1		1	1	1 1	

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Schedule R	(Form 990) 2018
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note	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	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1р		X
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r		X
S	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete			action thres		3.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method o	(d) of dete	rminin	ıa
	Hamo of folded diganization	type (a-s)	7 mount mysived	amoui			9
	TICAL TAXOTTENATO	_	00.601	TIN #T 7			
(1)	TSN INSTITUTE	J	92,621.	FMV			
(0)							
(2)							
(2)							
(3)							—
(4)							
(4)							
<i>(</i> =\							
(5)							
(6)							
(0)		1					

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Schedule R (Form 990) 2018

Page 3

094135

Schedule R (Form 990) 2018

# 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 entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	501	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate cations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man	(j) eral or aging iner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
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(7)													
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(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2018

Page 4

Schedule R (Form 990) 2018 Page 5

# Part VII Supplemental Information

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

Form **990-T** 

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

01/01, 2018, and ending 12/31, 2018 For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. 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) D Employer identification number Check box if Name of organization ( Check box if name changed and see instructions.) (Employees' trust, see instructions.) address changed CHARLES KOCH INSTITUTE **B** Exempt under section Print 27-4967732 X | 501( C )( 3 ) Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity code 408(e) 220(e) Type (See instructions.) 1320 N COURTHOUSE ROAD STE 500 408A 530(a) 529(a) City or town, state or province, country, and ZIP or foreign postal code 900099 C Book value of all assets ARLINGTON, VA 22201 at end of year Group exemption number (See instructions.) 350,550,999. Check organization type | X | 501(c) corporation 501(c) trust 401(a) trust Other trust **H** Enter the number of the organization's unrelated trades or businesses.  $\triangleright$  2 Describe the only (or first) unrelated trade or business here ▶PARTNERSHIP INCOME FROM K-1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. Yes X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes." enter the name and identifying number of the parent corporation. The books are in care of ▶SUSAN MOTIFF Telephone number ► 703-875-1658 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances 1 c b Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 3 3 8,538. Capital gain net income (attach Schedule D) 8,538. 4a 4a -11,924. -11,924Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) b 4b Capital loss deduction for trusts 4c С 5,253,004. 5,253,004. ATCH 1 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 8 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 5,249,618. 5,249,618. Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 16 Repairs and maintenance 16 17 17 Interest (attach schedule) (see instructions) 18 18 259,682. 19 Taxes and licenses 498,994. ATCH 2 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 27 Other deductions (attach schedule) 28 28 758,676. Total deductions. Add lines 14 through 28 29 29 4,490,942. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 31

