CHARLES KOCH INSTITUTE
PUBLIC DISCLOSURE COPY
FORM 990
TAX YEAR 2020

Form 8879-EO IRS e-file Signature A for an Exempt Org			OMB No. 1545-0047					
For calendar year 2020, or fiscal year beginning $01/01$, 2	2020, and ending 12/31	20 20	75077020					
Department of the Treasury			20 20					
Internal Revenue Service Go to www.irs.gov/Form8879EO for	the latest information.							
Name of exempt organization or person subject to tax			tification number					
CHARLES KOCH INSTITUTE Name and title of officer or person subject to tax		27-496	1132					
KARA HARTNETT, TREASURER								
Part I Type of Return and Return Information (Whole Dollars On								
Check the box for the return for which you are using this Form 8879-EO and check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable return, then enter -0- on the applicable line below. Do not complete more that	t on that line for the re ble, blank (do not enter	eturn being filed	with this form was					
Total revenue, if any (Form 990, Part Form 990-EZ check here b Total revenue, if any (Form 990-EZ b Total revenue, if any (Form 990-EZ b Total tax (Form 1120-POL, lin b Total tax (Form 1120-POL, lin b Tax based on investment income b Balance due (Form 8868, line 3c)	EZ, line 9)	2b _ 3b _ , line 5) 4b _ 5b _	9,154,321.					
6a Form 990-T check here ▶ b Total tax (Form 990-T, Part III, line	the state of the s	_						
7a Form 4720 check here ▶ b Total tax (Form 4720, Part III, line Part II Declaration and Signature Authorization of Officer or Pel		7b						
Under penalties of perjury, I declare that $\[\]$ I am an officer of the above orgal (name of organization) of the 2020 electronic return and accompanying schedules and statements, it true, correct, and complete. I further declare that the amount in Part I above I consent to allow my intermediate service provider, transmitter, or electronic to receive from the IRS (a) an acknowledgement of receipt or reason for rejepprocessing the return or refund, and (c) the date of any refund. If applicable, Agent to initiate an electronic funds withdrawal (direct debit) entry to the final software for payment of the federal taxes owed on this return, and the finance a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4 (settlement) date. I also authorize the financial institutions involved in the proconfidential information necessary to answer inquiries and resolve issues religional information number (PIN) as my signature for the electronic return and, if a	, (EIN) and, to the best of my hais the amount shown of return originator (ERC) ction of the transmission I authorize the U.S. Trancial institution accounties a line than 2 bus cessing of the electron ated to the payment. I had a single institution accounties a line than 2 bus cessing of the electron ated to the payment. I have a single institution to the payment.	and that I hat knowledge and but the copy of the option to send the return, (b) the reason asury and its dest indicated in the ne entry to this a liness days prior to payment of tax ave selected a person of the control of the contr	ve examined a copy elief, they are electronic return. urn to the IRS and for any delay in ignated Financial tax preparation ecount. To revoke to the payment ses to receive ersonal					
PIN: check one box only	~		i.					
X I authorize BKD, LLP ERO firm name	En	1 5 8 9 3 Iter five numbers, but not enter all zeros	as my signature					
on the tax year 2020 electronically filed return. If I have indicated wit state agency(ies) regulating charities as part of the IRS Fed/State pre PIN on the return's disclosure consent screen.								
As an officer or person subject to tax with respect to the organization electronically filed return. If I have indicated within this return that a cregulating charities as part of the IRS Included State program, I will enter	opy of the return is being	ng filed with a st	ate agency(ies)					
Signature of officer or person subject to tax	SIGN HERE Date	11/12/2021						
Part III Certification and Authentication								
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	4 3	3 7 2 2 Do not enter	4 4 0 1 6					
I certify that the above numeric entry is my PIN, which is my signature on the that I am submitting this return in accordance with the requirements of Pub. IRS e-file Providers for Business Returns.	4163, Modernized e-Fi	ed return indicat ile (MeF) Informa 11/13/21	ed above. I confirm ation for Authorized					
1 1/2 19								
ERO Must Retain This Form - S								
Do Not Submit This Form to the IRS Uniform Paperwork Reduction Act Notice, see back of form.	ess Requested To D		form 8879-EO (2020)					

Return of Organization Exempt From Income Tax

orm 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

2020
Open to Public Inspection

ΑF	or th	e 202	0 calendar year, or tax year begin	ning	, 2020,	and ending				, 20	
B c	neck if ap	oplicable:	C Name of organization CHARLES KOCH INSTITUTE	Ξ			D	Employer id	entificatio	on number	
X	Addre		Doing Business As					27-496	7732		
	7 7	change	Number and street (or P.O. box if mail is a	not delivered to street address	s) F	Room/suite	E	Telephone n	umber		
	Initial	l return	1320 N COURTHOUSE ROAI	O STE 400			(571) 29	0-681	.1	
	Termi	inated	City or town, state or province, country, a	and ZIP or foreign postal code							
	Amen	nded	ARLINGTON, VA 22201				G	Gross receip	ts \$	9,154	1,321.
		cation	F Name and address of principal officer:	DEREK JOHNSON			Н(a) Is this a gro		or Yes	X No
	」 pendi	ilig	1320 N COURTHOUSE ROAL	STE 400, ARLIN	NGTON, V.	A 22201	H(I	subordinates b) Are all subord		ed? Yes	No
Ī	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527	 `	If "No," attac	ch a list. (se	ee instructions)	
J	Websi	te: 🕨	WWW.CHARLESKOCHINSTITUT	E.ORG			H(c) Group exem	ption numb	er 🕨	
ĸ	Form o	of orgar	nization: X Corporation Trust .	Association Other		L Year of fo	ormation:	2011 M	State of I	egal domicile	E DE
Pa	art I	Su	mmary			'		•			
		Briefly	y describe the organization's mission or	r most significant activities:	INSPIRE	ED BY A 1	RECOG	NITION	THAT	FREE	
e		PEO	PLE ARE CAPABLE OF EXTRA	ORDINARY THINGS	, THE C	HARLES K	OCH I	NSTITUT	E		
Jan		SUP	PORTS EDUCATIONAL PROGRA	MS AND DIALOGUE	TO (SE	E SCHEDU	LE 0)				
/err	2	Check	k this box ▶ if the organization di	iscontinued its operations	s or disposed	of more than	25% of	its net asset	s.		
Governance	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3		6.
	4	Numb	per of independent voting members of the	he governing body (Part V	'l, line 1b)				4		2.
Activities &	5	Total	number of individuals employed in cale	endar year 2020 (Part V, lin	ne 2a)				5		45.
ξį			number of volunteers (estimate if necess						6		20.
¥	7a	Total	unrelated business revenue from Part VI						7a	-1,17	4,078.
			nrelated business taxable income from F						7b	88	1,863
								rior Year		Current \	/ear
Φ	8	Contr	ibutions and grants (Part VIII, line 1h) 💄				1(0,670,58	35.	5,23	5 , 793.
Revenue	9	Progr	am service revenue (Part VIII, line 2g)		L COPA				0.		0
ě			tment income (Part VIII, column (A), line		PUBLIC INS	SPECTION	ŗ.	5,507,17	73.		2,852
œ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				1,652,36		2,51	5 , 676.
	12		revenue - add lines 8 through 11 (must	-			2(),830,11	.8.	9,15	4,321
	13	Grant	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)			-	L,144,87	76.	48,29	8,498
			fits paid to or for members (Part IX, colui						0.		0
Ş			ies, other compensation, employee bene				۷	4,455,807. 3,102			2 , 984
Expenses	16a	Profe	ssional fundraising fees (Part IX, column	(A), line 11e)					0.		0
×be	b	Total	fundraising expenses (Part IX, column ([O), line 25) ▶	0.						
ш			expenses (Part IX, column (A), lines 11a					9,268,10			2,919
			expenses. Add lines 13-17 (must equal					1,868,78		54,61	4,401
	19	Rever	nue less expenses. Subtract line 18 from	n line 12				5,961,33	35.	-45 , 46	0,080
oces						E	Beginnin	g of Current \	⁄ear	End of Ye	ar
sets	20	Total	assets (Part X, line 16)					5,547,57		364,17	
t As	21		liabilities (Part X, line 26)					3,658,79			0 , 075
Net Assets or Fund Balances	22	Net a	ssets or fund balances. Subtract line 21	from line 20			381	L,888,77	6.	363 , 17	6 , 435
Pa	rt II		gnature Block								
Und	der per	nalties o	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	s return, including accompa	nying schedule	es and stateme	nts, and	to the best or	f my knov	wledge and b	elief, it is
	, cone	T and	Complete. Declaration of preparer (other than	onicer) is based on an inform	nation of winci	i preparei nas a	ally Kilow	leage.			
C:											
Sig			Signature of officer					Date			
Hei	е										
			Type or print name and title								
Daia	ı	Print/	Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Paic	oarer	MIC	HAEL J ENGLE			11/15/	2021	self-employ		00482834	1
	Only	Firm's	s name ▶ BKD, LLP				Fir			60260	
	•		s address > 1201 WALNUT, SUITE 1700						816 - 2	21-6300)
May	the I	RS dis	scuss this return with the preparer showr	n above? (see instructions))					X Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.	· ·					Form 99	0 (2020)

Form 990 (2020) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?..... If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: 51, 978, 912. including grants of \$ 48,298,498.) (Revenue \$) (Expenses \$ EDUCATE STUDENTS IN A CLASS ROOM REGARDING THE PRINCIPLES THAT ENABLE INDIVIDUALS TO LIVE THEIR BEST LIVES. including grants of \$ **4b** (Code:) (Expenses \$ **4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ **4e** Total program service expenses ► 51, 978, 912.

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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	Х	
,	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
	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
	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
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
	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		Х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
	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.			
	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
	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more		v	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	44.		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
	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		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part X.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		23
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		X
	Schedule D, Parts XI and XII.	12a		21
	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	21	Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
,	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	X	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	- 12		
	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		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
	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
	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
а	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
_	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	
		_	000	· ·
1.00		Form	990	(20)

Form 990 (2020) Page **4**

Par	Checklist of Required Schedules (continued)		V	NI -
22	Did the arganization report more than \$5,000 of greats or other assistance to as for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
٦	to defease any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Χ
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	37
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
-	complete Schedule N, Part II	32		Χ
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	Χ	
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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330	21	
•	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			_
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1 0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 990 (2020) 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 45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	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			3.7
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		v
_	required to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Χ
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	/ !!		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
^	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds. Did the opposition arganization make any taxable distributions under section 40662	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4 -		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Χ
	excess parachute payment(s) during the year?	15		2.2
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
6	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020) CHARLES KOCH INSTITUTE 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 on 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 Yes No 6 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 on Schedule O. 1b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X The governing body?..... 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 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	1911 211 Chaise (Time Cookers Broqueste information about pointies instrugance by the internal revenue		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b		15b		Х
	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			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed $ightharpoonup^{CA}$, $ightharpoonup^{WI}$, 17

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (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 on Schedule O)

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

State the name, address, and telephone number of the person who possesses the organization's books and records
KARA HARTNETT 1320 N COURTHOUSE ROAD, STE 300 ARLINGTON, VA 22201 571-290-5811 20

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	not ch unles:	Pos ieck s pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) TIMOTHY MCCAUGHAN	50.00									
SR. MANAGER, MEDIA PROGRAMS	0.					Х		170,186.	0.	35,449.
(2) LEA KROHN	50.00									
DIRECTOR, EDUCATION	0.					Х		176,079.	0.	15,658.
(3) NOELLE HUFFMAN	50.00									
SR. MANAGER, DATA & OPERATIONS	0.					Х		128,498.	0.	15,272.
(4) DALE GIBBENS	1.00									
DIRECTOR/EXECUTIVE VP	5.00	Х		Χ				0.	20 , 800.	0.
(5) BRIAN HOOKS	1.00									
DIRECTOR	4.00	Х						0.	0.	0.
(6) CHARLES CHASE KOCH	1.00									
DIRECTOR/VICE CHAIRMAN	4.50	Х						0.	0.	0.
(7) CHARLES G. KOCH	1.00									
DIRECTOR/CHAIRMAN	2.50	Х						0.	0.	0.
(8) ELIZABETH B. KOCH	1.00									
DIRECTOR	2.25	Х						0.	0.	0.
(9) DAVE ROBERTSON	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(10) BRIAN MENKES	1.00									
SECRETARY	4.00			Χ				0.	0.	0.
(11) SUSAN MOTIFF	1.00									
TREASURER	3.00			Χ				0.	0.	0.
(12) DEREK JOHNSON	1.00									
EXECUTIVE DIRECTOR	2.00			Χ				0.	0.	0.
(13)										
(14)										

	1 990 (2020)	. 17										Page 8
Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lıg	hest Compensat	ed Employees	s (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than or is both a or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation fr related organizations	other	of
		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-MIS		on ed
1b	Sub-total							>	474,763.	20,80		379.
С	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A						>	474,763.	20,80	0. 66,	0. 379.
	Total number of individuals (including but not reportable compensation from the organization	limited to t	hose					re	eceived more than	\$100,000 of		
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schede											No X
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15 	0,0	00?) If	"Yes,	,"	complete Schedu	le J for such	7 4 X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yes											X
	ction B. Independent Contractors											
1	Complete this table for your five highest com compensation from the organization. Report of year.											
	(A) Name and business add	lress							(B) Description of se	rvices	(C) Compensation	

(B) Description of services	(C) Compensation
	(B) Description of services

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 ► 6

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
, G	С	Fundraising events 1c					
fts Ir A	d	Related organizations 1d					
, Gi	e	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
utio er (and similar amounts not included above . 1f	5,235,793.				
ib.)th	g	Noncash contributions included in					
d C	3	lines 1a-1f 1g	\$				
an	h	Total. Add lines 1a-1f		5,235,793.			
			Business Code				
ce	2a						
e Ķ							
Se	b						
am eve	c d						
Re							
Program Service Revenue	e f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends,					
	3	other similar amounts)	_	1,402,852.			1,402,852.
	4	Income from investment of tax-exempt bond		0.			, ,
	5	Royalties		846,047.			846,047.
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
		Less: rental expenses 6b					
	b	,					
	C	Rental income or (loss) 6c		0.			
	d 72	Net rental income or (loss) Gross amount from (i) Securities	(ii) Other	· ·			
	7a		(ii) Guici				
4		*					
Revenue	b	Less: cost or other basis					
vel		and sales expenses 7b					
Re		Gain or (loss)		0			
ıer	d	Net gain or (loss)		0.			
Other	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line	0				
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses		0.			
	С	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming	0.				
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses		0			
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less	0.				
		returns and allowances	0.				
	b c	Less: cost of goods sold		0.			
	·	Tree modifie of (1033) from Sales of inventory.	Business Code	0.			
Miscellaneous Revenue		DADTMEDCHID INCOME	900099	_1 17/ 070		_1 174 070	
nec	11a	PARTNERSHIP INCOME	500033	-1,174,078.		-1,174,078.	
lla	b						
Sce	c	<u>-</u>		0.040.505			2 040 505
Ξ̈́	d	All other revenue		2,843,707.			2,843,707.
	<u>e</u>	Total Add lines 11a-11d		1,669,629.		1 171 275	F 000 505
	12	Total revenue. See instructions	🕨	9,154,321.		-1,174,078.	5,092,606.

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respo	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	47,477,084.	47,477,084.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	646,414.	646,414.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	175,000.	175,000.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,	_			
	trustees, and key employees	0.			
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.	1 600 000	01.6.001	
7	Other salaries and wages	2,518,591.	1,602,300.	916,291.	
8	Pension plan accruals and contributions (include	00 004	05 501	1 110	
	section 401(k) and 403(b) employer contributions)	28,904.	27,791.	1,113.	
9	Other employee benefits	375,817.	149,076. 118,370.	226,741.	
10	Payroll taxes	179,672.	118,3/0.	61,302.	
	Fees for services (nonemployees):				
а	Management	0.		200	
	Legal	322.		322.	
	Accounting	20,156.		20,156.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	92,324.		92,324.	
f	Investment management fees	92,324.		92,324.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	564,952.	390,113.	174,839.	
	(A) amount, list line 11g expenses on Schedule O.)	551,541.	194,897.	356,644.	
	Advertising and promotion	193,549.	53,527.	140,022.	
13	Office expenses	6,661.	33,327.	6,661.	
14	Information technology	0,001.		0,001.	
15	Royalties	0.			
16	Occupancy	75,017.	75,017.		
17	Travel	737017.	737017.		
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
10	Conferences, conventions, and meetings	1,259,014.	1,069,323.	189,691.	
		0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
	Insurance	41,055.		41,055.	
	Other expenses. Itemize expenses not covered	,		,	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	UBI TAXES	402,665.		402,665.	
-	BANK FEES	5,663.		5,663.	
c					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	54,614,401.	51,978,912.	2,635,489.	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🔲 if				
	following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	260,324.	1	99,827.
	2	Savings and temporary cash investments	65,253,669.	2	37,757,924.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	1,191,902.	4	35,372.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
ä	9	Prepaid expenses and deferred charges	1,499,599.	9	866,427.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	317,342,077.	12	325,416,960.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	385,547,571.	16	364,176,510.
	17	Accounts payable and accrued expenses	3,658,795.	17	1,000,075.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
≘		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	3,658,795.	26	1,000,075.
Seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	381,888,776.	27	363,176,435.
Ä	28	Net assets with donor restrictions	0.	28	0.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
1ss	31	Retained earnings, endowment, accumulated income, or other funds.		31	
et /	32	Total net assets or fund balances	381,888,776.	32	363,176,435.
ž	33	Total liabilities and net assets/fund balances	385,547,571.	33	364,176,510.
_			. ,		Form QQ0 (2020)

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OIIII OC	(2020)				1 4	90
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			54,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		54,6		
3	Revenue less expenses. Subtract line 2 from line 1	3	_	45,4	60,0	080.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	81,8	88,7	776.
5	Net unrealized gains (losses) on investments	5		25,3	05,8	867.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8			67,7	
9	Other changes in net assets or fund balances (explain on Schedule O)	9		1,1	74,0	78.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	3	63,1	76,4	135.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	in 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 con	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 aud	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	-		2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth 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 und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	_		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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

CHF	ARLI	ES KOCH INSTITUTE					2/-496//.	32
Pai	rt I	Reason for Public Cha	rity Status. (All	organizations must o	complet	e this pa	art.) See instructions	3.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 throu	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associat	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2	X	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated to	for the benefit of	a co ll ege or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ted to its exempt f rent income and u	unctions, subject to c nrelated business tax	ertain ex able incc	ceptions me (less	s; and (2) no more thar s section 511 tax) from	า 331/3 % of its
11		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	arry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
		Check the box in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а		$oxedsymbol{oxed}$ Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
		_ supporting organization. \	ou must complet	e Part IV, Sections A	and B.			
b		oxdot Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management o	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
		_ organization(s). You must	complete Part IV	, Sections A and C.				
С		☐ Type III functionally inte	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	ly integrated with,
		its supported organizatior	n(s) (see instruction	is). <mark>You must comple</mark>	te Part l'	V, Sectio	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its support	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	ution requirement and	an attentiveness
		requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, and	d Part V.	
е		Check this box if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
f	En	ter the number of supported	organizations					
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	ame 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 ment?	support (see instructions)	other support (see instructions)
				abovo (oco monaciono))	Yes	No	metra deticine)	mon donorio)
/ A \								
(A)								
(B)								
(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) 2020

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if the	he organizatio	n failed to qua	
Sec	tion A. Public Support	40.01113 01					
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 20 10	(2) 20	(6) 2010	(4) 20:0	(0) 2020	(1)
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	I		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for						
	organization, check this box and stop here						▶ 🔼
Sec	tion C. Computation of Public Sup		*			T T	
14	Public support percentage for 2020 (lin						%
15	Public support percentage from 2019						%
16a	331/3% support test - 2020. If the org						
	box and stop here. The organization qu	•		•			
b	331/3% support test - 2019. If the org	•					
	this box and stop here. The organization	•		-			
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization					-	•
	Part VI how the organization meets			_	•		
L	organization						
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organization most						
	in Part VI how the organization meets organization			-	•		
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2020 Page 3

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

(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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
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 5 years. If the Form 990 is for	the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here .						▶ 🔃
Sec	tion C. Computation of Public Supp	ort Percenta	age				
15	Public support percentage for 2020 (line 8,	column (f), divid	ded by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Sche					16	%
Sec	tion D. Computation of Investment					1	
17	Investment income percentage for 2020 (lin	ie 10c, column	(f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2019 S	Schedule A, Part	t III, line 17			18	%
19 a	331/3% support tests - 2020. If the org	ganization did	not check the bo	ox on line 14, ar	nd line 15 is m	ore than 331/3%	, and line $__$
	17 is not more than 331/3 %, check this	box and stop	here. The organ	nization qualifies	as a publicly s	upported organiza	ation . ►
b	331/3% support tests - 2019. If the orga	anization did no	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization ►
20	Private foundation. If the organization d	id not check	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions ►

Schedule A (Form 990 or 990-EZ) 2020 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 line 10b below.
 - 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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Part	Supporting Organizations (continued)			
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Casti	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		Voc	No
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	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		
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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations	_ 3 _		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
z a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b 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>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h		

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	าร						
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See								
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
_2	Recoveries of prior-year distributions	2							
_3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
_5	Depreciation and depletion	5							
6	gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6							
_7		7							
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Se	ection 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):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
c	Fair market value of other non-exempt-use assets	1c							
d	I Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e							
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3		3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Se	ection C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6							
7			rated Type III supporting	g organization					

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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i ait	Type in item i andienally integrated eco(a)(e)		10011010		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section E - Distribution Allocations (see instructions) (i) (i) Underdist Underdist			(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				

Schedule A (Form 990 or 990-EZ) 2020

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Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016...

Excess from 2017...

Excess from 2018...

Excess from 2019...

Excess from 2020...

and 4c.

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Schedule A (Form 990 or 990-EZ

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.)

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

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

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization CHARLES KOCH INSTITUTE 27-4967732 Organization type (check one): Filers of: Section: Χ **501(c)(**3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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) (2020)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

identifies contributors and discloses taxpayer return information.

Page 2

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

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

identifies contributors and discloses taxpayer return information.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page

Name of organization CHARLES MOCH INSTITUTES

Final over identification number

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

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eaea.
(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
		 \$	
	-	⁵	-

	duplicate copies of Part III if additi	orial space is fleeded.	
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift d ZIP + 4	Relationship of transferor to transferee

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Tax)	e organization answered "Yes," (See separate instructions), the Section 501(c)(4), (5), or (6) organizations		Tax) (See separate in	nstructions) or Form 990-I	EZ, Part V, line 35c (Prox
	e of organization	anzations. Complete Fart III.		Employer ide	ntification number
	RLES KOCH INSTITUTE			27-496	
		organization is exempt under	section 501(c) or i	s a section 527 orga	nization.
1	-	organization's direct and indirect			
	definition of "political campa	-			
2		xpenditures (See instructions)		▶ \$	
3		campaign activities (See instructio			
Par		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 495	5▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under section	on 4955 ▶ \$ ====	
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	5).
1		xpended by the filing organization			
2		ng organization's funds contributed			
3		enditures. Add lines 1 and 2. Ent			
4 5	Enter the names, addresses organization made payment the amount of political confidence.	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, entributions received that were promed or a political action committee (er (EIN) of all section liter the amount paic nptly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing cation's funds. Also ente olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)			-		
(5)					
(6)					
		ı	1	ı	I .

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

Schedule C (Form 990 or 990-EZ) 2020

	CHADIE	C VOCI INCHIDINE	27 4	967732 Page 2
_	1000 01 000 01 000 EE) E0E0	S KOCH INSTITUTE on is exempt under section 501(c)(3) and		
A	• •	longs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).	each affiliated group mem	ber's name,
В	Check ▶ if the filing organization ch	ecked box A and "limited control" provisions ap	ply.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
b c	Total lobbying expenditures to influenceTotal lobbying expenditures (add lines 1	public opinion (grassroots lobbying) a legislative body (direct lobbying)	54,614,401.	89,236,368.
f		d lines 1c and 1d)e amount from the following table in both	54,614,401. 1,000,000.	1,000,000.
	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		

 Over \$500,000 but not over \$1,000,000
 \$100,000 plus 15% of the excess over \$500,000.

 Over \$1,000,000 but not over \$1,500,000
 \$175,000 plus 10% of the excess over \$1,000,000.

 Over \$1,500,000 but not over \$17,000,000
 \$225,000 plus 5% of the excess over \$1,500,000.

 Over \$17,000,000
 \$1,000,000.

 g Grassroots nontaxable amount (enter 25% of line 1f)
 250,000.

 h Subtract line 1g from line 1a. If zero or less, enter -0 0.

 i Subtract line 1f from line 1c. If zero or less, enter -0 0.

Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total				
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	893,439.	1,000,000.	3,893,439.				
b	Lobbying ceiling amount (150% of line 2a, column (e))					5,840,159.				
С	Total lobbying expenditures									
d	Grassroots nontaxable amount	250,000.	250,000.	223,360.	250 , 000.	973 , 360.				
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,460,040.				
f	Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2020

Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	8	
Eor	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)		
	cription of the lobbying activity.	Yes	No		Amount	t
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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
, 2а	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					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection	1	
	30 1(c)(d).				Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	10 110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501				1	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	OR (k) Pai	t III-A,	line 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 amou	ınts (of			
	political expenses for which the section 527(f) tax was paid).			0-		
а	Current year			2a 2b		
b	Carryover from last year			2c		
C	Total			3		
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible k					
	and political expenditure next year?	JUDYII		4		
5	Taxable amount of lobbying and political expenditures (See instructions)			5		
	t IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	ıp list); Part	II-A, line	s 1 and
2 (S	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
CLI	PAGE 4					
OLI	T ADA T					
					_	

Schedule C (Form 990 or 990-EZ) 2020 Page **4**

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-A

AFFILIATED GROUP MEMBER

NAME: STAND TOGETHER FOUNDATION

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

LOBBYING EXPENSES: NONE

TOTAL EXPENSES: \$48,081,511

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

AFFILIATED GROUP MEMBER

NAME: STAND TOGETHER TRUST

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

LOBBYING EXPENSES: NONE

TOTAL EXPENSES: \$41,111,947

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

AFFILIATED GROUP MEMBER

NAME: CAPITOL LEADERS, INC.

ADDRESS: 2200 WILSON BLVD STE 102-533, ARLINGTON, VA 22201

LOBBYING EXPENSES: NONE

TOTAL EXPENSES: \$42,910

CAPITOL LEADERS, INC. HAS NOT MADE A 501(H) ELECTION.

SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CHA	ARLES KOCH INSTITUTE	27-4967732
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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	
	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?	Yes No
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).	f a biotonia ellerinen autaut laurd ausa
		f a historically important land area
		f a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	ho form of a conservation
2	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
C		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
-		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated by the organization during the
	tax year ▶	, 3
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?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	onservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con-	nservation easements during the year
	▶ \$	
8	$Does\ each\ conservation\ easement\ reported\ on\ line\ 2(d)\ above\ satisfy\ the\ requirements\ of\ section$	
	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
Do	organization's accounting for conservation easements. Int III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assats
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Jilliai Assets.
4-		atatament and belonce about works
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, of service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or reservoide the following amounts relating to these items:	atement and balance sheet works of arch in furtherance of public service,
	(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	ssets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1	· · · · · · • • • · · · · · · · · · · ·
h	Assets included in Form 990 Part X	▶ €

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures,	or Other	Similar Assets (rage =
3	Using the organization's acquisition	on, accession, and	other record	ds, check	any of	the follow	ring that make sign	nificant use	of its
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan	or exchar	nge progra	m		
b	Scholarly research		e	Other					
С	Preservation for future gene								
4	Provide a description of the organ	nization's co ll ections	s and expla	in how t	hey furth	ner the or	ganization's exemp	t purpose in	Part
	XIII.								
5	During the year, did the organization						_		٦
	assets to be sold to raise funds rath		ained as pa	rt of the o	organizat	ion's collec	ction?	Yes	<u>No</u>
Ра	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		es" on Forr	n 990, F	Part IV, li	ne 9, or r	eported an amoui	nt on Form	
1a	Is the organization an agent, trus	tee, custodian or o	ther interm	ediary fo	or contrib	outions or	other assets not		
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the foll	owing tab	ole: _				
							Amount		
С	Beginning balance					1c			
d	Additions during the year					ld			
е	Distributions during the year					le			
f	Ending balance					lf			
2a	Did the organization include an am						_	Yes	No
	If "Yes," explain the arrangement in the transfer of the trans	n Part XIII. Check n	ere ii the ex	pianation	nas beer	1 provided	on Part XIII		
Га	rt V Endowment Funds. Complete if the organization	ation answered "Ye	es" on Forr	n 990 F	Part IV Ii	ne 10			
	Complete ii the organiza	(a) Current year	(b) Prior			years back	(d) Three years back	(e) Four years	hack
		.,	(6) 1 1101	year	(0) 1110	youro buon	(a) Timee years back	(e) i oui years	- Dack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
اہ	and losses								
d	Other expanditures for facilities								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
	End of year balance								
g 2	Provide the estimated percentage	of the current year	end halance	line 1a	column (a)) hald as	•		
a	Board designated or quasi-endown		%	, (iii c 1g,	COldiffif	ajj ricia as	•		
b	Permanent endowment	%	_						
С	Term endowment ▶	%							
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.						
3a	Are there endowment funds not in	the possession of the	he organiza	tion that	are held	and admir	istered for the		
	organization by:							Yes	No
	(i) Unrelated organizations							3a(i)	<u> </u>
	(ii) Related organizations							3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the relate	J	•					3b	
4	Describe in Part XIII the intended u								
Pa	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		r other basis		or other basi	s (c) Acc	cumulated (c	l) Book value	
_		, ,	stment)	(0	ther)	depr	eciation		
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment								
e Tota	Other	o (d) must equal For	n 990 Part	X column	1 (R) line	10c)			
. J.a	, wa mioo ya umougii 16. [Oolullili	, _{Laj} masi ogual i Oli	550, i ait.	., Joiaini	. , <i>– ,</i> , , , , , , , , , , , , , , , , , ,	, , , , , , , ,			

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11b. See Form 990	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
 (1) Financi	al derivatives			
. ,	held equity interests			
(3) Other_				
(A) DOM	ESTIC PASSIVE INV. PTNRSHIP	325,416,960.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		225 416 060		
	n (b) must equal Form 990, Part X, col. (B) line 12.)	325,416,960.		
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 11c. See Form 990	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(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	d "Yes" on Form 990,	, Part IV, line 11d. See Form 990	Part X, line 15.
	(a) De	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) i	line 15.)	•	
Part X	Other Liabilities. Complete if the organization answered line 25.			m 990, Part X,
 1.	(a) Descrip	otion of liability		(b) Book value
	ral income taxes			. ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to t	he organization's financial statements the	nat reports the

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

Page 4 Schedule D (Form 990) 2020

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Recomplete if the organization answered "Yes" on Form 990, Part IV, line 12a.	eturn.
 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 	1
a Net unrealized gains (losses) on investments	
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	5
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.)	4c
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2b; Part V, line 4; Part X, line
MANAGEMENT HAS EVALUATED THE INCOME TAX POSITIONS UNDER THE GUIDANCE	
INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIE	
ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE	
FINANCIAL 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

Employer identification number

CHARLES KOCH INSTITUTE 27-4967732 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, X 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, Χ 2 Has the organization publicized its racially nondiscriminatory policy on its primarily publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II . Χ 3 SEE SUPPLEMENTAL PAGE Does the organization maintain the following? Χ Records indicating the racial composition of the student body, faculty, and administrative staff?...... Records documenting that scholarships and other financial assistance are awarded on a racially 4b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Χ d Copies of all material used by the organization or on its behalf to solicit contributions?............ If you answered "No" to any of the above, please explain. If you need more space, use Part II. SEE SUPPLEMENTAL PAGE Does the organization discriminate by race in any way with respect to: Χ 5a Χ 5b Χ 5c Employment of faculty or administrative staff?...... Χ 5d Χ Χ Χ Χ If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Χ 6a Χ Has the organization's right to such aid ever been revoked or suspended?.............. If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

Page 2

Schedule E (Form 990 or 990-EZ) (2020)

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

SCHEDULE E, PART I, LINE 3

THE ORGANIZATION HAS PUBLISHED ITS NON-DISCRIMINATION RULES IN ACCORDANCE WITH IRS PROCEDURES.

SCHEDULE E, PART I, LINE 4D

THE ORGANIZATION DOES NOT SOLICIT CONTRIBUTIONS.

Statement of Activities Outside the United States

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name	of the organization					Employer identifica	ation number
СНА	RLES KOCH INSTITUTE					27-49677	32
Par	General Information o Form 990, Part IV, line 141		Outside the	United States. Compl	ete if the	organization a	nswered "Yes" or
1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec	ction crite	ria used to	X Yes No
2	For grantmakers. Describe in loutside the United States.	Part V the org	anization's pro	ocedures for monitoring	the use o	of its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I, line		e duplicated if additional sp	ace is ne	eded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	a pro describ	ivity listed in (d) is ogram service, e specific type of e(s) in the region	(f) Total expenditures for and investments in the region
(1)	EUROPE	0.	0.	GRANTMAKING	NONE		100,000.
(2)	EUROPE	0.	0.	PROGRAM SERVICES	NONE		150,000.
(3)	NORTH AMERICA	0.	0.	GRANTMAKING	NONE		75,000.
(4)							
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(12)							
(13)							
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(17)							
3a	Subtotal						325,000.
b	Total from continuation sheets to Part I						

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

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2020

325,000.

CHARLES KOCH INSTITUTE

Schedule F (Form 990) 2020

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		NORTH AMERICA	EDUCATION	75,000.	ETF			BOOK
(2)		EUROPE/ICELAND/GREENLAND	EDUCATION	100,000.	FIF			BOOK
(3)								
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Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax 2

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities Schedule F (Form 990) 2020

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CHARLES KOCH INSTITUTE

Schedule F (Form 990) 2020

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

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(a) Type of grant or assistance		(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
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							Sche	Schedule F (Form 990) 2020

CHARLES KOCH INSTITUTE 27-4967732

Schedule F (Form 990) 2020
Page 4
Part IV Foreign Forms

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

Schedule F (Form 990) 2020 Page **5**

Part V Supple

Supplemental Information

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

SCHEDULE F, PART I, LINE 2

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

SCHEDULE F, PART I, LINE 3, COLUMN F

EXPENDITURES ARE BASED ON THE GAAP METHOD OF ACCOUNTING.

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

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Employer identification number 27-4967732

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CHARLES KOCH INSTITUTE

Part | General Information on Grants and Assistance

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Does the organization maintain records to substantiate the	the selection criteria used to award the grants or assistanc	Describe in Part IV the organization's procedures for monitorir
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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. Part ||

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COUNCIL ON FOREIGN RELATIONS							
58 EAST 68TH STREET NEW YORK, NY 10065	13-1628168	501(C)(3)	68,000.				EDUCATION
(2) CENTER FOR DEMOCRACY & TECHNOLOGY							
1401 K STREET NW, SUITE 200	52-1905358	501(C)(3)	133,000.				EDUCATION
(3) MARKET INSTITUTE FOUNDATION							
1059 MARSHALL POND RD BURKE, VA 22015	83-1893169	501(C)(3)	.000,000				EDUCATION
(4) COMMONWEALTH FOUNDATION							
225 STATE ST STE 302 HARRISBURG, PA 17101	23-2473845	501(C)(3)	160,000.				EDUCATION
(5) CAPITAL PREPARATORY SCHOOLS INC							
777 MAIN ST. BRIDGEPORT, CT 06604	43-4669846	501(C)(3)	800,000.				EDUCATION
(6) CARDINAL INSTITUTE FOR WEST VIRGINIA POLICY							
PO BOX 11495 CHARLESTON, WV 25339	47-1932521	501(C)(3)	21,000.				EDUCATION
(7) CENTER FOR A NEW AMERICAN SECURITY							
1152 15TH STREET, NW SUITE 950	20-8084828	501(C)(3)	50,000.				EDUCATION
(8) MACKINAC CENTER FOR PUBLIC POLICY							
PO BOX 568 140 W MAIN ST MIDLAND, MI 48640	38-2701547	501(C)(3)	350,000.				EDUCATION
(9) CENTER FOR INTERNATIONAL POLICY							
2000 M STREET NW SUITE 720	52-1446207	501(C)(3)	73,800.				EDUCATION
(10) RECIDIVIZ INC							
1655 PINE LANE PROVO, UT 84604	82-5181074	501(C)(3)	1,520,525.				EDUCATION
(11) RAND CORPORATION							
PO BOX 2138 1776 MAIN ST	95-1958142	501(C)(3)	555,000.				EDUCATION
(12) CHALKBEAT INC							
1239 BROADWAY #703B NEW YORK, NY 10001	90-0915846	501(C)(3)	24,000.				EDUCATION

3 Enter total number of other organizations listed in the line 1 table..... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

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

► Attach to Form 990.