PAGE 61

Unrelated business taxable income. Subtract line 31 from line 30

# Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-1709

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

	riom, visit www.ns.gov/c me providers/c me n		, 						
	c 6-Month Extension of Time. Only subm		• • •						
All corporat	tions required to file an income tax return othe	er than For	m 990-T (including 112	0-C filers), partnerships,	RE	MICs, a	and trusts		
nust use F	orm 7004 to request an extension of time to f	ile income	tax returns.						
				Enter filer's identifyin	ıg nu	mber, se	e instructions		
<b>-</b>	Name of exempt organization or other filer, see in	nstructions.		Employer identification nu	ımbe	r (EIN)	or		
Type or									
orint	CHARLES KOCH INSTITUTE			27-496773	2				
ile by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (S	SSN)				
lue date for iling your	1320 N COURTHOUSE RD STE 500			,					
eturn. See	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.						
nstructions.	ARLINGTON, VA 22201								
				\			0 7		
enter the R	eturn Code for the return that this application	is for (file	a separate application to	or each return)	• •				
Application	<b>.</b>	Return	Application				Return		
s For	•	Code	Is For				Code		
	F 000 F7			u.	—				
	or Form 990-EZ	01	Form 990-T (corporat	lion)			07		
Form 990-E		02	Form 1041-A				08		
	(individual)	03	Form 4720 (other tha	in individual)			09		
Form 990-F		04	Form 5227		—		10		
	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069		—		11		
-orm 990-	Γ (trust other than above)	06	Form 8870				12		
	SUSAN MOTIFF								
<ul><li>The bool</li></ul>	ks are in the care of $\blacktriangleright$ 1320 N COURTHOU	SE RD,	STE 500 ARLINGTO	N VA 22201					
Telephor	ne No. ► 703 875-1658  ganization does not have an office or place of		Fax No. ▶						
If this is	for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number	(GEN)		If th	iis is		
or the who	le group, check this box ▶ 🔛 . I	f it is for pa	art of the group, check t	this box ▶ [		and att	ach		
a list with th	ne names and EINs of all members the extens	ion is for.							
1 I requ	est an automatic 6-month extension of time u	ntil	11/15 , 20	19 , to file the exempt	orç	janizati	on return		
	e organization named above. The extension is								
		`							
<b>▶</b> X	calendar year 20 18 or								
•	calendar year 20 <u>18</u> or tax year beginning	. 20	. and ending		20				
_			,	,	_				
2 If the	tax year entered in line 1 is for less than 12 m	onths, che	ck reason: Initial r	eturn Final return	n				
	Change in accounting period				-				
	application is for Forms 990-BL, 990-PF, 9	90-T. 4720	0. or 6069, enter the	tentative tax less any					
	fundable credits. See instructions.	.,	o, o. oooo, ooo	tomanio tary loco any		<b>\$</b> 1.3	278,029.		
	s application is for Forms 990-PF, 990-T,	4720 o	r 6069 enter anv re	efundable credits and	Ju	Ψ ± / 2	17070251		
	ated tax payments made. Include any prior yea		•		3b	<b>e</b> 6	518,029.		
	ce due. Subtract line 3b from line 3a. Include				30	•	110,025.		
	ronic Federal Tax Payment System). See instru		ioni with this form, if fo	quired, by doing Li ii o	20	• (	560,000.		
	ou are going to make an electronic funds withdrawa		it) with this Form 9969 or	aa Form 8453 EO and Far	3c				
nstructions.	ou are going to make an electronic funds withdrawa	ıı (un ect deb	ni) willi lillo FUIII 0000, Se	ee i oiiii 0400-EO anu Foiii	1 00	3-EU 10	л рауппепі		
	Act and Paperwork Reduction Act Notice, see insti	ruotiono			Ear.	~ QQC0	(Rev. 1-2019)		
or Frivacy	Act and raperwork neduction Act Notice, see inst	1 UCUUII5.			LOIL	0000	(INEV. 1-2019)		

58 E	inter th	e amount of tax-exempt interest rece	ived or accrued during the tax year 🕨 💲 👚			
ο:			examined this return, including accompanying sched other than taxpayer) is based on all information of which			and belief, it
Sign Here		lessan Motif	SIGNALES W/12/19 TREAS	SURER	May the IRS discuss with the preparer s	hown below
	Si	gnature of officer	Date Title		(see instructions)? X Y	es No
		Print/Type preparer's name	Prepare//s/signature	Date	Check if PTIN	
Paid Prepar		MICHAEL J ENGLE	Why but	11/15/19		82834
		Firm's name ▶ BKD, LLP	1-312-19		Firm's EIN ▶ 44-016	0260
Use O	illy	Firm's address ➤ 1201 WALNUT,	SUITE 1700, KANSAS CITY,	MO 64106-2246	Phone no. 816-221-	6300

Form 990-T (2018)

Form 990-1 (2018)								Page 3
Schedule A - Cost of G	oods Sold. E	nter metho	d of invent	ory valuation	<b>&gt;</b>			
1 Inventory at beginning of	/ear _ 1			6 Inventory	at end of yea	ar	6	
2 Purchases						ld. Subtract line		
3 Cost of labor						iter here and in		
4a Additional section 263A c							7	
(attach schedule)						section 263A (w		Yes No
<b>b</b> Other costs (attach schedu						or acquired for	•	
5 Total. Add lines 1 through	-, -					or acquired for		x
Schedule C - Rent Income		Property a	nd Perso	nal Property	L pased V	Vith Real Proper	rtv)	
(see instructions)	e (i Toili Neai	i Toperty a	ilu i <del>c</del> i so	mai i roperty	Leaseu V	vitii ixeai i Topei	ty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)						T		
	2. Rent rece	eived or accru	ed			-		
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percent	age of rent for	d personal property or personal property s based on profit or	exceeds		irectly connected with a) and 2(b) (attach sch	
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of chere and on page 1, Part I, line 6	` '	2(b). Enter				(b) Total deduction Enter here and on Part I, line 6, colur	page 1,	
Schedule E - Unrelated D			oo inetruct	ione)		r art i, iirie o, coiui	IIII (B)	
Scriedule L - Officialed D	ebt-i ilialiceu	income (s			3. [	Deductions directly cor	nnected with or allocab	le to
1. Description of de	ht-financed property			income from or to debt-financed		debt-financ		
	or imanood proporty			property		nt line depreciation ach schedule)	(b) Other dedu (attach sched	
(1)								
(2)								
(3)								
(4)								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	5. Average ad of or alloo debt-finance (attach sc	able to d property	4	. Column divided column 5		income reportable n 2 x column 6)	8. Allocable ded (column 6 x total column 3(a) and 3(b)	of columns
(1)				%				
(2)				%				
(3)				%				
(4)				%				
x /	ı		1	,,,	Enter her	e and on page 1,	Enter here and o	n page 1.
					Part I, lir	ne 7, column (A).	Part I, line 7, colu	
Tatala								
Totals Total dividends-received deduc	ions included in	column 8				<b>b</b>		