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General Information on Grants and Assistance Part

CHARLES KOCH INSTITUTE

Department of the Treasury Internal Revenue Service Name of the organization

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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.

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. Part ||

(a) Name and address of organization or government	(p) 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) TEL FOUNDATION (TRUTH, ENTERPRISE, LIBERTY							
2602 S SHINNERY OAK COURT	47-1391457	501(C)(3)	878,530.				EDUCATION
(2) THE MEDIA PROJECT							
P.O. BOX 19599 IRVINE, CA 92623	83-0461425	501(C)(3)	8,000.				EDUCATION
(3) BARRY GOLDWATER INSTITUTE FOR PUBLIC POLICY							
500 E CORONADO RD PHOENIX, AZ 85004	86-0597661	501(C)(3)	404,000.				EDUCATION
(4) ASSOCIATION OF AMERICAN EDUCATORS FOUNDATIO							
25909 PALA PLACE SUITE 330	33-0623003	501(C)(3)	300,000.				EDUCATION
(5) ATLANTIC COUNCIL							
1030 15TH STREET, NW, 12TH FLOOR	52-0742294	501(C)(3)	1,005,000.				EDUCATION
(6) CARNEGIE ENDOWMENT FOR INTERNATIONAL PEACE							
1779 MASSACHUSETTS AVENUE NW	13-0552040	501(C)(3)	1,021,500.				EDUCATION
(7) GOODMAN INSTITUTE FOR PUBLIC POLICY RESEARC							
6335 W. NORTHWEST HWY, #2111	47-2184178	501(C)(3)	75,000.				EDUCATION
(8) INDEPENDENT WOMEN'S FORUM							
1875 I STREET NW SUITE 500	54-1670627	501(C)(3)	153,000.				EDUCATION
(9) THE JAMES MADISON INSTITUTE FOR PUBLIC POLI							
THE COLUMNS 100 NORTH DUVAL STREET	59-2811908	501(C)(3)	.000,08				EDUCATION
(10) NEW AMERICA FOUNDATION							
740 15TH STREET, NW SUITE 900	52-2096845	501(C)(3)	45,000.				EDUCATION
(11) PHOENIX CENTER FOR ADVANCED LEGAL & ECONOMI							
5335 WISCONSIN AVE NW STE 440	52-2079266	501(C)(3)	120,000.				EDUCATION
(12) NACDL FOUNDATION FOR CRIMINAL JUSTICE							
1660 L ST NW FL 12 WASHINGTON, DC 20036	52-2289169	501(C)(3)	504,000.				EDUCATION

3 Enter total number of other organizations listed in the line 1 table..... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

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

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Part | General Information on Grants and Assistance

CHARLES KOCH INSTITUTE

Department of the Treasury Internal Revenue Service Name of the organization

- × Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
 - 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. Part II

or government	(b) EIN	(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	(n) Purpose of grant or assistance
(1) COLLEGE UNBOUND							
325 PUBLIC STREET PROVIDENCE, RI 02905	46-2470807	501(C)(3)	7,442.				EDUCATION
(2) PROJECT ON GOVERNMENT OVERSIGHT							
1100 G STREET, NW SUITE 500	52-1739443	501(C)(3)	.000,000				EDUCATION
(3) AMERICAN HERITAGE SOCIETY							
500 N WASHINGTON ST BOX 1488	45-3436634	501(C)(3)	8,000.				EDUCATION
(4) URBAN INSTITUTE							
500 L'ENFANT PLAZA SW WASHINGTON, DC 20024	52-0880375	501(C)(3)	250,000.				EDUCATION
(5) MEDIATORS FOUNDATION INC							
2525 ARAPAHOE AVE SUITE E-4 #509	04-3002588	501(C)(3)	.000,000				EDUCATION
(6) FRIENDS COMMITTEE ON NATIONAL LEGISLATION E							
245 SECOND ST NE WASHINGTON, DC 20002	52-1254489	501(C)(3)	25,000.				EDUCATION
(7) FOREIGN POLICY FOR AMERICA							
722 12TH ST NW SUITE 300	83-1512677	501(C)(3)	18,520.				EDUCATION
(8) CENTER FOR CIVILIANS IN CONFLICT							
1850 M STREET SUITE 350	75-3130860	501(C)(3)	91,000.				EDUCATION
(9) BELLWETHER EDUCATION PARTNERS							
1426 9TH STREET NW SUITE 200	26-1914515	501(C)(3)	500,000.				EDUCATION
(10) NATIONAL CONSTITUTION CENTER							
525 ARCH STREET PHILADELPHIA, PA 19106	23-2434447	501(C)(3)	808,000.				EDUCATION
(11) PARTNERSHIP FOR A NEW AMERICAN ECONOMY RESE							
909 THIRD AVENUE NEW YORK, NY 10022	32-0325450	501(C)(3)	118,000.				EDUCATION
(12) HUDSON INSTITUTE							
1015 15TH STREET, NW, 6TH FLOOR	13-1945157	501(C)(3)	45,000.				EDUCATION

3 Enter total number of other organizations listed in the line 1 table..... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

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

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CHARLES KOCH INSTITUTE

Department of the Treasury Internal Revenue Service Name of the organization

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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.

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. Part ||

		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(n) Purpose of grant or assistance
(1) BADGER INSTITUTE							
633 W. WISCONSIN AVENUE SUITE 330	39-1592727	501 (C) (3)	15,000.				EDUCATION
(2) THREAD, INC.							
P.O. BOX 1584 BALTIMORE, MD 21203	84-1700955	501(C)(3)	12,000.				EDUCATION
(3) THE LAST MILE							
717 MARKET STREET SUITE 100	46-2899930	501(C)(3)	7,808.				EDUCATION
(4) ENGINE FOUNDATION, INC.							
44 TEHAMA ST. SAN FRANSISCO, CA 94105	82-3475407	501(C)(3)	265,000.				EDUCATION
(5) TECHFREEDOM							
#409 110 MARYLAND AVE NE	27-3567814	501(C)(3)	235,000.				EDUCATION
(6) MANHATTAN INSTITUTE FOR POLICY RESEARCH							
52 VANDERBILT AVE NEW YORK, NY 10017	13-2912529	501(C)(3)	394,000.				EDUCATION
(7) ARIZONA CENTER FOR INVESTIGATIVE REPORTING							
PO BOX 3665 PHOENIX, AZ 85030-3665	46-1209940	501(C)(3)	8,000.				EDUCATION
(8) WORLD RELIEF							
7 E. BALTIMORE ST BALTIMORE, MD 21202	23-6393344	501(C)(3)	150,000.				EDUCATION
(9) PROPERTY AND ENVIRONMENT RESEARCH CENTER							
2048 ANALYSIS DR. STE. A BOZEMAN, MT 59718	81-0393444	501(C)(3)	250,000.				EDUCATION
(10) REASON FOUNDATION							
1747 CONNECTICUT AVE., NW	95-3298239	501(C)(3)	1,258,000.				EDUCATION
(11) CENTER FOR EMPLOYMENT OPPORTUNITIES							
50 BROADWAY SUITE 1604 NEW YORK, NY 10004	13-3843322	501(C)(3)	50,000.				EDUCATION
(12) TURNAROUND FOR CHILDREN							
25 WEST 45TH STREET 6TH FLOOR	06-1495529	501(C)(3)	916,766.				EDUCATION

3 Enter total number of other organizations listed in the line 1 table..... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Department of the Treasury Internal Revenue Service

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

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

Open to Public

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

Inspection
Employer identification number
27-4967732

Name of the organization	rganization	
CHARLES	KOCH	CHARLES KOCH INSTITUTE
Part	General	General Information on Grants and Assistance

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_	Yes	
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?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
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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. Part II

(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) THE BUCKEYE INSTITUTE FOR PUBLIC POLICY SOL							
88 E BROAD ST STE 1300	31-1278593	501(C)(3)	212,000.				EDUCATION
(2) NATIONAL FOUNDATION FOR AMERICAN POLICY							
2111 WILSON BLVD SUITE 700	20-0094633	501(C)(3)	115,000.				EDUCATION
(3) BILL OF RIGHTS INSTITUTE							
1310 NORTH COURTHOUSE ROAD SUITE 620	48-0891418	501(C)(3)	1,500,000.				EDUCATION
(4) INSTITUTE FOR HUMANE STUDIES							
3434 WASHINGTON BLVD. MS 1C5	94-1623852	501(C)(3)	12,000.				EDUCATION
(5) PACIFIC RESEARCH INSTITUTE							
101 MONTGOMERY ST, STE 1300	94-2528433	501(C)(3)	150,000.				EDUCATION
(6) AMERICAN LEGISLATIVE EXCHANGE COUNCIL							
2900 CRYSTAL DRIVE, 6TH FLOOR	52-0140979	501(C)(3)	550,000.				EDUCATION
(7) YOUNG VOICES							
1101 17TH ST NW WASHINGTON, DC 20036	81-2593815	501(C)(3)	106,500.				EDUCATION
(8) AMERICAN ACTION FORUM							
1747 PENNSYLVANIA AVE NW STE 5	27-0567765	501(C)(3)	250,000.				EDUCATION
(9) NATIONAL TAXPAYERS UNION FOUNDATION							
112 C STREET NW SUITE 650	52-1122683	501(C)(3)	304,000.				EDUCATION
(10) STUDENTS FOR LIBERTY							
2221 S. CLARK ST. 12TH FLOOR	94-3435899	501(C)(3)	8,157.				EDUCATION
(11) CENTER FOR THE NATIONAL INTEREST							
1025 CONNECTICUT AVE NW SUITE 1200	26-2117013	501(C)(3)	450,000.				EDUCATION
(12) ONE STONE							
1151 WEST MILLER STREET BOISE, ID 83702	26-3599715	501(C)(3)	.000,08				EDUCATION

3 Enter total number of other organizations listed in the line 1 table..... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

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

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Open to Public Inspection Employer identification number

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CHARLES KOCH INSTITUTE

Department of the Treasury Internal Revenue Service Name of the organization

- × 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
 - 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. Part ||

1 (a) Name and address of organization or government	(p) 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) BIPARTISAN POLICY CENTER							
1225 EYE STREET NW SUITE 1000	73-1628382	501(C)(3)	.000,05				EDUCATION
(2) FREE SPIRIT MEDIA							
906 S HOMAN AVE 5TH FLOOR CHICAGO, IL 60624	36-4456215	501(C)(3)	8,000.				EDUCATION
(3) IDAHO FREEDOM FOUNDATION, INC							
2404 BANK DRIVE, #314 BOISE, ID 83706	26-3783048	501(C)(3)	7,127.				EDUCATION
(4) TAXPAYERS PROTECTION ALLIANCE							
1401 K STREET NW SUITE 502	81-2132166	501(C)(3)	30,000.				EDUCATION
(5) EDCHOICE INC							
111 MONUMENT CIRCLE SUITE 2650	35-1978359	501(C)(3)	800,000.				EDUCATION
(6) NETWORK CONTAGION RESEARCH INSTITUTE							
143 COOLIDGE AVE LAWRENCEVILLE, NJ 08468	82-3649399	501(C)(3)	25,000.				EDUCATION
(7) STORYCORPS, INC							
80 HANSON PLACE 2ND FLOOR	13-3753011	501(C)(3)	300,000.				EDUCATION
(8) FOUNDATION FOR INDIVIDUAL RIGHTS IN EDUCATI							
510 WALNUT STREET, SUITE 1250	04-3467254	501(C)(3)	1,405,000.				EDUCATION
(9) NCSL FOUNDATION FOR STATE LEGISLATURES							
7700 E 1ST PL DENVER, CO 80230	74-2232576	501(C)(3)	30,000.				EDUCATION
(10) PRINCETON UNIVERSITY							
244 CORWIN HALL PRINCETON, NJ 08544	21-0634501	501(C)(3)	250,000.				EDUCATION
(11) PELICAN INSTITUTE							
400 POYDRAS ST FL 30 NEW ORLEANS, LA 70130	26-1704791	501(C)(3)	241,000.				EDUCATION
(12) SUMMIT PUBLIC SCHOOLS							
780 BROADWAY ST REDWOOD CITY, CA 94063	26-2034843	501(C)(3)	1,640,000.				EDUCATION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	jovernment c	organizations list	ted in the line 1 tab	<u>e</u>		A	

3 Enter total number of other organizations listed in the line 1 table..... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

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

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CHARLES KOCH INSTITUTE

Department of the Treasury Internal Revenue Service Name of the organization

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		(if applicable)	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							
1212 NEW YORK AVE. NW SUITE 900	26-3477125	501(C)(3)	491,000.				EDUCATION
(2) EMPOWERING CHURCH HEALTH OUTREACH							
1350 CONCOURSE AVENUE SUITE 143 FLOOR 3	26-0531116	501(C)(3)	225,000.				EDUCATION
(3) PACIFIC LEGAL FOUNDATION							
930 G STREET SACRAMENTO, CA 95814	94-2197343	501(C)(3)	1,021,205.				EDUCATION
(4) NEVADA NEWS BUREAU, INC							
7455 ARROYO CROSSING PKWY #220	27-3192716	501(C)(3)	8,000.				EDUCATION
(5) CATO INSTITUTE							
1000 MASSACHUSETTS AVE NW	23-7432162	501(C)(3)	2,163,000.				EDUCATION
(6) NATIONAL IMMIGRATION FORUM							
50 F STREET SUITE 300 WASHINGTON, DC 20001	13-1776711	501(C)(3)	810,000.				EDUCATION
(7) ROCKEFELLER PHILANTHROPY ADVISORS INC							
6 WEST 48TH STREET 10TH FLOOR	13-3615533	501(C)(3)	100,000.				EDUCATION
(8) DEFENSE PRIORITIES FOUNDATION							
1 THOMAS CIRCLE NW WASHINGTON, DC 20005	81-0714113	501(C)(3)	45,000.				EDUCATION
(9) NORTHEASTERN UNIVERSITY							
360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501(C)(3)	8,000.				EDUCATION
(10) FRIENDS OF UFM							
7741 PONCE DE LEON ROAD MIAMI, FL 33143	27-2852264	501(C)(3)	90,000.				EDUCATION
(11) THE PHOENIX							
2239 CHAMPA STREET DENVER, CO 80205	20-4648043	501(C)(3)	27,379.				EDUCATION
(12) SOCIETY FOR HUMAN RESOURCE MANAGEMENT							
1800 DUKE ST ALEXANDRIA, VA 22314	34-6610067	501(C)(3)	.000,58				EDUCATION

3 Enter total number of other organizations listed in the line 1 table..... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

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

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Department of the Treasury Internal Revenue Service Name of the organization

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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. Part ||

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 50CAN							
1625 K STREET NW, SUITE 400	27-3069592	501(C)(3)	400,000.				EDUCATION
(2) INSTITUTE FOR POLICY INNOVATION							
1320 GREENWAY DRIVE, SUITE 820	75-2158093	501(C)(3)	30,000.				EDUCATION
(3) PETERSON INSTITUTE FOR INTERNATIONAL ECONOM							
1750 MASSACHUSETTS AVE NW	52-1226967	501(C)(3)	165,000.				EDUCATION
(4) WISCONSIN INSTITUTE FOR LAW AND LIBERTY							
330 EAST KILBOURN AVENUE, SUITE 725	45-1606079	501(C)(3)	200,000.				EDUCATION
(5) THE WHOLE TRUTH FUND							
117 QUARRY ST UNIT 3 PHILADELPHIA, PA 19106	85-2104509	501(C)(3)	7,500.				EDUCATION
(6) ON BEING PROJECT							
1619 HENNEPIN AVE MINNEAPOLIS, MN 55403	46-2775553	501(C)(3)	1,000,000.				EDUCATION
(7) FRONTIER INSTITUTE							
PO BOX 5104 HELENA, MT 59604	85-0998465	501(C)(3)	40,000.				EDUCATION
(8) COUNCIL ON CRIMINAL JUSTICE							
700 PENNSYLVANIA AVE SE	83-1925775	501(C)(3)	.000,000				EDUCATION
(9) AMERICAN ENTERPRISE INSTITUTE							
1789 MASSACHUSETTS AVENUE, NW	53-0218495	501(C)(3)	500,000.				EDUCATION
(10) AMERICAN COUNCIL OF TRUSTEES AND ALUMNI							
1726 M ST NW SUITE 600	52-1870003	501(C)(3)	12,000.				EDUCATION
(11) NEW CIVIL LIBERTIES ALLIANCE							
1225 19TH ST NW SUITE 450	81-3474290	501(C)(3)	1,008,000.				EDUCATION
(12) THE KIND FOUNDATION							
PO BOX 705 MIDTOWN STATION	81-0856748	501(C)(3)	150,000.				EDUCATION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	jovernment o	organizations list	ted in the line 1 tab	e · · · · ·		•	

3 Enter total number of other organizations listed in the line 1 table..... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

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

► Attach to Form 990.