Form **990-T** (2018)

Page 4

Schedule F-Interest, Annu	uities, Royaities			ntrolled Or			itions (see	e instruction	ons)	
Name of controlled organization	2. Employer identification numb			ated income nstructions)	1	of specifients made	included	of column 4 to in the contrion's gross in	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated in (loss) (see instruct			Total of specifical ayments made		inclu	Part of column Ided in the co Inization's gros	ntrolling		Deductions directly nnected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals	ncome of a Sec	tion 501(	(c)(7),	(9), or (17 3. Deduc		Par		mn (A).		ter here and on page 1, art I, line 8, column (B).  5. Total deductions
1. Description of income	2. Amount of	income		directly cor (attach sch	nnected			et-asides schedule)		and set-asides (col. 3 plus col. 4)
<u>(1)</u>										
(2)										
(3)										
(4)		olumn (A).								Enter here and on page 1 Part I, line 9, column (B).
Schedule I-Exploited Exe	empt Activity in	come, Ot	ner in	an Advert	ısıng ır	come	(see instru	ictions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exper direct connecte production unrelate business in	ly d with on of ed	4. Net incor from unrela or business 2 minus co If a gain, c cols. 5 thre	ted tradé (column lumn 3). ompute	from a	oss income activity that t unrelated ess income	<b>6.</b> Expe attribut colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, F line 10, co	Part I,							Enter here and on page 1, Part II, line 26.
Schedule J- Advertising In	ncome (see instru	uctions)								
Part I Income From Per	<u> </u>		onsoli	idated Bas	sis					
1. Name of periodical	2. Gross advertising income	3. Dire	ect	4. Adver gain or (los 2 minus coa gain, co cols. 5 three	tising ss) (col. ol. 3). If mpute	l	irculation ncome	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)				-						
(3)										
(4)										
Totals (carry to Part II, line (5))										
, , , , , , , , , , , , , , , , , , , ,	1			1						- 000 T (22)

Form **990-T** (2018)

Form 990-T	(2018) CHARLES KOCH INSTITUTE		27-4967732	Page <b>5</b>
Part II	Income From Periodicals Reported on a Separate Ba	asis (For each periodical lis	sted in Part II, fill in	columns
	2 through 7 on a line-by-line basis.)			

= unough roma	inio by inio baok	0.,				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I.						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	Directors, and Tr	rustees (see insti	ructions)		
1. Name		2.	Title	3. Percent of time devoted to	4. Compensation	

1. Name	<b>2.</b> Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2) ATCH 3		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14			

Form **990-T** (2018)

# SCHEDULE M (Form 990-T)

# Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No. 1545-0687

2018

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).

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

Employer identification number

Name of organization
CHARLES KOCH INSTITUTE

27-4967732

Unrelated business activity code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ EFPRP INVESTMENTS LLC PARTNERSHIP K-1