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

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CHARLES KOCH INSTITUTE

Department of the Treasury Internal Revenue Service Name of the organization

- × 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
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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. Part ||

(1) CENTER FOR STRATEGIC AND INTERNATIONAL STUD 1616 RHODE ISLAND AVENUE, NW (2) THE FAIRNESS CENTER P.O. BOX 1482 1675 CAMP HILL BYPASS 46-4482738 (3) LIBERTAS INSTITUTE 2183 W MAIN ST SUITE A102 LEHI, UT 84043 45-5254794 (4) FOSTER RUSSELL FAMILY FOUNDATION	1082 501(C)(3) 2738 501(C)(3) 1794 501(C)(3) 5243 501(C)(3) 9459 501(C)(3)	144,300. 250,000. 128,000. 80,000.		
1616 RHODE ISLAND AVENUE, NW THE FAIRNESS CENTER P.O. BOX 1482 1675 CAMP HILL BYPASS LIBERTAS INSTITUTE 2183 W MAIN ST SUITE A102 LEHI, UT 84043 FOSTER RUSSELL FAMILY FOUNDATION	501(250,000. 128,000. 80,000.		
THE FAIRNESS CENTER P.O. BOX 1482 1675 CAMP HILL BYPASS LIBERTAS INSTITUTE 2183 W MAIN ST SUITE A102 LEHI, UT 84043 FOSTER RUSSELL FAMILY FOUNDATION	501(250,000. 128,000. 80,000.		EDUCATION
P.O. BOX 1482 1675 CAMP HILL BYPASS LIBERTAS INSTITUTE 2183 W MAIN ST SUITE A102 LEHI, UT 84043 FOSTER RUSSELL FAMILY FOUNDATION	501(250,000. 128,000. 80,000.		
LIBERTAS INSTITUTE 2183 W MAIN ST SUITE A102 LEHI, UT 84043 FOSTER RUSSELL FAMILY FOUNDATION	501(128,000. 80,000. 275,000.		EDUCATION
2183 W MAIN ST SUITE A102 LEHI, UT 84043 FOSTER RUSSELL FAMILY FOUNDATION	501(128,000. 80,000. 275,000.		
FOSTER RUSSELL	501 (80,000.		EDUCATION
	501(80,000.		
3552 DIAMONDHEAD DR PLANO, TX 75057-1736 81-4065243	501 (275,000.		EDUCATION
(5) ALLIANCE DEFENDING FREEDOM	501	275,000.		
15100 N 90TH STREET SCOTTSDALE, AZ 85260 54-1660459				EDUCATION
(6) DUKE UNIVERSITY				
81 BEVERLY DR DURHAM, NC 27707 56-0532129	2129 501(C)(3)	5,500.		EDUCATION
(7) MORE IN COMMON				
115 BROADWAY ST. FLOOR 5 NEW YORK, NY 10006 82-3043917	3917 501(C)(3)	75,000.		EDUCATION
(8) PEGASUS INSTITUTE				
235 S. 5TH STREET LOUISVILLE, KY 40202	3989 501(C)(3)	30,000.		EDUCATION
(9) THE HERITAGE FOUNDATION				
214 MASSACHUSETTS AVENUE NE	7730 501(C)(3)	604,000.		EDUCATION
(10) TECHNOLOGY POLICY INSTITUTE				
409 12TH STREET SW SUITE 700	5776 501(C)(3)	560,000.		EDUCATION
(11) HOPEWELL FUND				
1201 CONNECTICUT AVE NW STE 300 47-3681860	1860 501(C)(3)	150,000.		EDUCATION
(12) ACTON ACADEMY FOUNDATION				
2737 DEVONSHIRE PL. NW #425	3671 501(C)(3)	200,000.		EDUCATION

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

3 Enter total number of other organizations listed in the line 1 table.....

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

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

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CHARLES KOCH INSTITUTE

Department of the Treasury Internal Revenue Service Name of the organization

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 (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) FUTURE OF STORYTELLING FOR GOOD INC							
124 WEST 12TH ST NEW YORK, NY 10011	81-4296001	501(C)(3)	300,000.				EDUCATION
(2) NATIONAL FREEDOM OF INFORMATION COALITION							
UNIVERSITY OF FLORIDA COLLEGE OF JOURNALISM	75-2508526	501(C)(3)	130,000.				EDUCATION
(3) THE SIXTH AMENDMENT CENTER							
PO BOX 15556 BOSTON, MA 02215	45-3477185	501(C)(3)	183,000.				EDUCATION
(4) INSTITUTE FOR FREE SPEECH							
124 S WEST STREET SUITE 201	20-3676886	501(C)(3)	250,000.				EDUCATION
(5) EURASIA GROUP							
149 5TH AVENUE 15TH FLOOR	52-1780162	501(C)(3)	450,000.				EDUCATION
(6) THE POYNTER INSTITUTE FOR MEDIA STUDIES, IN							
801 THIRD STREET SOUTH	59-1630423	501(C)(3)	624,000.				EDUCATION
(7) THE AMERICAN IDEAS INSTITUTE							
THE AMERICAN CONSERVATIVE 910 17TH STREET,	27-0311492	501(C)(3)	538,400.				EDUCATION
(8) INFORMATION TECHNOLOGY AND INNOVATION FOUND							
1250 EYE ST NW WASHINGTON, DC 20006-2626	20-4403497	501(C)(3)	224,000.				EDUCATION
(9) TEXAS PUBLIC POLICY FOUNDATION							
901 CONGRESS AVE AUSTIN, TX 78701	74-2524057	501(C)(3)	1,278,000.				EDUCATION
(10) BEACON CENTER OF TENNESSEE							
THE BEACON CENTER OF TENNESSEE 1200 CLINTON	20-1808567	501(C)(3)	178,000.				EDUCATION
(11) AMERICAN JURIS LINK							
7000 N 16 ST SUITE 120-155	84-2191039	501(C)(3)	200,000.				EDUCATION
(12) THE QUINCY INSTITUTE							
11187 LONGWOOD GROVE DRIVE RESTON, VA 20194	84-2285143	501(C)(3)	545,000.				EDUCATION

3 Enter total number of other organizations listed in the line 1 table.....

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

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Department of the Treasury Internal Revenue Service Name of the organization

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

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Employer identification number 27-4967732

General Information on Grants and Assistance CHARLES KOCH INSTITUTE Part

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. Part |

	,	(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) NONZERO FOUNDATION							
321 PROSPECT AVE PRINCETON, NJ 08540	45-4015017	501(C)(3)	35,000.				EDUCATION
(2) INTERNATIONAL CRISIS GROUP							
1629 K ST STE 450 WASHINGTON, DC 20006	52-5170039	501(C)(3)	800,000.				EDUCATION
(3) COLLEGE BOUND DORCHESTER							
275 EAST COTTAGE STREET	04-2383512	501(C)(3)	11,808.				EDUCATION
(4) AMERICA'S FUTURE FOUNDATION							
1513 16TH STREET NW WASHINGTON, DC 20036	52-1928321	501(C)(3)	75,000.				EDUCATION
(5) EURASIA GROUP FOUNDATION							
79 MADISON AVENUE NEW YORK, NY 10016	81-1614189	501(C)(3)	200,000.				EDUCATION
(6) THE GROUNDIRUTH PROJECT							
10 GUEST ST BRIGHTON, MA 02135	46-0908502	501(C)(3)	16,000.				EDUCATION
(7) EDWARD CHARLES FOUNDATION							
269 SOUTH BEVERLY DR STE 338	26-4245043	501(C)(3)	1,300,000.				EDUCATION
(8) ANTI-DEFAMATION LEAGUE							
605 THIRD AVENUE NEW YORK, NY 10158-3560	13-1818723	501(C)(3)	225,000.				EDUCATION
(9) ATLAS NETWORK							
1201 L ST NW WASHINGTON, DC 20005	94-2763845	501(C)(3)	104,000.				EDUCATION
(10) INTERNATIONAL CENTER FOR LAW & ECONOMICS							
2117 NE OREGON ST. STE. 501	52-2363626	501(C)(3)	705,000.				EDUCATION
(11) AMERICANS FOR PROSPERITY FOUNDATION							
1310 N. COURTHOUSE RD. SUITE 700	52-1527294	501(C)(3)	12,000.				EDUCATION
(12) YOUNG AMERICANS FOR LIBERTY FOUNDATION							
THE RESERVE OFFICE PARK 500 N CAPITAL OF TE	45-3503672	501(C)(3)	340,000.				EDUCATION

3 Enter total number of other organizations listed in the line 1 table..... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Department of the Treasury Internal Revenue Service

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Par	Part General Information on Grants and Assistance		
_	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?	X	2
7	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. Part |

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COMMITTEE FOR A RESPONSIBLE FEDERAL BUDGET 1900 M STREET NW SUITE 850 ACTON INSTITUTE 98 E. FULTON STREET GRAND RAPIDS, MI 49503 88-2926822 501(C)(3)	I STREET NW, SUITE 300		501(C)(3)	1,000,000.				EDUCATION
1900 M STREET NW SUITE 850 52-1231278 501(C)(3) ACTON INSTITUTE 98 E. FULTON STREET GRAND RAPIDS, MI 49503 38-2926822 501(C)(3)	FOR A RESPONSIBLE FEDERAL							
ACTON INSTITUTE 98 E. FULION STREET GRAND RAPIDS, MI 49503 38-2926822 501(C)(3)	850		501(C)(3)	200,000.				EDUCATION
98 E. FULTON STREET GRAND RAPIDS, MI 49503 38-2926822 501(C)(3)	(11) ACTON INSTITUTE							
(12)	E. FULTON STREET GRAND RAPIDS, MI 49503		501(C)(3)	258,000.				EDUCATION
	(12)							
2 Enter total number of section E01(c)(3) and accomment paramizations listed in the line 1 table		- taomaro	toil anoitatinabi	Line the line 1 toh				143

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

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(Form 990) (2020)

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

	i ait iii can be dupiicated ii addiiionai space is needed.	ים ום ווככתכתי				
	(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 EDUCA:	1 EDUCATIONAL PROGRAMS	111.	646,414.			
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Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	nformation re	quired in Part I, I	line 2, Part III, o	column (b); and any c	ther additional

LINE SCHEDULE I, PART I, information.

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

THE ORGANIZATION DESCRIBING THE CHARITABLE AND EDUCATIONAL REPORT TO

ACTIVITIES IN CONNECTION WITH THE ORGANIZATION'S EDUCATIONAL PROGRAMS

THE FULFILLED BY THE USE OF GRANT FUNDS. ALL GRANTS WERE MADE PURSUANT TO

EXPENDED EXCLUSIVELY FOR 501(C)(3)PURPOSES. THE REQUIREMENT THAT THEY BE Schedule I (Form 990) (2020)

Page 2

CHARLES KOCH INSTITUTE

Schedule I (Form 990) (2020)

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

		74 M 14 (4)	3 4 4 5 1 5 1 5 1) - 1 · · · · · · · · · · · · · · · · · ·		Completions does not be religiously (4)
	(a) Type of grant or assistance	(a) Number of recipients	(c) Amount or cash grant	(a) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(1) Description of non-cash assistance
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Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	information re	quired in Part I, I	line 2, Part III, c	olumn (b); and any o	ther additional

ORGANIZATION REVIEWS RECIPIENT'S FORM 990, IRS information.

TAX-EXEMPTION LETTER, AND VALIDATES THE RECIPIENT'S TAX ID NUMBER.

Schedule I (Form 990) (2020)

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

Department of the Treasury Internal Revenue Service Name of the organization

CHARLES KOCH INSTITUTE

Employer identification number

27-4967732

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

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

27-4967732

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Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of W-2 and/	f W-2 and/or 1099-MIS	or 1099-MISC compensation	Land to Consult of Co.	classic track (C)	Total of Sales	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	(U) Nomaxable benefits	(B)(i)-(D)	(r) Coniperisation in column (B) reported as deferred on prior Form 990
	Ξ	131,079.	45,000.	0	10,638.	5,020.	191,737.	0
DIRECTOR, EDUCATION	€	0	0	0	0	0	0	0
	(i)	145,186.	25,000.	0	10,500.	24,949.	205,635.	0
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CHARLES KOCH INSTITUTE

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Schedule J (Form 990) 2020

Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 7

INCENTIVE COMPENSATION IS BASED ON EXTRAORDINARY EFFORTS AND SERVICES

PROVIDED TO THE ORGANIZATION, NOT BASED ON FINANCIAL RESULTS OF THE

INSTITUTE.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

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,

janization 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

20**20**Open To Public

Inspection

Name of the organization Employer identification number
CHARLES KOCH INSTITUTE 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.

(a) Name of disqualified person

(b) Relationship between disqualified person and organization

(c) Description of transaction

(d) Corrected?

Yes No

(1)

(2)

(3)

(4)

(5)

2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year
	under section 4958
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part | 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 Ioan	fron	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) In o	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						\$						

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) 2020

Schedule L (Form 990 or 990-EZ) 2020 Page 2

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	naring 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. \$1,242,440
- D. OFFICE SPACE RENTAL (AT COST), WHICH WAS REIMBURSED TO THE ORGANIZATION LATER IN THE YEAR.
- E. NO

LINE 2

- A. 1888 MANAGEMENT LLC
- B. CHARLES G. KOCH IS A DIRECTOR OF CKI AND 1888 MANAGEMENT LLC IS A 35%

CONTROLLED ENTITY.

- C. \$66,687
- D. INVESTMENT MANAGEMENT FEES
- 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 **Open to Public** Inspection

27-4967732

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number

FORM 990, PART I, LINE 1

CHARLES KOCH INSTITUTE

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 III, LINE 2

DURING 2020, CKI EMBARKED UPON A NEW PROGRAM TO ADVANCE ITS 501(C)(3)/170(B)(1)(A)(II) PURPOSES BY MAKING GRANTS TO OTHER 501(C)(3) ORGANIZATIONS. THIS PROGRAM INVOLVES INSUBSTANTIAL AMOUNTS OF ADMINISTRATIVE/PERSONNEL SUPPORT IN COMPARISON TO OTHER CKI PROGRAMS.

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 4 DURING THE YEAR THE ORGANIZATION AMENDED THE BYLAWS TO CREATE A NEW MEMBERSHIP CLASS.

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

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

THE ORGANIZATION HAS ONE MEMBERSHIP CLASS. THE MEMBERSHIP CLASS CONSISTS

OF ONE MEMBER, "CLASS A MEMBER".

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

THE "CLASS A MEMBER" HAS THE ABILITY TO APPOINT SUCCESSOR CLASS A

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

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

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

TRANSACTIONS APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION A, LINE 8B THERE ARE NO SUCH COMMITTEES.

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

AN INDEPENDENT ACCOUNTING FIRM PREPARED AND REVIEWED THE FORM 990. A FULL

DRAFT OF THE 990 ALONG WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO

INTERNAL MANAGEMENT AND LEGAL COUNSEL FOR REVIEW. ALL QUESTIONS ARE

ADDRESSED AND ANY MODIFICATIONS ARE MADE, IF NECESSARY.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS PROPOSED

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

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

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

HAS VARIOUS OPTIONS TO ADDRESS THE PROPOSED TRANSACTION AND WHETHER IT

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

Name of the organization

CHARLES KOCH INSTITUTE

Employer identification number

27-4967732

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

EVALUATE THE TRANSACTION, CONSULTING LEGAL COUNSEL, ETC.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ALL REQUIRED DISCLOSURES AVAILABLE TO THE PUBLIC

UNDER IRS REGULATIONS.

FORM 990, PART XI, LINE 9

PARTNERSHIP INCOME

\$(1,174,078)

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HEYFEIFER PRODUCTIONS 104 ST. MARKS PLACE, APT 3W BROOKLYN, NY 11217	ADVERTISING	249,000.
PESSIMISTS ARCHIVE LLC 104 ST. MARKS PLACE, APT 3W BROOKLYN, NY 11217	ADVERTISING	202,000.
THE ECONOMIST GROUP LTD 20 CABOT SQUARE, CANARY WHARF LONDON UNITED KINGDOM E144QW	CONSULTING	150,000.
NIKO CANNER DBA INCANDESCENT LLC 27 W 24TH SUITE 10E NEW YORK, NY 10010	CONSULTING	136,250.
EACH PLUS EVERY LLC 156 N WATER STREET KENT, OH 44240	MEDIA	115,700.

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 2020

Open to Public Inspection

Employer identification number

27-4967732

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

CHARLES KOCH INSTITUTE

Department of the Treasury Internal Revenue Service Name of the organization

(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
			,	,	
1320 N COURTHOUSE RD STE 400 ARLINGTON, VA 22201	SCHOOL EVENTS	DE	0	0	0. CKI
(2) WEB MEDIA LLC					
1320 N COURTHOUSE RD STE 400 ARLINGTON, VA 22201	WEB HOSTING	DE	0.	0.	0. CKI
(3)					
(4)					
(5)					
(9)					

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. Part |

(a) Name, address, and EIN of related organization	elated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) ed
							Yes	No
(1) CHARLES KOCH FOUNDATION	48-0918408							
1320 N COURTHOUSE RD STE 400	ARLINGTON, VA 22201	GRANT MAKING	KS	501(C)(3)	PF	CKI	×	
(2) STAND TOGETHER FOUNDATION	27-3197768							
1320 N COURTHOUSE RD STE 220	ARLINGTON, VA 22201	PUBLIC CHARIT	DE	501(C)(3)	7	CKI	×	
(3) STAND TOGETHER TRUST	46-3508366							
1320 N COURTHOUSE RD STE 400	ARLINGTON, VA 22201	GRANT MAKING	DE	501(C)(3)	7	CKI	×	
(4) TSN INSTITUTE, INC.	47-3175931							
1320 N. COURTHOUSE RD STE 500	ARLINGTON, VA 22201	GRANT MAKING	DE	501(C)(4)	N/A	TNST	×	
(5) KNOWLEDGE AND PROGRESS FUND, INC.	54-1899251							
PO BOX 2256	WICHITA, KS 67201	GRANT MAKING	KS	501(C)(3)	PF	TNST	×	
(6) CAPITOL LEADERS, INC.	47-3438079							
2200 WILSON BLVD STE 102-533	ARLINGTON, VA 22201	PUBLIC ED	DE	501(C)(3)	7	SICC	×	
(7) CCKC4 INC.	83-3116152							
P.O. BOX 5004	WICHITA, KS 67201	GRANT MAKING	DE	501(C)(4)		CKI	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructions for Form 9	90.				Schedule R (Form 990) 2020	(Form 990)	2020

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

CHARLES KOCH INSTITUTE

OMB No. 1545-0047 2020

Open to Public Inspection

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

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

► Attach to Form 990.

27-4967732

Employer identification number

(f)
Direct controlling
entity (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part 4 (1) (2) 9 (2) 3

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. Part Ⅱ

(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led ?
							Yes	No
(1) CHARLES KOCH CHARITABLE FOUNDATION	85-4058882							
1320 N COURTHOUSE RD STE 400	ARLINGTON, VA 22201	GRANT MAKING	DE	501(C)(3)	PF	CKI	×	
(2) CHASE KOCH FOUNDATION, INC.	83-1697305							
P.O. BOX 5004	WICHITA, KS 57201	GRANT MAKING	DE	501(C)(3)	PF	CKI	×	
(3)								
(4)								
(5)								
(9)								
(7)								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	the Instructions for Form 90	90.				Schedule R (Form 990) 2020	Form 990) 2020

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Page 2

Schedule R (Form 990) 2020

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	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under tax under	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
		codininy)					Yes	°N		Yes No	T
(1) STVL3 LLC 85-2667830											
1320 N COURTHOUSE RD STE 500 A	INVESTMENTS	DE	CKI	EXCLUDED	0	459,471.		×	0	×	30.0905
(2) NON-PROFIT 1888 FEEDER FUND, L											
P.O. BOX 5004 WICHITA, KS 6720	INVESTMENTS	KS	N/A	EXCLUDED	45,060,515.	512,155,304.		X	724,516.	Х	21.0839
(3) EFPRP INVESTMENTS LLC 45-57790											
4111 E 37TH STREET NORTH WICHI	INVESTMENTS	KS	CKF	EXCLUDED	7,159,767.	0.		X -2,	-2,383,841.	Х	34.3359
(4)											
(5)											
(9)										-	
(7)											
	; -] 						- -		- <u>:</u>	

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. Part IV

(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	Share of Percentage 51-C(b)(13) end-of-year assets ownership controlled entity? Controlled Contr	(h) Percentage ownership	Section 512(b)(13) controlled entity?
(1) MBM CENTER, INC 81-4065996 1320 N COURTHOUSE RD STE 500 ARLINGTON, VA 22201	CONSULTING	DE	CKI	C CORP	235,758.	16,788,440. 100.0000		×
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
						Schedule R (Form 990) 2020	۶ (Form 99	0) 2020

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

			L
Note: 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 listed in Parts II-IV?	lated organizations list	ed in Parts II-IV?	
a Receipt of (ii) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			
b Gift, grant, or capital contribution to related organization(s)			11b X
v.			10 ×
			×
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			1f X
_			10 ×
			1h ×
Explanation of popular related organization (a).			
Excitating of deserts with teletical original and the second of the se			×
J rease of facilities, equipment, of other assets to related organization(s).			
k Lease of facilities equipment or other assets from related organization(s)			*
			=
m Performance of services or membership or fundraising solicitations by related organization(s)			1m
Sharing of facilities equipment mailing lists or other assets wit	- - - - - -	- - - - - - -	\
Sharing of paid employees with related organization(s)			
a Doimbursoment raid to related organization(a) for evenesses			χ.
p Inclinitud semient paid to related organization(s) for expenses			×
		- - - - - -	-
r Other transfer of cash or property to related organization(s)			1r
			1s ×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line,	including covered relationships and transaction thresholds	action thresholds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
MBM CENTER	m.	11.725.000.	CASH PAYMENTS
	1		
(2) STVL3 LLC	М	511,538.	CASH PAYMENTS
(3) NON-PROFIT 1888 FEEDER FUND LLC	В	34,657,533.	CASH PAYMENTS
(4) NON-PROFIT 1888 FEEDER FUND LLC	S	35,000,000.	CASH PAYMENTS
(5) EFPRP INVESTMENTS LLC	ഗ	50,000,000.	CASH PAYMENTS
(9)			!!
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27-4967732

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

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) (b) Legal domicile Name, address, and EIN of entity (state or foreign country) (c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) (e) Predominant Are all partners income (related, section unrelated, excluded from tax under organizations?	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) ownership
			sections 512 - 514)	Yes No			Yes No		Yes No	0
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sch	edule R (F	Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

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Schedule R (Form 990) 2020 Page 5

Part VII Supplemental Information

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

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning $01/01$, 2020, and ending $12/31$,20_20	
Department of the Treasury	▶ Do not send to the IRS. Keep for your records.		20 20
Internal Revenue Service	► Go to www.irs.gov/Form8879EO for the latest information.	fr	
Name of exempt organization		27-496	ification number
CHARLES KOCH Name and title of officer or p		27-496	1132
KARA HARTNET			
Part I Type of F	Leturn and Return Information (Whole Dollars Only)		
check the box on line blank, then leave line	return for which you are using this Form 8879-EO and enter the applicable a 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the rabb, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not entern the applicable line below. Do not complete more than one line in Part I.	eturn being filed	with this form was
1a Form 990 check h			
2a Form 990-EZ ched			
3a Form 1120-POL c			
4a Form 990-PF chec 5a Form 8868 check			
6a Form 990-T check			185,191.
7a Form 4720 check	and the second trace of th		
Part II Declarati	on and Signature Authorization of Officer or Person Subject to Tax		
(name of organization) of the 2020 electronic true, correct, and com I consent to allow my i to receive from the IRS processing the return of Agent to initiate an elector a payment, I must con (settlement) date. I als confidential information identification number (PIN: check one box or I authorize BI on the tax year state agency(i	return and accompanying schedules and statements, and, to the best of my plete. I further declare that the amount in Part I above is the amount shown of the transmitter, or electronic return originator (ERC (a) an acknowledgement of receipt or reason for rejection of the transmission or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Trestcronic funds withdrawal (direct debit) entry to the financial institution account of the federal taxes owed on this return, and the financial institution to debit the tact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 bus of authorize the financial institutions involved in the processing of the electromy necessary to answer inquiries and resolve issues related to the payment. In PIN) as my signature for the electronic return and, if applicable, the consentably to enter my PIN ERO firm name	and that I ha knowledge and be the copy of the open the return, (b) the reason reasury and its dest indicated in the ne entry to this a siness days prior thic payment of tax have selected a prior to electronic function of the return the retur	ve examined a copy elief, they are electronic return. In the IRS and for any delay in ignated Financial tax preparation ecount. To revoke to the payment test to receive ersonal is withdrawal. as my signature the serious filed with a serious in the serious in t
electronically f regulating cha	subject to tax ▶ 6D9A5DFCA400483 Date ▶	ng filed with a st	ate agency(ies)
	ion and Authentication		
	d by your five-digit self-selected PIN.	3 3 7 2 2 Do not enter	4 4 0 1 6
that I am submitting th IRS e-file Providers for	1/1 / 1 / 1 / 1	ed return indicat ile (MeF) Informa 11/13/21	ed above. I confirm ation for Authorized
ERO's signature	Date >	11/13/21	
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested To D	o So	
For Paperwork Reduc	tion Act Notice, see back of form.		orm 8879-EO (2020)

Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0047 (and proxy tax under section 6033(e)) 01/01, 2020, and ending 12/31, 20 2 0 For calendar year 2020 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) Check box if name changed and see instructions.) Employer identification number Name of organization (Check box if address changed CHARLES KOCH INSTITUTE 27-4967732 Print B Exempt under section Number, street, and room or suite no. If a P.O. box, see instructions. Group exemption number (see instructions) or $X \mid_{501(C)(3)}$ 1320 N COURTHOUSE ROAD STE 400 Type City or town, state or province, country, and ZIP or foreign postal code 408(e) 220(e) ARLINGTON, VA 22201 Check box if 408A 530(a) an amended return. 529(a) X 501(c) corporation G Check organization type 501(c) trust 401(a) trust Other trust Applicable reinsurance entity H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) _____ ▶ 15 K 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 Telephone number ▶ 571-290-6811 The books are in care of ▶ KARA HARTNETT 1320 N COURTHOUSE ROAD, STE 300 ARLINGTON VA 22201 Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see 980,959. instructions) 1 2 980,959. 3 Add lines 1 and 2 3 98,096. 4 Charitable contributions (see instructions for limitation rules)

ATCH 1 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 882,863. 5 Deduction for net operating loss. See instructions. 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 882,863. Subtract line 6 from line 5 7 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 9 Trusts. Section 199A deduction. See instructions 1,000. 10 10 Total deductions. Add lines 8 and 9

Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,

Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on

Schedule D (Form 1041)

Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)

Tax on noncompliant facility income. See instructions

Tax rate schedule or

Other tax amounts. See instructions

Alternative minimum tax (trusts only)

Proxy tax. See instructions

Form **990-T** (2020)

185,191.

881,863.

185,191.

11

1

2

3

4

5

6

7

11

3

4

6

Part | Tax Computation

Part I. line 11 from:

27-4967732

Par	t III	Tax and Payments							
1 a	Foreig	n tax credit (corporations attach Form 1118; trus	sts attach Form 1116).	<u>1</u> a	ı				
b	Other	credits (see instructions).		1b	1				
С	Genera	al business credit. Attach Form 3800 (see instruct	tions)	1c	:				
d	Credit	for prior year minimum tax (attach Form 8801 or	· 8827)	<u>1</u> d					
е	Total o	redits. Add lines 1a through 1d				<u>1e</u>			
2	Subtra	ct line 1e from Part II, line 7				2		185 , 1	<u> 191.</u>
3	Other to		Form 8697 Form						
		Other (attach statement)				3			
4		ax. Add lines 2 and 3 (see instructions).					_	105 1	1 0 1
_		1294. Enter tax amount here					_	185,1	<u> </u>
5		et 965 tax liability paid from Form 965-A or Form			1 600 00				
		nts: A 2019 overpayment credited to 2020				<u> </u>			
		stimated tax payments. Check if section 643(g)		6b					
		posited with Form 8868		- 1					
	•	n organizations: Tax paid or withheld at source (so withholding (see instructions)	•			-			
		for small employer health insurance premiums (a							
		· · · · · · · · · · · · · · · · · · ·	′						
9		Form 4136 Other	139 Total	_ ▶ 6a					
7		payments. Add lines 6a through 6g				7	(679,2	201.
8		ted tax penalty (see instructions). Check if Form				8			
9		e. If line 7 is smaller than the total of lines 4, 5,				9			
10	Overpa	syment. If line 7 is larger than the total of lines	4, 5, and 8, enter amount ove	erpaid .		▶ 10		494,0	010.
11	Enter th	e amount of line 10 you want: Credited to 2021 estimate	ated tax ▶ 494,010.	-	Refunded	▶ 11			
Par	t IV	Statements Regarding Certain A	ctivities and Other I	nform	nation (see instruct	ions)			
1	At any	time during the 2020 calendar year, did	the organization have ar	n intere	st in or a signature	or other	authority	Yes	No
	over a	financial account (bank, securities, or oth	er) in a foreign country	? If "Y	es," the organization	may ha	ve to file		
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts. If "	Yes," e	nter the name of the	he foreig	n country		
	here 🕨								X
2	_	the tax year, did the organization receive			=				3.7
	_	trust?							X
_		" see instructions for other forms the organization	•		▶ ♠				
		he amount of tax-exempt interest received or acc							X
		organization change its method of accounting?	,						
D		is "Yes," has the organization described to	=						
Par		in Part V							
		xplanation required by Part IV, line 4b. Also, prov	vide any other additional infe	ormotion	. Coo instructions				
FIOVIC	ae ille e	Aplanation required by Fart IV, line 45. Also, prov	nue arry other additional line	ormation	i. See ilistructions.				
		Inder penalties of perjury, I declare that I have examined true, correct, and complete. Declaration of preparer (other than ta				he best of r	ny knowledge	and beli	ef, it is
Sigr	ו ו	20, 20, 20, 20, 20, 20, 20, 20, 20, 20,	.		opanor nas any miomoago.	May the	IRS discuss	this r	eturn
Her			11/15/2021				preparer sh		elow
	5	Signature of officer	Date Title		Data	(see instruc		es	No
Paid		Print/Type preparer's name	Preparer's signature		11/15/0001		if PTIN	0000	. 4
Prep		MICHAEL J ENGLE				elf-employe			
	Only	Firm's name ► BKD, LLP Firm's address ► 1201 WALNUT, SUITE	1700, KANSAS CI	TLA M		rm's EIN ▶	44-016 16-221-		
JSA	-	rimm's address ▶ 1201 WALLNUT, SUITE	1 1/00, NANDAD CI	± 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	10 04100-2240 P	hone no. 8	Form 9 9		(2020)
	1 1.000						rorm 9	JU-1	(2020)

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

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

A Name of the organization B Employer identification number 27-4967732 CHARLES KOCH INSTITUTE of 15

C Ur	related business activity code (see instructions) ▶ 900099	Sequence: 1		of 15		
E D.	escribe the unrelated trade or business► FUND I					
Pa			(A) Income	(B) Expens	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				_
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b	-18,337	•		-18,337.
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	-184,809	•		-184,809.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12	000 146			000 146
13	Total. Combine lines 3 through 12		-203,146			-203,146.
Pa	Deductions Not Taken Elsewhere (See instructions	or I	imitations on de	ductions) Dedu	ctions n	nust be directly
	connected with the unrelated business income				T. T	
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)				5	129.
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562) (see instructions)				-	
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	· · · · · · · · · · · · · · · · · · ·				12	
13	Excess readership costs (Part IX)				13	12,540.
14	Total deductions. Add lines 1 through 14				14	12,669.
15 16	Unrelated business income before net operating loss deduction				15	12,000.
16					16	-215,815.
47	column (C)				16	
17	Deduction for net operating loss (see instructions)					-215,815.
18	Unrelated business taxable income. Subtract line 17 from line	10				/F 000 T) 2020

For Paperwork Reduction Act Notice, see instructions.

27-	4967	732	Page 2
	1507	, 52	rage Z
1			
2			
3			
4			
5			
6			
7			
8			
		Yes	No
		D	
			
•			
		D	
%			%

Par	t III Cost of Goods Sold	Enter method of inven	tory valuation ▶					
1	Inventory at beginning of year			1				
2	Purchases							
3	Cost of labor3							
4	Additional section 263A costs (attach statement)							
5	Other costs (attach statement)			5				
6	Total. Add lines 1 through 5							
7	Inventory at end of year							
8	Cost of goods sold. Subtract line 7 from line 6.							
9	Do the rules of section 263A (with respect to pr	operty produced or acqui	ed for resale) apply to the	e organization?	Yes No			
Par	t IV Rent Income (From Real Property	and Personal Prop	erty Leased with R	eal Property)	,			
1	Description of property (property street address,	city, state, ZIP code). Che	ck if a dual-use (see instr	ructions)				
	A							
	В							
	c							
	D							
		Α	В	С	D			
2	Rent received or accrued							
а	From personal property (if the percentage of							
	rent for personal property is more than 10%							
	but not more than 50%)							
b	From real and personal property (if the							
	percentage of rent for personal property							
	exceeds 50% or if the rent is based on profit or							
	income)							
С	Total rents received or accrued by property.							
	Add lines 2a and 2b, columns A through D							
3	Total rents received or accrued. Add line 2c colu	umns A through D. Enter h	ere and on Part I, line 6,	column (A)				
	ſ							
4	Deductions directly connected with the income							
	in lines 2(a) and 2(b) (attach statement)							
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part	I, line 6, column (B)					
=	W 1 1 (15 1 (F) 1 1 1							
 Par		,						
1	Description of debt-financed property (street add	lress, city, state, ZIP code)	. Check if a dual-use (see	e instructions)				
	<u>A</u>							
	B — —				-			
	<u>c</u>							
	D	Α	В	С	D			
2	Cross income from an allocable to debt financed	7						
2	Gross income from or allocable to debt-financed							
,	property							
3	to debt-financed property							
а	Straight line depreciation (attach statement).							
a b	Other deductions (attach statement)							
C D	Total deductions (add lines 3a and 3b,							
·	columns A through D)							
4	Amount of average acquisition debt on or allocable							
•	to debt-financed property (attach statement)							
5	Average adjusted basis of or allocable to debt-							
-	financed property (attach statement)							
6	Divide line 4 by line 5	%	%	%	%			
7	Gross income reportable. Multiply line 2 by line 6	70	70	70	70			
8	Total gross income (add line 7, columns A through	ugh D). Enter here and on	Part I, line 7, column (A)					
-	(,	,,,,, (-, 1)	· · · · · · · · · · · · · · · · · · ·				
9	Allocable deductions. Multiply line 3c by line 6							
10	Total allocable deductions. Add line 9, columns	A through D. Enter here a	and on Part I, line 7, colu	mn (B)				
11	Total dividends-received deductions included in	•	· ·	` '				
ISA								

0X2751 2.000

Part V Interest. Ann	nuities. Rovalt	ies. and Rents	s from Controlled Organi	zations (see instructions)		
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
		Nonexe	empt Controlled Organization	ns		
7. Taxable income	inc	let unrelated come (loss) instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Part VII Investment I	ncome of a S	ection 501(c)	(7), (9), or (17) Organiza	tion (see instructions)		
1. Description of income	2. Am	ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)	
(1)						
(2)						
(3)						
(4)						
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Part VIII Exploited Ex	cempt Activity	/ Income, Othe	er Than Advertising Inco	me (see instructions)		
1 Description of exploited a	activity:			,		
2 Gross unrelated busines	ss income from	trade or busin	ess. Enter here and on Pa	art I, line 10, column (A)	2	
3 Expenses directly conn	3 Expenses directly connected with production of unrelated business income. Enter here and on Part I,					
line 10, column (B)				3		
4 Net income (loss) from	m unrelated tra	de or business.	Subtract line 3 from line	e 2. If a gain, complete		
lines 5 through 7					4	
5 Gross income from activi	ty that is not unre	lated business inc	ome		5	
6 Expenses attributable to	income entered or	n line 5			6	
7 Excess exempt expense	es. Subtract line	5 from line	6, but do not enter more	than the amount on line		
4. Enter here and on Part	4. Enter here and on Part II, line 12					

Schedule A (Form 990-T) 2020 Page 4

Par	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if	reporting two or more periodicals on a	consolidated basis.		
	Α				
	В				
	c				
	D	in the common and in a column			
Enter	amounts for each periodical listed above		_		
		A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here a	and on Part I, line 11, column (A)			>
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here a		1		<u> </u>
-	rtaa colamiio rt amoagii B. Emoi noro c	ina en rairi, ime ri, ecianin (B).			
4	Advertising asin (less) Subtract line 2 f	rom lin o			
4	Advertising gain (loss). Subtract line 3 f				
	2. For any column in line 4 showing				
	complete lines 5 through 8. For any co				
	line 4 showing a loss or zero, do not co				
	lines 5 through 7, and enter zero on line	8			
5	Readership costs				
6	Circulation income				
7	Excess readership costs, If line 6 is le	ss than			
	line 5, subtract line 6 from line 5, If I	ine 5 is			
	less than line 6, enter zero				
8	Excess readership costs allowed				
-	deduction. For each column showing a				
	line 4, enter the lesser of line 4 or line 7	•			
	Add line 8, columns A through D.		aclumna total or	zoro horo and an	
а	Part II, line 13				
	,				<u> </u>
Par	t X Compensation of Officers	, Directors, and Trustees (see	instructions)		
			3	. Percentage	4. Compensation
	1. Name	2. Title		time devoted	attributable to
	T. Nume	2. 1100		to business	unrelated business
				to business	um elateu busilless
<u>(1)</u>				%	
(2)				%	
(3)				%	
(4)				%	
Tota	I. Enter here and on Part II, line 1			▶	
	t XI Supplemental Information				
	CAP Cupplemental information	(COO MON GONOTIO)			

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

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

A Name of the organization B Employer identification number 27-4967732 CHARLES KOCH INSTITUTE C Unrelated business activity code (see instructions) ▶ 900099 **D** Sequence: 2 of 15

C Ur	related business activity code (see instructions) ► 900099		D 8	Sequence: 2		of 15
E De	escribe the unrelated trade or business ► FUND II					
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
- 4	Officialed frade of Edomoso mostile		(-7	(=) ===		
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) ATCH 3	5	-697,958.			- 697 , 958.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	- 697 , 958 .			-697 , 958.
Pa	Ttll Deductions Not Taken Elsewhere (See instructions	for I	imitations on dedu	ctions) Dedu	ctions	must be directly
	connected with the unrelated business income					
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562) (see instructions)		7			
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	Total deductions. Add lines 1 through 14				15	
16	Unrelated business income before net operating loss deduction					
	column (C)				16	-697 , 958.
17	Deduction for net operating loss (see instructions)				$\overline{}$	
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line	16			18	-697 , 958.