Та	Unrelated Trade or Business Income	•		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales						
b		Balance >	1c				
2	Cost of goods sold (Schedule A, line 7)		2				
3	Gross profit. Subtract line 2 from line 1c		3				
4a	Capital gain net income (attach Schedule D)	i	4a	83,968			83,968.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form	ı	4b				
С	Capital loss deduction for trusts		4c				
5	Income (loss) from a partnership or an S corporation	n (attach					
	statement)		5	-142,325			-142,325.
6	Rent income (Schedule C)		6				
7	Unrelated debt-financed income (Schedule E)		7				
8	Interest, annuities, royalties, and rents from a contr	i					
	organization (Schedule F)		8				
9	Investment income of a section 501(c)(7), (9), or (1						
	organization (Schedule G)		9				
10	Exploited exempt activity income (Schedule I)		10				
11	Advertising income (Schedule J)		11				
12	Other income (See instructions; attach schedule)		12				
13	Total. Combine lines 3 through 12	[	13	-58,357			-58,357.
Pai	deductions must be directly connected v	vith the un	related	d business income.)			tions,
14	deductions must be directly connected v  Compensation of officers, directors, and trustees (S	vith the un	related	business income.)		14	tions,
14 15	deductions must be directly connected v  Compensation of officers, directors, and trustees (S Salaries and wages	chedule K)	related	business income.)		14 15	tions,
14 15 16	deductions must be directly connected v  Compensation of officers, directors, and trustees (S Salaries and wages  Repairs and maintenance	vith the un	related	business income.)		14 15 16	tions,
14 15 16 17	deductions must be directly connected v  Compensation of officers, directors, and trustees (S Salaries and wages  Repairs and maintenance  Bad debts	chedule K)	related	business income.)		14 15 16 17	tions,
14 15 16 17	deductions must be directly connected v  Compensation of officers, directors, and trustees (S Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach schedule) (see instructions)	vith the un schedule K)	related	business income.)		14 15 16 17 18	tions,
14 15 16 17 18	deductions must be directly connected v  Compensation of officers, directors, and trustees (S Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses	vith the un	related	d business income.)		14 15 16 17 18 19	tions,
14 15 16 17 18 19	deductions must be directly connected very compensation of officers, directors, and trustees (S Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitations)	vith the unchedule K)	related	d business income.)		14 15 16 17 18	tions,
14 15 16 17 18 19 20	deductions must be directly connected via Compensation of officers, directors, and trustees (S Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation depreciation (attach Form 4562)	vith the unchedule K)	related	business income.)		14 15 16 17 18 19 20	tions,
14 15 16 17 18 19 20 21	deductions must be directly connected v Compensation of officers, directors, and trustees (S Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitated Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and else	vith the unchedule K)  tichedule K)  tichedule K)  tichedule K)  tichedule K)	related	1 business income.)  21  22a		14 15 16 17 18 19 20	tions,
14 15 16 17 18 19 20 21 22	deductions must be directly connected via Compensation of officers, directors, and trustees (Signaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and else Depletion	vith the unchedule K) tion rules) where on re	related	business income.)		14 15 16 17 18 19 20 22b 23	tions,
14 15 16 17 18 19 20 21 22 23	deductions must be directly connected via Compensation of officers, directors, and trustees (Signaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitate Depreciation (attach Form 4562).  Less depreciation claimed on Schedule A and else Depletion Contributions to deferred compensation plans	vith the unchedule K)  tion rules)  where on re	related	business income.)		14 15 16 17 18 19 20 22b 23 24	tions,
14 15 16 17 18 19 20 21 22 23 24	deductions must be directly connected via Compensation of officers, directors, and trustees (Signaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitate Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and else Depletion Contributions to deferred compensation plans Employee benefit programs	vith the unchedule K)  tion rules)  where on re	related	business income.)		14 15 16 17 18 19 20 22b 23 24 25	tions,
14 15 16 17 18 19 20 21 22 23 24 25 26	deductions must be directly connected via Compensation of officers, directors, and trustees (Signaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limital Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and else Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I)	vith the unchedule K) tion rules) where on re	eturn	business income.)		14 15 16 17 18 19 20 22b 23 24 25 26	tions,
14 15 16 17 18 19 20 21 22 23 24 25 26 27	deductions must be directly connected via Compensation of officers, directors, and trustees (S Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limital Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and else Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)	vith the unchedule K) tion rules) where on re	related	business income.)		14 15 16 17 18 19 20 22b 23 24 25 26 27	tions,
14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	deductions must be directly connected via Compensation of officers, directors, and trustees (S Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limital Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and else Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule)	vith the unchedule K) tion rules) where on re	erelated	business income.)  21  22a		14 15 16 17 18 19 20 22b 23 24 25 26 27 28	tions,
114 115 116 117 118 119 220 221 222 23 224 225 226 227 228 229	deductions must be directly connected via Compensation of officers, directors, and trustees (S Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limital Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and else Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)	vith the unchedule K)  tion rules)  where on re	eturn	business income.)		14 15 16 17 18 19 20 22b 23 24 25 26 27	-58,357.
14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	Compensation of officers, directors, and trustees (S Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitates depreciation (attach Form 4562) Less depreciation claimed on Schedule A and else Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net	vith the unchedule K)  tion rules)  where on re operating	eturn .	business income.)  21  22a  eduction. Subtract line	29 from line 13	14 15 16 17 18 19 20 22b 23 24 25 26 27 28	
14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	deductions must be directly connected of Compensation of officers, directors, and trustees (S Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitated Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and else Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28	vith the unichedule K)  tion rules) where on re operating tax years	loss de beginni	business income.)  21  22a  22a  eduction. Subtract line	29 from line 13 ary 1, 2018 (see	14 15 16 17 18 19 20 22b 23 24 25 26 27 28 29 30	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

NET ORDINARY INCOME - BAIH, LP K-1

5,253,004.