For Paperwork Reduction Act Notice, see instructions.

 Par	Cost of Goods Sold	Enter method of inver	ntory valuation 🕨					
1	Inventory at beginning of year			1				
2	Purchases							
3	Cost of labor							
4	Additional section 263A costs (attach statement)							
5	Other costs (attach statement)							
6	Total. Add lines 1 through 5							
7	Inventory at end of year							
8	Cost of goods sold. Subtract line 7 from line 6.							
					Yes No			
9	Do the rules of section 263A (with respect to pr				Yes No			
	Rent Income (From Real Property							
1	Description of property (property street address,	city, state, ZIP code). Che	eck if a dual-use (see instri	uctions)				
	<u>A</u> — —							
	B							
	<u>c</u>							
	D			•				
		Α	В	С	D			
2	Rent received or accrued							
а	From personal property (if the percentage of							
	rent for personal property is more than 10%							
	but not more than 50%)							
b	From real and personal property (if the							
	percentage of rent for personal property							
	exceeds 50% or if the rent is based on profit or							
	income)							
С	Total rents received or accrued by property.							
	Add lines 2a and 2b, columns A through D							
3	Total rents received or accrued. Add line 2c col	umns A through D. Enter	here and on Part I, line 6,	column (A)				
4	Deductions directly connected with the income							
	in lines 2(a) and 2(b) (attach statement)							
5	Total deductions. Add line 4 columns A through	D. Enter here and on Par	t I, line 6, column (B)	▶ ,				
≣Par	t V Unrelated Debt-Financed Income	(see instructions)						
1	Description of debt-financed property (street add	lress, city, state, ZIP code). Check if a dual-use (see	instructions)				
	A							
	В							
	c							
	D							
		Α	В	С	D			
2	Gross income from or allocable to debt-financed							
	property							
3	Deductions directly connected with or allocable							
	to debt-financed property							
а	Straight line depreciation (attach statement)							
b	Other deductions (attach statement)							
С	Total deductions (add lines 3a and 3b,							
•	columns A through D)							
4	Amount of average acquisition debt on or allocable							
•	to debt-financed property (attach statement)							
5	Average adjusted basis of or allocable to debt-							
3	financed property (attach statement)							
6	Divide line 4 by line 5	%	%	%	%			
7	, i		70	76	70_			
	Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through		Part Lline 7 column (A)	<u> </u>				
8	i otal gross income (add line 7, columns A throl	agn ש). בחופו nere and on	rarri, ine 7, column (A)	· · · · · · · · · • .				
9	Allocable deductions. Multiply line 3c by line 6							
9 10	Total allocable deductions. Add line 9, columns		and on Part I line 7 colum	nn (B)				
	Total dividends-received deductions included in	J		` ' '				
11	i otal dividends-received deductions included in			<u> </u>				

Part V Interest. Ann	nuities. Rovalt	ies. and Rents	s from Controlled Organi	zations (see instructions)		
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
		Nonexe	empt Controlled Organization	ns		
7. Taxable income	inc	let unrelated come (loss) instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Part VII Investment I	ncome of a S	ection 501(c)	(7), (9), or (17) Organiza	tion (see instructions)		
1. Description of income	2. Am	ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)	
(1)						
(2)						
(3)						
(4)						
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Part VIII Exploited Ex	cempt Activity	/ Income, Othe	er Than Advertising Inco	me (see instructions)		
1 Description of exploited a	activity:			,		
2 Gross unrelated busines	ss income from	trade or busin	ess. Enter here and on Pa	art I, line 10, column (A)	2	
3 Expenses directly conn	3 Expenses directly connected with production of unrelated business income. Enter here and on Part I,					
line 10, column (B)				3		
4 Net income (loss) from	m unrelated tra	de or business.	Subtract line 3 from line	e 2. If a gain, complete		
lines 5 through 7					4	
5 Gross income from activi	ty that is not unre	lated business inc	ome		5	
6 Expenses attributable to	income entered or	n line 5			6	
7 Excess exempt expense	es. Subtract line	5 from line	6, but do not enter more	than the amount on line		
4. Enter here and on Part	4. Enter here and on Part II, line 12					

Page 4 Schedule A (Form 990-T) 2020

Pai	t IX Advertising Income					
1	Name(s) of periodical(s). Check box if	reporting tw	o or more periodicals o	n a consolidated ba	sis.	
	A					
	В —					
	C					
	D					
Enter	amounts for each periodical listed above	e in the corre				
			Α	В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here	and on Part	I, line 11, column (A).			. ▶
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here	· · · · · · · · · · · · · · · · · · ·	, line 11, column (B).			. ▶
	, and the second		, , , , , , , , ,			
4	Advertising gain (loss). Subtract line 3	from line				
-						
	2. For any column in line 4 showing					
	complete lines 5 through 8. For any control in the second					
	line 4 showing a loss or zero, do not of					
	lines 5 through 7, and enter zero on line					
5	Readership costs					
6	Circulation income					
7	Excess readership costs, If line 6 is le	ess than				
	line 5, subtract line 6 from line 5. If	line 5 is				
	less than line 6, enter zero					
8	Excess readership costs allowed					
	deduction. For each column showing a					
	line 4, enter the lesser of line 4 or line 7	•				
•	Add line 8, columns A through D.		greater of the line	9a solumns tot	ol or zoro horo and	on
а	Part II, line 13		-			OII
						<u> </u>
Par	t X Compensation of Officers	s, Director	rs, and Trustees (s	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
	Ti rtaine				to business	unrelated business
					10 00311033	difficiated busiliess
(1)					%	1
(2)					%	,
(3)					%	
(4)					%	
Tota	I. Enter here and on Part II, line 1					
	t XI Supplemental Information					
· G	CAT Cappionionia inicimatici	11 (000 111011	dottorio			
						_

Department of the Treasury

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

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

Open to Public Inspection for

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Internal Revenue Service A Name of the organization B Employer identification number 27-4967732 CHARLES KOCH INSTITUTE <u>C Unrelated business activity code (see instructions)</u> ► 900099 of 15 **D** Sequence: 3

E Describe the unrelated trade or business ▶ FUND III Part I (A) Income (B) Expenses (C) Net **Unrelated Trade or Business Income** 1a Gross receipts or sales Less returns and allowances 1c Cost of goods sold (Part III, line 8)...... 2 2 3 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 4a **b** Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b 4c Income (loss) from a partnership or an S corporation (attach -103,334.5 -103,334. Rent income (Part IV) 6 7 7 Interest, annuities, royalties, and rents from a controlled 8 8 9 Investment income of section 501(c)(7), (9), or (17)organizations (Part VII)............ 10 10 Advertising income (Part IX).......... 11 11 Other income (see instructions; attach statement) 12 12 -103,334. -103,334.13 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 2 2 3 3 4 4 5 5 6 6 7 Less depreciation claimed in Part III and elsewhere on return 8a 8 8b 9 9 10 10 11 11 12 12 13 13 14 15 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, -103,334. 16 17 17 -103,334.

For Paperwork Reduction Act Notice, see instructions.

 Par	Cost of Goods Sold	Enter method of inver	ntory valuation 🕨					
1	Inventory at beginning of year			1				
2	Purchases							
3	Cost of labor							
4	Additional section 263A costs (attach statement)							
5	Other costs (attach statement)							
6	Total. Add lines 1 through 5							
7	Inventory at end of year							
8	Cost of goods sold. Subtract line 7 from line 6.							
					Yes No			
9	Do the rules of section 263A (with respect to pr				Yes No			
	Rent Income (From Real Property							
1	Description of property (property street address,	city, state, ZIP code). Che	eck if a dual-use (see instri	uctions)				
	<u>A</u> — —							
	B							
	<u>c</u>							
	D			•				
		Α	В	С	D			
2	Rent received or accrued							
а	From personal property (if the percentage of							
	rent for personal property is more than 10%							
	but not more than 50%)							
b	From real and personal property (if the							
	percentage of rent for personal property							
	exceeds 50% or if the rent is based on profit or							
	income)							
С	Total rents received or accrued by property.							
	Add lines 2a and 2b, columns A through D							
3	Total rents received or accrued. Add line 2c col	umns A through D. Enter	here and on Part I, line 6,	column (A)				
4	Deductions directly connected with the income							
	in lines 2(a) and 2(b) (attach statement)							
5	Total deductions. Add line 4 columns A through	D. Enter here and on Par	t I, line 6, column (B)	▶ ,				
≣Par	t V Unrelated Debt-Financed Income	(see instructions)						
1	Description of debt-financed property (street add	lress, city, state, ZIP code). Check if a dual-use (see	instructions)				
	A							
	В							
	c							
	D							
		Α	В	С	D			
2	Gross income from or allocable to debt-financed							
	property							
3	Deductions directly connected with or allocable							
	to debt-financed property							
а	Straight line depreciation (attach statement)							
b	Other deductions (attach statement)							
С	Total deductions (add lines 3a and 3b,							
•	columns A through D)							
4	Amount of average acquisition debt on or allocable							
•	to debt-financed property (attach statement)							
5	Average adjusted basis of or allocable to debt-							
3	financed property (attach statement)							
6	Divide line 4 by line 5	%	%	%	%			
7	, i		70	76	70_			
	Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through		Part Lline 7 column (A)	<u> </u>				
8	i otal gross income (add line 7, columns A throl	agn ש). בחופו nere and on	rarri, ine 7, column (A)	· · · · · · · · · • .				
9	Allocable deductions. Multiply line 3c by line 6							
9 10	Total allocable deductions. Add line 9, columns		and on Part I line 7 colum	nn (B)				
	Total dividends-received deductions included in	J		` ' '				
11	i otal dividends-received deductions included in			<u> </u>				

Part V Interest. Ann	nuities. Rovalt	ies. and Rents	s from Controlled Organi	zations (see instructions)		
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
		Nonexe	empt Controlled Organization	ns		
7. Taxable income	inc	let unrelated come (loss) instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Part VII Investment I	ncome of a S	ection 501(c)	(7), (9), or (17) Organiza	tion (see instructions)		
1. Description of income	2. Am	ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)	
(1)						
(2)						
(3)						
(4)						
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Part VIII Exploited Ex	cempt Activity	/ Income, Othe	er Than Advertising Inco	me (see instructions)		
1 Description of exploited a	activity:			,		
2 Gross unrelated busines	ss income from	trade or busin	ess. Enter here and on Pa	art I, line 10, column (A)	2	
3 Expenses directly conn	3 Expenses directly connected with production of unrelated business income. Enter here and on Part I,					
line 10, column (B)				3		
4 Net income (loss) from	m unrelated tra	de or business.	Subtract line 3 from line	e 2. If a gain, complete		
lines 5 through 7					4	
5 Gross income from activi	ty that is not unre	lated business inc	ome		5	
6 Expenses attributable to	income entered or	n line 5			6	
7 Excess exempt expense	es. Subtract line	5 from line	6, but do not enter more	than the amount on line		
4. Enter here and on Part	4. Enter here and on Part II, line 12					

Schedule A (Form 990-T) 2020 Page 4

Pai	t IX Advertising Income					
1	Name(s) of periodical(s). Check box if	reporting tw	o or more periodicals o	n a consolidated ba	sis.	
	A					
	В —					
	C					
	D					
Enter	amounts for each periodical listed above	e in the corre				
			Α	В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here	and on Part	I, line 11, column (A).			. ▶
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here	· · · · · · · · · · · · · · · · · · ·	, line 11, column (B).			. ▶
	, and the second		, , , , , , , , ,			
4	Advertising gain (loss). Subtract line 3	from line				
-						
	2. For any column in line 4 showing					
	complete lines 5 through 8. For any control in the second					
	line 4 showing a loss or zero, do not o					
	lines 5 through 7, and enter zero on line					
5	Readership costs					
6	Circulation income					
7	Excess readership costs, If line 6 is le	ess than				
	line 5, subtract line 6 from line 5. If	line 5 is				
	less than line 6, enter zero					
8	Excess readership costs allowed					
	deduction. For each column showing a					
	line 4, enter the lesser of line 4 or line 7	•				
•	Add line 8, columns A through D.	_	greater of the line	9a solumns tot	ol or zoro horo and	on
а	Part II, line 13		-			OII
						<u> </u>
Par	t X Compensation of Officers	s, Director	rs, and Trustees (s	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
	Ti rtaine				to business	unrelated business
					10 00311033	difficiated busiliess
(1)					%	1
(2)					%	,
(3)					%	
(4)					%	
Tota	I. Enter here and on Part II, line 1					
	t XI Supplemental Information					
· G	CAT Cappionionia inicimatici	11 (000 111011	dottorio			
						_

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

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

A Name of the organization B Employer identification number 27-4967732 CHARLES KOCH INSTITUTE **C** Unrelated business activity code (see instructions) ▶ 900099 **D** Sequence: 4 of 15

<u>u</u> ur	irelated business activity code (see instructions) ▶ 900099			sequence: 4	- 1	ot ⊤2
F De	escribe the unrelated trade or business ► FUND IV					
Pai			(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
C	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
•	statement)	5	57 , 799.			57 , 799.
6	Rent income (Part IV)	6				·
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
O	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)	0				
9		,				
10	organizations (Part VII)	9				
10		10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)		57,799.			57,799.
13	Total. Combine lines 3 through 12			otiona) Dadus	otiono m	
Pal	TEXT Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income	5 101 1		•	Juons m	ust be directly
	**					
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses		1 1		6	3,088.
7	Depreciation (attach Form 4562) (see instructions)					
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	Total deductions. Add lines 1 through 14				15	3,088.
16	Unrelated business income before net operating loss deduction					
	column (C)				16	54,711.
17	Deduction for net operating loss (see instructions)				17	·
18	Unrelated business taxable income. Subtract line 17 from line					54,711.
	anerwork Peduction Act Notice see instructions					Form 990-T) 2020

For Paperwork Reduction Act Notice, see instructions.

27_	4967732	- -
21	4907732	Page 2
1		
2		
3		
4		
5		
6		
7		
8		
	Yes	No
	D	
		
		
	D	
%		<u>%</u>
	1	

Par	t III Cost of Goods Sold	Enter method of inver	ntory valuation ▶		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Part I, li	ne 2	8	
9	Do the rules of section 263A (with respect to pr	operty produced or acqu	ired for resale) apply to the	organization?	Yes No
Par	Rent Income (From Real Property	y and Personal Prop	perty Leased with R	eal Property)	
1	Description of property (property street address,	city, state, ZIP code). Che	eck if a dual-use (see instr	uctions)	
	Α				
	В				
	С				
	D	T		T	
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c col	umns A through D. Enter	nere and on Part I, line 6,	column (A)	
4	Deductions directly connected with the income				
4	Deductions directly connected with the income				
5	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through	D. Enter here and on Par	rt I lino 6. column (R)		
3	Total deductions. Add line 4 columns A through	D. Litter fiele and off Fai	rt i, iiile o, coluiiiii (b)		
 Par	t V Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add) Check if a dual-use (see	instructions)	
	A (career and	,,).		
	В				
	С				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A thro	ugh D). Enter here and on	Part I, line 7, column (A)		
		T	Т	T	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	· ·	·	` '	
11	Total dividends-received deductions included in	line 10		▶_	

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Part V Interest. Ann	nuities. Rovalt	ies. and Rents	s from Controlled Organi	zations (see instructions)				
		Exempt Controlled Organizations						
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5			
(1)								
(2)								
(3)								
(4)								
		Nonexe	empt Controlled Organization	ns				
7. Taxable income	inc	let unrelated come (loss) instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10			
(1)								
(2)								
(3)								
(4)								
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)			
Part VII Investment I	ncome of a S	ection 501(c)	(7), (9), or (17) Organiza	tion (see instructions)				
1. Description of income	2. Am	ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)			
(1)								
(2)								
(3)								
(4)								
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)			
Part VIII Exploited Ex	cempt Activity	/ Income, Othe	er Than Advertising Inco	me (see instructions)				
1 Description of exploited a	activity:			,				
2 Gross unrelated busines	ss income from	trade or busin	ess. Enter here and on Pa	art I, line 10, column (A)	2			
3 Expenses directly conn	ected with pro	duction of unr	elated business income. En	ter here and on Part I,				
line 10, column (B)	line 10, column (B)				3			
4 Net income (loss) from	m unrelated tra	de or business.	Subtract line 3 from line	e 2. If a gain, complete				
lines 5 through 7					4			
5 Gross income from activi	ty that is not unre	lated business inc	ome		5			
6 Expenses attributable to	income entered or	n line 5			6			
7 Excess exempt expense	es. Subtract line	5 from line	6, but do not enter more	than the amount on line				
4. Enter here and on Part	II, line 12				7			

Schedule A (Form 990-T) 2020 Page 4

Pai	t IX Advertising Income					
1	Name(s) of periodical(s). Check box if	reporting tw	o or more periodicals o	n a consolidated ba	sis.	
	A					
	В —					
	C					
	D					
Enter	amounts for each periodical listed above	e in the corre				
			Α	В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here	and on Part	I, line 11, column (A).			. ▶
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here	· · · · · · · · · · · · · · · · · · ·	, line 11, column (B).			. ▶
	, and the second		, , , , , , , , ,			
4	Advertising gain (loss). Subtract line 3	from line				
-						
	2. For any column in line 4 showing					
	complete lines 5 through 8. For any control in the second					
	line 4 showing a loss or zero, do not o					
	lines 5 through 7, and enter zero on line					
5	Readership costs					
6	Circulation income					
7	Excess readership costs, If line 6 is le	ess than				
	line 5, subtract line 6 from line 5. If	line 5 is				
	less than line 6, enter zero					
8	Excess readership costs allowed					
	deduction. For each column showing a					
	line 4, enter the lesser of line 4 or line 7	•				
•	Add line 8, columns A through D.	_	greater of the line	9a solumns tot	ol or zoro horo and	on
а	Part II, line 13		-			OII
						<u> </u>
Par	t X Compensation of Officers	s, Director	rs, and Trustees (s	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
	Ti rtaine				to business	unrelated business
					10 00311033	difficiated busiliess
(1)					%	1
(2)					%	,
(3)					%	
(4)					%	
Tota	I. Enter here and on Part II, line 1					
	t XI Supplemental Information					
· G	CAT Cappionionia inicimatici	11 (000 111011	dottorio			
						_

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

Department of the Treasury Internal Revenue Service	the latest information. Open to Public Inspection for 501(c)(3). Organizations Only	
A Name of the organiz	zation	B Employer identification number
CHARLES KOCH IN	STITUTE	27-4967732
C Unrelated business	activity code (see instructions) ▶ 900099	D Sequence: 5 of 15

E De	scribe the unrelated trade or business► FUND V					
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) ATCH 6.	5	2,226.			2,226.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	2,226.			2,226.
Pai			imitations on dedu	ctions) Dedu	ctions m	nust be directly
	connected with the unrelated business income					
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses				6	119.
7	Depreciation (attach Form 4562) (see instructions)		7			
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	Total deductions. Add lines 1 through 14				15	119.
16	Unrelated business income before net operating loss deduction	. Sub	tract line 15 from Pa	art I, line 13,		
	column (C)				16	2,107.
17	Deduction for net operating loss (see instructions)				17	
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line	16. <u>.</u>		<u> </u>	18	2,107.

For Paperwork Reduction Act Notice, see instructions.

Schedu	ule A (Form 990-T) 2020 CHARLES KG	OCH INSTITUTE		27-	4967732	Page 2
Par	Cost of Goods Sold	Enter method of inventor	y valuation ▶			
1	Inventory at beginning of year			1_		
2	Purchases					
3	Cost of labor			3		
4	Additional section 263A costs (attach statement)			4		
5	Other costs (attach statement)			<u>5</u>		
6	Total. Add lines 1 through 5			6		
7	Inventory at end of year			<u>7</u>		
8	Cost of goods sold. Subtract line 7 from line 6. I	Enter here and in Part I , line 2		8		
9	Do the rules of section 263A (with respect to pro	operty produced or acquired	for resale) apply to the	organization?	Yes _	No
Part	IV Rent Income (From Real Property	and Personal Proper	ty Leased with Re	al Property)		
1	Description of property (property street address,	city, state, ZIP code). Check i	f a dual-use (see instru	ctions)		
	Α					
	В					
	с —					
	D					
	-	Α	В	С	D	
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property					
	exceeds 50% or if the rent is based on profit or					
	income)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D	A than a b D Fatanhaa		-l (A)		
3	Total rents received or accrued. Add line 2c colu	imns A through D. Enter here	e and on Part I, line 6, c	olumn (A)		
4	Deductions directly connected with the income					
4	in lines 2(a) and 2(b) (attach statement)					
5	Total deductions. Add line 4 columns A through	D. Enter here and an Part I. I	ing 6, column (R)			
3	Total deductions. Add line 4 columns A through	D. Linter here and on Farti, i	ine o, column (b)			
Par	Unrelated Debt-Financed Income	(see instructions)				
1	Description of debt-financed property (street add		heck if a dual-use (see	instructions)		
	A			,		
	В					
	с					
	D					
		Α	В	С	D	
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement).					
b	Other deductions (attach statement)					
С	Total deductions (add lines 3a and 3b,					
	columns A through D)					
4	Amount of average acquisition debt on or allocable					
	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to debt-					
	financed property (attach statement)					
6	Divide line 4 by line 5	%	%	%		%
7	Gross income reportable. Multiply line 2 by line 6					
8	Total gross income (add line 7, columns A throu	igh D). Enter here and on Pai	t I, line 7, column (A)			
	_		·			
9	Allocable deductions. Multiply line 3c by line 6					
10	Total allocable deductions. Add line 9, columns	A through D. Enter here and	on Part I, line 7, colum	n (B) >		
11	Total dividends-received deductions included in	line 10				

JSA 0X2751 2.000

Part V Interest. Ann	nuities. Rovalt	ies. and Rents	s from Controlled Organi	zations (see instructions)				
		Exempt Controlled Organizations						
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5			
(1)								
(2)								
(3)								
(4)								
		Nonexe	empt Controlled Organization	ns				
7. Taxable income	inc	let unrelated come (loss) instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10			
(1)								
(2)								
(3)								
(4)								
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)			
Part VII Investment I	ncome of a S	ection 501(c)	(7), (9), or (17) Organiza	tion (see instructions)				
1. Description of income	2. Am	ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)			
(1)								
(2)								
(3)								
(4)								
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)			
Part VIII Exploited Ex	cempt Activity	/ Income, Othe	er Than Advertising Inco	me (see instructions)				
1 Description of exploited a	activity:			,				
2 Gross unrelated busines	ss income from	trade or busin	ess. Enter here and on Pa	art I, line 10, column (A)	2			
3 Expenses directly conn	ected with pro	duction of unr	elated business income. En	ter here and on Part I,				
line 10, column (B)	line 10, column (B)				3			
4 Net income (loss) from	m unrelated tra	de or business.	Subtract line 3 from line	e 2. If a gain, complete				
lines 5 through 7					4			
5 Gross income from activi	ty that is not unre	lated business inc	ome		5			
6 Expenses attributable to	income entered or	n line 5			6			
7 Excess exempt expense	es. Subtract line	5 from line	6, but do not enter more	than the amount on line				
4. Enter here and on Part	II, line 12				7			

Schedule A (Form 990-T) 2020 Page 4

Pai	t IX Advertising Income					
1	Name(s) of periodical(s). Check box if	reporting tw	o or more periodicals o	n a consolidated ba	sis.	
	A					
	В —					
	C					
	D					
Enter	amounts for each periodical listed above	e in the corre				
			Α	В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here	and on Part	I, line 11, column (A).			. ▶
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here	· · · · · · · · · · · · · · · · · · ·	, line 11, column (B).			. ▶
	, and the second		, , , , , , , , ,			
4	Advertising gain (loss). Subtract line 3	from line				
-						
	2. For any column in line 4 showing					
	complete lines 5 through 8. For any control in the second					
	line 4 showing a loss or zero, do not o					
	lines 5 through 7, and enter zero on line					
5	Readership costs					
6	Circulation income					
7	Excess readership costs, If line 6 is le	ess than				
	line 5, subtract line 6 from line 5. If	line 5 is				
	less than line 6, enter zero					
8	Excess readership costs allowed					
	deduction. For each column showing a					
	line 4, enter the lesser of line 4 or line 7	•				
•	Add line 8, columns A through D.	_	greater of the line	9a solumns tot	ol or zoro horo and	on
а	Part II, line 13		-			OII
						<u> </u>
Par	t X Compensation of Officers	s, Director	rs, and Trustees (s	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
	Ti rtaine				to business	unrelated business
					10 00311033	difficiated busiliess
(1)					%	1
(2)					%	,
(3)					%	
(4)					%	
Tota	I. Enter here and on Part II, line 1					
	t XI Supplemental Information					
· G	CAT Cappionionia inicimatici	11 (000 111011	dottorio			
						_

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

CHARLES KOCH INSTITUTE

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

B Employer identification number

27-4967732

C Un	related business activity code (see instructions) ▶ 90009			D Seq	uence: 6		of 15
E De	scribe the unrelated trade or business▶ FUND VI						
Par			(A) Income		(B) Expens	es	(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	1					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)) (see instructions)	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) ATCH 7.	5	-6,88	7.			-6,887.
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section $501(c)(7)$, (9) , or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)						
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12		-6,88	7.			-6,887.
Pai	`	s for I	imitations on d	eduction	ons) Dedu	ctions n	nust be directly
	connected with the unrelated business income						
1	Compensation of officers, directors, and trustees (Part X)						
2	Salaries and wages						
3	Repairs and maintenance					3	
4	Bad debts						
5	Interest (attach statement) (see instructions)					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562) (see instructions)		7				
8	Less depreciation claimed in Part III and elsewhere on return		8a			8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)					14	
15	Total deductions. Add lines 1 through 14					15	
16	Unrelated business income before net operating loss deduction	. Sub	tract line 15 fro	m Part	l, l ine 13,		
	column (C)					16	-6,887.
17	Deduction for net operating loss (see instructions)					17	
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line	16 	<u> </u>	<u> </u>	<u> </u>	18	-6 , 887.
For P	aperwork Reduction Act Notice, see instructions.				Scl	nedule A	(Form 990-T) 2020

27-	4967732 Page 2	
- /		
1		
2		
3		
4		
5		
6		
7		
8		
	Yes No	
	D	
		
	D	
%	%	

Par	t III Cost of Goods Sold	Enter method of inve	ntory valuation ▶				
1	Inventory at beginning of year			1			
2	Purchases						
3	Cost of labor3						
4	Additional section 263A costs (attach statement						
5	Other costs (attach statement)						
6	Total. Add lines 1 through 5						
7	Inventory at end of year						
8	Cost of goods sold. Subtract line 7 from line 6.						
9	Do the rules of section 263A (with respect to pr				Yes No		
 Par	Rent Income (From Real Propert						
1	Description of property (property street address,						
	A						
	В						
	С						
	D .						
	·	A	В	С	D		
2	Rent received or accrued						
а	From personal property (if the percentage of						
	rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						
	percentage of rent for personal property						
	exceeds 50% or if the rent is based on profit or						
	income)						
С	Total rents received or accrued by property.						
•	Add lines 2a and 2b, columns A through D						
3	Total rents received or accrued. Add line 2c col	umns A through D. Enter	here and on Part I line 6	column (A)			
·	70tal	anno / tan oagn 21 2mo	There are on a direct, mile of				
4	Deductions directly connected with the income						
	in lines 2(a) and 2(b) (attach statement)						
5	Total deductions. Add line 4 columns A through	D. Enter here and on Pa	rt I. line 6. column (B)	•			
			, , ,				
≣Par	t V Unrelated Debt-Financed Income	(see instructions)					
1	Description of debt-financed property (street add	dress, city, state, ZIP code	e). Check if a dual-use (see	instructions)			
	Α						
	В						
	c						
	D						
		Α	В	С	D		
2	Gross income from or allocable to debt-financed						
	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement).						
b	Other deductions (attach statement)						
С	Total deductions (add lines 3a and 3b,						
	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
	financed property (attach statement)						
6	Divide line 4 by line 5	%	%	%	%		
7	Gross income reportable. Multiply line 2 by line 6	,,			,,,		
8	Total gross income (add line 7, columns A thro	ugh D). Enter here and or	n Part I, line 7, column (A)				
	, , , , , , , , , , , , , , , , , , , ,						
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns	•	· · ·	• • •			
11	Total dividends-received deductions included in	n line 10		▶_			

JSA 0X2751 2.000

Part V Interest. Ann	nuities. Rovalt	ies. and Rents	s from Controlled Organi	zations (see instructions)		
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
		Nonexe	empt Controlled Organization	ns		
7. Taxable income	inc	let unrelated come (loss) instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Part VII Investment I	ncome of a S	ection 501(c)	(7), (9), or (17) Organiza	tion (see instructions)		
1. Description of income	2. Am	ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)	
(1)						
(2)						
(3)						
(4)						
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Part VIII Exploited Ex	cempt Activity	/ Income, Othe	er Than Advertising Inco	me (see instructions)		
1 Description of exploited a	activity:			,		
2 Gross unrelated busines	ss income from	trade or busin	ess. Enter here and on Pa	art I, line 10, column (A)	2	
3 Expenses directly conn	ected with pro	duction of unr	elated business income. En	ter here and on Part I,		
line 10, column (B)	3					
4 Net income (loss) from	m unrelated tra	de or business.	Subtract line 3 from line	e 2. If a gain, complete		
lines 5 through 7					4	
5 Gross income from activi	ty that is not unre	lated business inc	ome		5	
6 Expenses attributable to	income entered or	n line 5			6	
7 Excess exempt expense	es. Subtract line	5 from line	6, but do not enter more	than the amount on line		
4. Enter here and on Part	4. Enter here and on Part II, line 12					

Schedule A (Form 990-T) 2020 Page 4

Pai	t IX Advertising Income					
1	Name(s) of periodical(s). Check box if	reporting tw	o or more periodicals o	n a consolidated ba	sis.	
	A					
	В —					
	C					
	D					
Enter	amounts for each periodical listed above	e in the corre				
			Α	В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here	and on Part	I, line 11, column (A).			. ▶
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here	· · · · · · · · · · · · · · · · · · ·	, line 11, column (B).			. ▶
	, and the second		, , , , , , , , ,			
4	Advertising gain (loss). Subtract line 3	from line				
-						
	2. For any column in line 4 showing					
	complete lines 5 through 8. For any control in the second					
	line 4 showing a loss or zero, do not o					
	lines 5 through 7, and enter zero on line					
5	Readership costs					
6	Circulation income					
7	Excess readership costs, If line 6 is le	ess than				
	line 5, subtract line 6 from line 5. If	line 5 is				
	less than line 6, enter zero					
8	Excess readership costs allowed					
	deduction. For each column showing a					
	line 4, enter the lesser of line 4 or line 7	•				
•	Add line 8, columns A through D.		greater of the line	9a solumns tot	ol or zoro horo and	on
а	Part II, line 13		-			OII
						<u> </u>
Par	t X Compensation of Officers	s, Director	rs, and Trustees (s	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
	Ti rtaine				to business	unrelated business
					10 00311033	difficiated busiliess
(1)					%	1
(2)					%	,
(3)					%	
(4)					%	
Tota	I. Enter here and on Part II, line 1					
	t XI Supplemental Information					
· G	CAT Cappionionia inicimatici	11 (000 111011	dottorio			
						_

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

Department of the Treasury Internal Revenue Service	l the latest information. lic if your organization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only		
A Name of the organiz	zation	B Employer ide	ntification number	
CHARLES KOCH IN	STITUTE	27-4967732		
C Unrelated business	activity code (see instructions) ▶ 900099	D Sequence: 7	of 15	

E De	escribe the unrelated trade or business FUND VII					
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) ATCH 8	5	1,414.			1,414.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	1,414.			1,414.
Pai	•	s for I	imitations on dedu	ctions) Dedu	ctions n	nust be directly
	connected with the unrelated business income					
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses		1 1		6	76.
7	Depreciation (attach Form 4562) (see instructions)					
8	Less depreciation claimed in Part III and elsewhere on return .		8a		8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	Total deductions. Add lines 1 through 14				15	76.
16	Unrelated business income before net operating loss deduction					
	column (C)				16	1,338.
17	Deduction for net operating loss (see instructions)				17	
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line	16 			18	1,338.

For Paperwork Reduction Act Notice, see instructions.