INCOME (LOSS) FROM PARTNERSHIPS

5,253,004.

ATTACHMENT	2
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# FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME  ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	5,249,618.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	259,682.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	498,994.
CHARITABLE CONTRIBUTION	498,994.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	498,994.

ATTACHMENT 3

### SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
ARIANNE MASSEY (PARTIAL) 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	VICE PRESIDENT, TALENT DEV.	0	0.
BRIAN HOOKS 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	PRESIDENT/DIRECTOR	0	0.
CHARLES CHASE KOCH 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	DIRECTOR/VICE CHAIRMAN	0	0.
CHARLES G. KOCH 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	CHAIRMAN	0	0.
ELIZABETH B. KOCH 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	DIRECTOR	0	0.
RICHARD FINK (PARTIAL) 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	VICE CHAIRMAN	0	0.
DALE GIBBENS 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	EXECUTIVE VICE PRESIDENT	0	0.
WILLIAM RUGER 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	VICE PRESIDENT-RESEARCH/POLICY	0	0.
BRIAN MENKES 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	SECRETARY	0	0.
ROBERT HEATON 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	TREASURER - OUTGOING	0	0.

ATTACHMENT 3 (CONT'D)

0.

SCHD. K,	FORM 990-	C, COMPENSATION	OF OFFICERS	, DIRECTORS,	&	TRUSTEES
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TOTAL COMPENSATION

NAME AND ADDRESS

TITLE

BUSINESS

PERCENT

COMPENSATION

TREASURER

0 0.

1320 N COURTHOUSE ROAD STE 500

ARLINGTON, VA 22201

ATTACHMENT 4

EFPRP INVESTMENTS LLC PARTNERSHIP K-1

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

NET ORDINARY INCOME - EFPRP INVESTMENTS K-1

-142,325.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

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

Department of the Treasury Internal Revenue Service

**Capital Gains and Losses** 

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

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

OMB No. 1545-0123

Employer identification number CHARLES KOCH INSTITUTE 27-4967732

4 Short-term capital gain from installment sales from Form 6252, line 26 or 37  5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824  6 Unused capital loss carryover (attach computation)  7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h  7 49, 66:  Part II Long-Term Capital Gains and Losses (See instructions).  See instructions for how to figure the amounts to enter on the lines below.  This form any be assier to complete 2 you round of cents to Proceeds (sales price)  This form any be assier to complete 2 you round of cents to Proceeds (sales price)  8a Totals for all long-term transactions reported on Form (shirt) you have no adjustments (see instructions). However, If you choose to report all these transactions on Form 9849, leave this line behalf and got ione 8b.  8b Totals for all transactions reported on Form(s) 8949 with Box E checked  10 Totals for all transactions reported on Form(s) 8949 with Box E checked  11 Enter gain from Form 4797, line 7 or 9  12 Long-term capital gain or (loss) from like-kind exchanges from Form 8252, line 26 or 37  12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  13 Long-term capital gain or (loss). Combine lines 8a through 14 in column h  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 7)  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.  18 Ontal transactions reported on Form 1120, page 1, line 8, or the proper line on other returns.  18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	_	RHES ROCH INSTITUTE	(0	\			27 4007732
This farm may be search completed you round off sents to (sales price) This farm may be search completed you round off sents to (sales price) (red offert busis) This farm may be search completed you round off sents to (sales price) (red offert busis) This form all short-deem transactions on Form 949, 1940 and 1940 an	Part	•	See instructions	.)	1, , , , ,		(h) O-in - (f )
whole-delater.  18 Totals for all short-lerm transactions reported on Form within you have no adjustments (see Instructions). However, if you choose to report all flees transactions on Form 8949, lesses this line blank and glo to line 15.  19 Totals for all transactions reported on Form(s) 8949 with Box A checked.  2 Totals for all transactions reported on Form(s) 8949 with Box C checked		the lines below.	Proceeds	Cost	or loss from Form	(s)	Subtract column (e) from
1998-B for which basis was reported to the IRS and for which you have no adjastment (see in structions). However, leave this line blank and go to line 10.  10 Trails for all transactions reported on Form(s) 8849 with Box & checked  10 Trails for all transactions reported on Form(s) 8849 with Box & checked  11 Trails for all transactions reported on Form(s) 8849 with Box & checked  12 Trails for all transactions reported on Form(s) 8849 with Box & checked  13 Trails for all transactions reported on Form(s) 8849 with Box & checked  14 Short-term capital gain from installment sales from Form 6252, line 26 or 37  15 Short-term capital gain or (loss) from like-kind exchanges from Form 8824  16 Unused capital loss carryover (attach computation)  17 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h  18 Remarks for how to leque the amounts to enter on the form form form form form form form form		whole dollars.	(sales price)	(or other basis)	column (g)		the result with column (g)
10 Totals for all transactions reported on Form(s) 8949 with Box & checked	1a	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,					
with Box 8 checked	1 k	• • • • • • • • • • • • • • • • • • • •					
with Box C checked	2	• • • • • • • • • • • • • • • • • • • •					
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824  6 Unused capital loss carryover (attach computation)  7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h  7 49 , 66:  Part III Long-Term Capital Gains and Losses (See instructions.)  8e instructions for how to figure the amounts to enter on the lines below.  This form any be assier to complete if you round off certs to whole collate.  8a Totals for all long-term transactions reported on Form (ship you have no adaptisments (See instructions). However, if you choose to report all these transactions on Form 8949, leave this line behalm and got to line 8b.  8b Totals for all transactions reported on Form(s) 8949 with Box Echecked  9 Totals for all transactions reported on Form(s) 8949 with Box Echecked  10 Totals for all transactions reported on Form(s) 8949 with Box Echecked  11 Enter gain from Form 4797, line 7 or 9  12 Long-term capital gain from installment sales from Form 6252, line 26 or 37  13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  14 Capital gain distributions (see instructions)  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  15 A2 , 845  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  16 49 , 66:  17 49 , 66:  49 (a) Adjustments to gain or (loss) from like-kind exchanges from Form 8824  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 7)  17 42 , 845  18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.  18 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.  18 29 , 500	3	• • • • • • • • • • • • • • • • • • • •	49,887.	226.			49,661.
6 Unused capital loss carryover (attach computation)  7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h  7 49 , 66:  Part III Long-Term Capital Gains and Losses (See instructions.)  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 dollaws.  8 Totals for all long-term transactions reported on Form (1098-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 got to line 80.  8 Totals for all transactions reported on Form (1098-B for all transactions reported on Form(s) 8949 with Box E checked  9 Totals for all transactions reported on Form(s) 8949 with Box E checked  10 Totals for all transactions reported on Form(s) 8949 with Box F checked  11 Enter gain from Form 4797, line 7 or 9  12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  14 Capital gain distributions (see instructions)  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 7)  17 Net capital gain. Enter excess of net long-term capital gain (line 7) over net short-term capital loss (line 7)  18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.  18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	4	Short-term capital gain from installment sales from	Form 6252, line 26 or 3	7		4	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h	5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5	
Secinatructions for how to figure the amounts to enter on the times below.  This form may be easier to complete if you round off cents to whole dollars.  8a Totals for all transcations reported on Form 1099-8 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.  8b Totals for all transactions reported on Form(s) 8949 with Box D checked  9 Totals for all transactions reported on Form(s) 8949 with Box E checked  10 Totals for all transactions reported on Form(s) 8949 with Box F checked  11 Enter gain from Form 4797, line 7 or 9  12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  14 Capital gain distributions (see instructions)  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  15 42,84!  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  16 49,66:  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.  18 (l) Adjustments to gain (loss) from files into subtractions.  (g) Adjustments to gain (loss) (loss from Form(s) 8949 (loss from Form 4797, line 7 or 9  19 Totals for all transactions reported on Form(s) 8949 (loss from Form 8824  11 Enter gain from Form 4797, line 7 or 9  12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  13 Long-term capital gain or (loss). Combine lines 8a through 14 in column h  15 42,84!  16 Enter excess of net short-term capital gain (line 7) over net short-term capital loss (line 7)  17 42,84!  18 Add lines 16 and 17. Enter	6	Unused capital loss carryover (attach computation)				6	( )
Sec instructions for how to figure the amounts to enter on the third between the figure the amounts to enter on the third between the figure the amounts to enter on the figure the figure of cost (sales price)  This form may be easier to complete if you round off cents to whole dollars.  8a Totals for all long-term transactions reported on Form 1099-8 for which basis was reported to the IRS and for which byto have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8494, leave this line blank and go to line 8b.  8b Totals for all transactions reported on Form(s) 8949 with Box D checked  9 Totals for all transactions reported on Form(s) 8949 with Box E checked  10 Totals for all transactions reported on Form(s) 8949 with Box F checked  11 Enter gain from Form 4797, line 7 or 9  12 Long-term capital gain from installment sales from Form 6252, line 26 or 37  13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  14 Capital gain distributions (see instructions)  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  15 42 , 84!  Part III Summary of Parts I and II  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.  18 Jay	7	Not short term conital gain or (loss). Combine lines	1 a through 6 in column	h		_	49 661
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.  Ba Totals for all ling-term transactions reported on Form (1994-B for which basis was reported to the IRS and for 1994-B for which basis was reported to the IRS and for 1994-B for which basis was reported to the IRS and for 1994-B for which basis was reported to the IRS and for 1994-B for which basis was reported to the IRS and for 1994-B for which basis was reported to the IRS and for 1994-B for which basis was reported to the IRS and for 1994-B for which basis was reported to the IRS and for 1994-B for which basis was reported to the IRS and for 1994-B for which basis was reported to the IRS and for 1994-B for which basis was reported to the IRS and for 1994-B for which basis was reported to IRS and for 1994-B for which basis was reported to IRS and for 1994-B for which basis was reported on Form \$9.94, leave this line blank and go to line 8b.  10 Totals for all transactions reported on Form(s) 8949 with Box E checked							49,001.
8a Totals for all long-term transactions reported on Form 1098-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to reported on Form 8949, leave this line blank and go to line 8b.  8b Totals for all transactions reported on Form(s) 8949 with Box D checked	ai	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	(d) Proceeds	(e) Cost	or loss from Form 8949, Part II, line	(s)	Subtract column (e) from column (d) and combine
8b Totals for all transactions reported on Form(s) 8949 with Box D Checked  9 Totals for all transactions reported on Form(s) 8949 with Box E checked	88	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,			column (g)		the recut war column (g)
with Box Echecked  10 Totals for all transactions reported on Form(s) 8949 with Box F checked  11 Enter gain from Form 4797, line 7 or 9  12 Long-term capital gain from installment sales from Form 6252, line 26 or 37  13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  14 Capital gain distributions (see instructions)  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  15 Summary of Parts I and II  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  16 49 , 663  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.  18 92 , 506	81	• • • • • • • • • • • • • • • • • • • •					
with Box F checked	9	• • • • • • • • • • • • • • • • • • • •					
Long-term capital gain from installment sales from Form 6252, line 26 or 37  12  13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  14 Capital gain distributions (see instructions)  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  16 49 , 662  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.  18 92 , 506	10		42,845.				42,845.
Long-term capital gain or (loss) from like-kind exchanges from Form 8824  13  14 Capital gain distributions (see instructions)  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.  18 92,500	11	Enter gain from Form 4797, line 7 or 9				11	
14 Capital gain distributions (see instructions)  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.  18 92,506	12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		12	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  Part III Summary of Parts I and II  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.  18 92,500	13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
Part III Summary of Parts I and II  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.  18 92,506	14	Capital gain distributions (see instructions)	14				
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.  18 92,500			3a through 14 in column	ıh		15	42,845.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	16	Enter excess of net short-term capital gain (line 7) of	over net long-term capita	al loss (line 15)		16	49,661.
							42,845.
Note: If losses exceed gains, see Capital losses in the instructions.	10		· -	brober inte ou outer ten	uiii5.	Ίδ	72,300.

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

Schedule D (Form 1120) 2018

# Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

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.

CHARLES KOCH INSTITUTE

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)
	(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
X	(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(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.		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(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	from column (d) and combine the result with column (g)
STCG FROM PARTNERSHIP K-1	VARIOUS	VARIOUS		226.			-226.
STCG 40% OF SECTION 1256 GAIN	VARIOUS	VARIOUS	3,502.				3,502.
STCG FROM EFPRP PARTNERSHIP K-1	VARIOUS	VARIOUS	21,523.				21,523.
STCG 40% OF SEC. 1256 GAIN EFPRP	VARIOUS	VARIOUS	24,862.				24,862.
2 Totals. 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), lin	lude on your e 2 (if Box B	49,887.	226.			49,661.

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** (2018)

Form 8949 (2018) 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

CHARLES KOCH INSTITUTE

Social security number or taxpayer identification number

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 reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)							
	(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS							
X	F) Long-term transactions not reported to you on Form 1099-B							

1 (a) Description of property	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions	Adjustment, if a If you enter an a enter a coo See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LTCG FROM PARTNERSHIP K-1	VARIOUS	VARIOUS	10.				10.
LTCG 60% OF SECTION 1256 GAIN	VARIOUS	VARIOUS	5,252.				5,252.
LTCG FROM EFPRP PARTNERSHIP K-1	VARIOUS	VARIOUS	291.				291.
LTCG 60% OF SEC. 1256 GAIN EFPRP	VARIOUS	VARIOUS	37,292.				37,292.
2 Totals. Add the amounts in columns							
negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			42,845.				42,845.

**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** (2018)

# Form **4797**

# Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Attach to your tax return.

Attachment Sequence No. 27

Identifying number

CHARLES KOCH INSTITUTE 27-4967732 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (a) Gain or (loss) 2 (b) Date acquired (c) Date sold allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) sales price allowable since improvements and sum of (d) and (e) acquisition expense of sale -11,924. ATTACHMENT 3 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . . . . . 4 5 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . . . . -11,924.Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11,924) 12 12 13 13 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . . . . . . . . . . . . . . 15 15 -11,924. 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14 18b

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2018)

27-4967732 Form 4797 (2018) Page 2

19	(a) Description of section 1245, 1250, 1252, 1254,	or 12	55 property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α						(, 20), , ,,	537, 717
В							
С							
D							
			D	D		D	D
	These columns relate to the properties on lines 19A through 19I	o. <b>&gt;</b>	Property A	Property B		Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20					
21	Cost or other basis plus expense of sale	21					
22	Depreciation (or depletion) allowed or allowable	22					
23	Adjusted basis. Subtract line 22 from line 21	23					
24	Total gain. Subtract line 23 from line 20	24					
25	If section 1245 property:						
а	Depreciation allowed or allowable from line 22	25a					
	Enter the <b>smaller</b> of line 24 or 25a.	25b					
	If section 1250 property: If straight line depreciation was						
	used, enter -0- on line 26g, except for a corporation subject to section 291.						
а	Additional depreciation after 1975. See instructions.	26a					
b	Applicable percentage multiplied by the smaller of						
	line 24 or line 26a. See instructions	26b					
С	Subtract line 26a from line 24. If residential rental property						
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d	Additional depreciation after 1969 and before 1976.	26d					
е	Enter the <b>smaller</b> of line 26c or 26d	26e					
	Section 291 amount (corporations only)	26f					
g	Add lines 26b, 26e, and 26f	26g					
	If section 1252 property: Skip this section if you didn't						
	dispose of farmland or if this form is being completed for a partnership.						
а	Soil, water, and land clearing expenses	27a					
	Line 27a multiplied by applicable percentage. See instructions	I					
С	Enter the smaller of line 24 or 27b	27c					
28	If section 1254 property:						
а	Intangible drilling and development costs, expenditures						
	for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions • •	28a					
b	Enter the smaller of line 24 or 28a						
	If section 1255 property:						
	Applicable percentage of payments excluded from						
	income under section 126. See instructions	29a					
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions						
	nmary of Part III Gains. Complete propert		lumns A through	D through line	29b	before going to li	ne 30.
			<u> </u>				
30	Total gains for all properties. Add property columns A	A thro	ugh D, line 24			30	
	Add property columns A through D, lines 25b, 26g, 2						
	Subtract line 31 from line 30. Enter the portion from						
	other than casualty or theft on Form 4797, line 6					32	
ar	Recapture Amounts Under Section (see instructions)	ıs 17	79 and 280F(b)(2)	When Busine	ss U	se Drops to 50%	or Less
	·					(a) Section	(b) Section
						179	280F(b)(2)
33	Section 179 expense deduction or depreciation allow	/able	in prior years	[	33		
	Recomputed depreciation. See instructions				34		
	Recapture amount. Subtract line 34 from line 33. Se				35		1

Form **4797** (2018)

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
LOSS-PARTNERSHIP K-1	VARIOUS	VARIOUS			11,924.	-11,924.
Totals						-11,924.

12/31/2018

### FORM 990-T - CHARITABLE CONTRIBUTIONS CARRYFORWARD

YEAR ENDING	ORIGINAL CONTRIBUTIONS	UTILIZED	REMAINING
12/31/2014	903,359	(395,492)	507,867
12/31/2015	932,606	(536,087)	396,519
12/31/2016	798,674	(153,221)	645,453
12/31/2017	1,007,583	(195,403)	812,180
12/31/2018	827,641	(499,141)	328,500
			-
CHARITABLE CONTRIBUT	2,690,519		