 Par	Cost of Goods Sold	Enter method of inver	ntory valuation 🕨		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
					Yes No
9	Do the rules of section 263A (with respect to pr				Yes No
	Rent Income (From Real Property				
1	Description of property (property street address,	city, state, ZIP code). Che	eck if a dual-use (see instri	uctions)	
	<u>A</u> — —				
	B				
	<u>c</u>				
	D			•	
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c col	umns A through D. Enter	here and on Part I, line 6,	column (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Par	t I, line 6, column (B)	▶ ,	
≣Par	t V Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	lress, city, state, ZIP code). Check if a dual-use (see	instructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
•	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
3	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	, i		70	76	70_
	Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through		Part Lline 7 column (A)	<u> </u>	
8	i otal gross income (add line 7, columns A throl	agn ש). בחופו nere and on	rarri, ine 7, column (A)	· · · · · · · · · • .	
9	Allocable deductions. Multiply line 3c by line 6				
9 10	Total allocable deductions. Add line 9, columns		and on Part I line 7 colum	nn (B)	
	Total dividends-received deductions included in	J		` ' '	
11	i otal dividends-received deductions included in			<u> </u>	

JSA 0X2751 2.000

Part V Interest. Ann	nuities. Rovalt	ies. and Rents	s from Controlled Organi	zations (see instructions)		
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
		Nonexe	empt Controlled Organization	ns		
7. Taxable income	inc	let unrelated come (loss) instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Part VII Investment I	ncome of a S	ection 501(c)	(7), (9), or (17) Organiza	tion (see instructions)		
1. Description of income	2. Am	ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)	
(1)						
(2)						
(3)						
(4)						
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Part VIII Exploited Ex	cempt Activity	/ Income, Othe	er Than Advertising Inco	me (see instructions)		
1 Description of exploited a	activity:			,		
2 Gross unrelated busines	ss income from	trade or busin	ess. Enter here and on Pa	art I, line 10, column (A)	2	
3 Expenses directly conn	ected with pro	duction of unr	elated business income. En	ter here and on Part I,		
line 10, column (B)	3					
4 Net income (loss) from	m unrelated tra	de or business.	Subtract line 3 from line	e 2. If a gain, complete		
lines 5 through 7					4	
5 Gross income from activi	ty that is not unre	lated business inc	ome		5	
6 Expenses attributable to	income entered or	n line 5			6	
7 Excess exempt expense	es. Subtract line	5 from line	6, but do not enter more	than the amount on line		
4. Enter here and on Part	4. Enter here and on Part II, line 12					

Page 4 Schedule A (Form 990-T) 2020

1	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box if	reporting two or more periodicals on	a consolidated basis.		
	A				
	В				
	c				
	D				
nter	amounts for each periodical listed above	e in the corresponding column.		1	
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here	and on Part I, line 11, column (A).			•
2	Direct advertising costs by periodical				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here	and on Part I, line 11, column (B).			
4	Advertising gain (loss). Subtract line 3	from line			
	2. For any column in line 4 showing	g a gain,			
	complete lines 5 through 8. For any c	olumn in			
	line 4 showing a loss or zero, do not o				
	lines 5 through 7, and enter zero on line				
5	Readership costs				
	•				
6	Circulation income				
7	Excess readership costs, If line 6 is I				
	line 5, subtract line 6 from line 5. If	line 5 is			
	less than line 6, enter zero				
8	Excess readership costs allowed	as a			
	deduction. For each column showing a	a gain on			
	line 4, enter the lesser of line 4 or line 7	·			
а	Add line 8, columns A through D.	•	8a columns total or	zero here and on	-
a	Part II, line 13				
					<u> </u>
Par		s, Directors, and Trustees (se			<u> </u>
Par			ee instructions)		4. Compensation
Par	rt X Compensation of Officers	s, Directors, and Trustees (se	ee instructions)	3. Percentage	Compensation attributable to
Par			ee instructions)	3. Percentage f time devoted	attributable to
	rt X Compensation of Officers	s, Directors, and Trustees (se	ee instructions)	3. Percentage	·
	rt X Compensation of Officers	s, Directors, and Trustees (se	ee instructions)	3. Percentage f time devoted	attributable to
(1)	rt X Compensation of Officers	s, Directors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business	attributable to
(1) (2)	rt X Compensation of Officers	s, Directors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business %	attributable to
(1) (2) (3)	rt X Compensation of Officers	s, Directors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business % %	attributable to
(1) (2) (3)	rt X Compensation of Officers	s, Directors, and Trustees (se	ee instructions)	3. Percentage f time devoted to business %	attributable to
(1) (2) (3) (4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
1) 2) 3) 4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
1) 2) 3) 4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
1) 2) 3) 4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
1) 2) 3) 4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
1) 2) 3) 4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
1) 2) 3) 4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name	2. Title	ee instructions)	3. Percentage f time devoted to business % % %	attributable to

Unrelated Business Taxable Income From an Unrelated Trade or Business

Department of the Treasury

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

internal Revenue Service	or (c)(c) or garing attrems of its
A Name of the organization	B Employer identification number
CHARLES KOCH INSTITUTE	27-4967732
C Unrelated business activity code (see instructions) ▶ 900099	D Sequence: 8 of 15

<u>c</u> or	irelated business activity code (see instructions) > 900099		ָט צ	sequence: o		<u>01 </u>
E D-	escribe the unrelated trade or business ► FUND VIII					
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
_	statement)	5	-18,480.			-18,480.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled	•				
Ū	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
3	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)					
12	Other income (see instructions; attach statement)	$\overline{}$				
	,	$\overline{}$	-18,480.			-18,480.
13 Pa	Total. Combine lines 3 through 12			otions) Doduc	otions m	
Га	connected with the unrelated business income	5 IOI II	iiiilalions on dedu	clions) Deduc	Juons n	iusi be directly
					1	
1	Compensation of officers, directors, and trustees (Part X) Salaries and wages					
2					2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses		1 1		6	
7	Depreciation (attach Form 4562) (see instructions)					
8	Less depreciation claimed in Part III and elsewhere on return .				8b	
9	Depletion				9	_
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	Total deductions. Add lines 1 through 14				15	
16	Unrelated business income before net operating loss deduction	. Subt	ract line 15 from Page	art I, line 13,		
	column (C)				16	-18,480.
17	Deduction for net operating loss (see instructions)				17	
18	Unrelated business taxable income. Subtract line 17 from line	16		<u> </u>	18	-18,480.
	anarwork Paduction Act Notice see instructions					(Form 990-T) 2020

For Paperwork Reduction Act Notice, see instructions.

 Par	Cost of Goods Sold	Enter method of inver	ntory valuation 🕨		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
					Yes No
9	Do the rules of section 263A (with respect to pr				Yes No
	Rent Income (From Real Property				
1	Description of property (property street address,	city, state, ZIP code). Che	eck if a dual-use (see instri	uctions)	
	<u>A</u> — —				
	B				
	<u>c</u>				
	D			•	
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c col	umns A through D. Enter	here and on Part I, line 6,	column (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Par	t I, line 6, column (B)	▶ ,	
≣Par	t V Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	lress, city, state, ZIP code). Check if a dual-use (see	instructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
•	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
3	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	, i		70	76	70_
	Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through		Part Lline 7 column (A)	<u> </u>	
8	i otal gross income (add line 7, columns A throl	agn ש). בחופו nere and on	rarri, ine 7, column (A)	· · · · · · · · · • .	
9	Allocable deductions. Multiply line 3c by line 6				
9 10	Total allocable deductions. Add line 9, columns		and on Part I line 7 colum	nn (B)	
	Total dividends-received deductions included in	J		` ' '	
11	i otal dividends-received deductions included in			<u> </u>	

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Part VI Interest, Ann	uities, Royalt	ies, and Rents	s fro	m Controlled Organia	zations (see instructions)	
<u></u>		Exempt Controlled Organizations				
Name of controlled organization	2. Employer identification number	identification income (loss)		4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
		Nonexe	empt	Controlled Organization	ns	
7. Taxable income	ind	let unrelated come (loss) instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7),	(9), or (17) Organizat	T '	5 T.61 I. I. C.
1. Description of income	2. Am	ount of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)						
(2)						
(3)						
(4)						
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)				Add amounts in column 5. Enter here and on Part I, Iine 9, column (B)
Part VIII Exploited Ex	empt Activity	Income, Othe	er Th	nan Advertising Incon	ne (see instructions)	
1 Description of exploited ac		·				
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)					2	
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I,						
line 10, column (B)					3	
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete						
lines 5 through 7					4	
5 Gross income from activit	y that is not unre	lated business inc	ome			5
6 Expenses attributable to in	ncome entered or	n line 5				6
7 Excess exempt expenses	s. Subtract line	5 from line	6, bı	ut do not enter more	than the amount on line	
4. Enter here and on Part II, line 12					7	

Schedule A (Form 990-T) 2020 Page 4

Par	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if re	porting two or more periodicals or	a consolidated basis.		
	A .				
	В				
	c				
	D				
Entor	amounts for each periodical listed above in	the corresponding column			
Liitei	amounts for each periodical listed above in		В	С	
		A	ь	<u> </u>	
2	Gross advertising income	•			
а	Add columns A through D. Enter here and	d on Part I, line 11, column (A).			>
				1	
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and	d on Part I, line 11, column (B)			>
4	Advertising gain (loss). Subtract line 3 fro	m line			
	2. For any column in line 4 showing a	gain,			
	complete lines 5 through 8. For any colu	mn in			
	line 4 showing a loss or zero, do not con	nplete			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs, If line 6 is less				
	line 5, subtract line 6 from line 5. If line				
	less than line 6, enter zero				
8	Excess readership costs allowed				
·	deduction. For each column showing a ga				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. E	•	9a adjumns total	or zoro horo and or	`
а	Add life o, coldinis A tillough D. L	inter the greater or the line		or zero nere and or	ı
	Part II line 13				K
	Part II, line 13				>
Par					>
Par				3. Percentage	4. Compensation
Par				3. Percentage of time devoted	4. Compensation attributable to
Par	t X Compensation of Officers, I	Directors, and Trustees (s		<u> </u>	·
	t X Compensation of Officers, I	Directors, and Trustees (s		of time devoted to business	attributable to
(1)	t X Compensation of Officers, I	Directors, and Trustees (s		of time devoted to business %	attributable to
(1) (2)	t X Compensation of Officers, I	Directors, and Trustees (s		of time devoted to business %	attributable to
(1) (2) (3)	t X Compensation of Officers, I	Directors, and Trustees (s		of time devoted to business % %	attributable to
(1) (2) (3)	t X Compensation of Officers, I	Directors, and Trustees (s		of time devoted to business %	attributable to
(1) (2) (3) (4)	1. Name	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to

Department of the Treasury

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

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

Open to Public Inspection for

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Internal Revenue Service A Name of the organization B Employer identification number 27-4967732 CHARLES KOCH INSTITUTE <u>C Unrelated business activity code (see instructions)</u> ► 900099 of 15 **D** Sequence: 9

E Describe the unrelated trade or business ► FUND IX Part I (A) Income (B) Expenses (C) Net **Unrelated Trade or Business Income** 1a Gross receipts or sales Less returns and allowances 1c 2 2 3 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 4a **b** Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b 4c Income (loss) from a partnership or an S corporation (attach statement) ATCH 10 5 31,802. 31,802. Rent income (Part IV) 6 6 7 7 Interest, annuities, royalties, and rents from a controlled 8 8 9 Investment income of section 501(c)(7), (9), or (17)organizations (Part VII)............ 10 Exploited exempt activity income (Part VIII)....... 10 Advertising income (Part IX).......... 11 11 Other income (see instructions; attach statement) 12 12 31,802. 31,802. 13 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 2 2 3 3 4 4 5 5 1,699. 6 7 Less depreciation claimed in Part III and elsewhere on return 8a 8 8b 9 9 10 10 11 11 12 12 13 13 14 14 1,699. 15 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 30,103. 16 17 17 30,103. Unrelated business taxable income. Subtract line 17 from line 16..........

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Page 2	
rage 2	
No	

Par	Cost of Goods Sold	Enter method of inver	itory valuation		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to pr			-	Yes No
Par	,				
1	Description of property (property street address,	city, state, ZIP code). Che	ck if a dual-use (see instr	ructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				_
	From personal property (if the percentage of				
а					
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c col	umns A through D. Enter I	nere and on Part I, line 6,	column (A)	
		Ŭ	, ,	(/	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D Enter here and on Par	t L line 6 column (B)		
·	Total doddonorous (Mac Into T coldinia / Cin cagn	Di Emoi noro ana on r ar	(i, iii o o, oolaiiii (b)		
Par	t V Unrelated Debt-Financed Income	(see instructions)			
	Description of debt-financed property (street add) Observe '6	- ! ((!)	
1	' ' ' '	iress, city, state, ZIP code,). Check if a dual-use (see	e instructions)	
	<u>A</u>				
	B				
	С				
	D	•		•	
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4					
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A thro	ugh D). Enter here and on	Part I, line 7, column (A)	▶ ,	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter here	and on Part I, line 7. colur	mn (B)	
11	Total dividends-received deductions included in	=			_
ICA	. 515. STREET, GO TO STREET GO GO GO TO			· · · · · · · · · · · · · · · · · · ·	

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Part V Interest. Ann	nuities. Rovalt	ies. and Rents	s from Controlled Organi	zations (see instructions)	
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
		Nonexe	empt Controlled Organization	ns	
7. Taxable income	inc	let unrelated come (loss) instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Part VII Investment I	ncome of a S	ection 501(c)	(7), (9), or (17) Organiza	tion (see instructions)	
1. Description of income	2. Am	ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part VIII Exploited Ex	cempt Activity	/ Income, Othe	er Than Advertising Inco	me (see instructions)	
1 Description of exploited a					
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)					2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I,					
line 10, column (B)					3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete					
lines 5 through 7					4
5 Gross income from activi	ty that is not unre	lated business inc	ome		5
6 Expenses attributable to	income entered or	n line 5			6
7 Excess exempt expense	es. Subtract line	5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on Part	II, line 12				7

Schedule A (Form 990-T) 2020 Page 4

Namely of periodical (s). Check box if reporting two or more periodicals on a consolidated basis. 8		X Advertising Income				
amounts for each periodical listed above in the corresponding column. A B C D Gross advertising income . Add columns A through D. Enter here and on Part I, line 11, column (A)	N	Name(s) of periodical(s). Check box if i	reporting two or more periodicals or	a consolidated basis	5.	
amounts for each periodical listed above in the corresponding column. A B C D Gross advertising income . A B C D Add columns A through D. Enter here and on Part I, line 11, column (A),	A	A				
amounts for each periodical listed above in the corresponding column. A B C D Gross advertising income	Е	з 💹				
amounts for each periodical listed above in the corresponding column. A B C D Gross advertising income	C	s 🔲				
A B C D Gross advertising income	C	o 🔲				
Gross advertising income	ar	mounts for each periodical listed above	e in the corresponding column.			
Add columns A through D. Enter here and on Part I, line 11, column (A). Direct advertising costs by periodical			Α	В	С	D
Direct advertising costs by periodical	C	Gross advertising income				
Add columns A through D. Enter here and on Part II, line 11, column (B). Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs	P	Add columns A through D. Enter here a	and on Part I, line 11, column (A) . .			>
Add columns A through D. Enter here and on Part II, line 11, column (B). Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs						
Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs						
2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs	P	Add columns A through D. Enter here a	and on Part I, line 11, column (B)			-
2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs						
complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs						
line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs						
lines 5 through 7, and enter zero on line 8 Readership costs Circulation income Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 **** **Compensation of Officers, Directors, and Trustees (see instructions)** 1. Name 2. Title 3. Percentage of time devoted to business 4. Compensation attributable to unrelated business 4. Compensation attributable to unrelated business 4. Enter here and on Part II, line 1 **** **** ***** **** **** **** ****						
Readership costs		-	·			
Circulation income						
Excess readership costs, If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero		·				
line 5, subtract line 6 from line 5, If line 5 is less than line 6, enter zero						
less than line 6, enter zero		•				
Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13		•				
deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13						
Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13		'				
Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13		•	•			
Part II, line 13 Compensation of Officers, Directors, and Trustees (see instructions) 1. Name 2. Title 3. Percentage of time devoted to business unrelated business % % 1. Enter here and on Part II, line 1.		·		0		
Table 1. Name 2. Title 3. Percentage of time devoted to business 4. Compensation attributable to unrelated business 5. Compensation 5. Compensation attributable to unrelated business 5. Compensation		=	_			
1. Name 2. Title 3. Percentage of time devoted to business which is a second of the devoted to business of time devoted to business which is a second of time de						>
1. Name 2. Title of time devoted to business unrelated business % % % % II. Enter here and on Part II, line 1.	T.	X Compensation of Oπicers	, Directors, and Trustees (s	ee instructions)		
to business unrelated business % % % % % % I. Enter here and on Part II, line 1					-	Compensation
% % % % % % % % % %						
% % % % % % % % % %		1. Name	2. Title			
% % % % % % % % % % % % % % % % %		1. Name	2. Title			attributable to unrelated business
l. Enter here and on Part II, line 1		1. Name	2. Title		to business	
I. Enter here and on Part II, line 1................... ▶		1. Name	2. Title		to business	
a Little Hore and on Farcil, into Triffic Francisco		1. Name	2. Title		to business %	
in Enter Hore and on Facture, mile FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF		1. Name	2. Title		to business % % %	
t XI Supplemental Information (see instructions)		1. Name	2. Title		to business % % %	
					to business % % % %	
		Enter here and on Part II , line 1..			to business % % % %	
		Enter here and on Part II , line 1..			to business % % % %	
		Enter here and on Part II , line 1..			to business % % % %	
		Enter here and on Part II , line 1..			to business % % % %	
		Enter here and on Part II , line 1..			to business % % % %	
		Enter here and on Part II , line 1..			to business % % % %	
		Enter here and on Part II , line 1..			to business % % % %	
		Enter here and on Part II , line 1..			to business % % % %	
		Enter here and on Part II , line 1..			to business % % % %	
		Enter here and on Part II , line 1..			to business % % % %	
		Enter here and on Part II , line 1..			to business % % % %	
		Enter here and on Part II , line 1..			to business % % % %	
		Enter here and on Part II , line 1..			to business % % % %	
		Enter here and on Part II , line 1..			to business % % % %	
		Enter here and on Part II , line 1..			to business % % % %	
		Enter here and on Part II , line 1..			to business % % % %	

SCHEDULE A (Form 990-T)

Department of the Treasury

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

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

Open to Public Inspection for

Internal Revenue Service A Name of the organization B Employer identification number 27-4967732 CHARLES KOCH INSTITUTE <u>C Unrelated business activity code (see instructions)</u> ▶ 900099 of 15 **D** Sequence: 10 **E** Describe the unrelated trade or business ► FUND X Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances 1c Cost of goods sold (Part III, line 8)...... 2 2 3 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 44,820. 44,820. 4a **b** Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b Capital loss deduction for trusts......... 4c Income (loss) from a partnership or an S corporation (attach 5 77,864. 77,864. Rent income (Part IV) 6 7 7 Interest, annuities, royalties, and rents from a controlled 8 8 9 Investment income of section 501(c)(7), (9), or (17)organizations (Part VII)............ 10 10 Advertising income (Part IX).......... 11 11 Other income (see instructions; attach statement) 12 12 122,684. 122,684. 13 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 2 2 3 3 4 4 5 5 6,555. 6 7 Less depreciation claimed in Part III and elsewhere on return 8a 8 8b 9 9 10 10 11 11 12 12 13 13 14 14 6,555. 15 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 116,129. 16

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Schedule A (Form 990-T) 2020

17

17

Unrelated business taxable income. Subtract line 17 from line 16..........

116,129.

Sched	ule A (Form 990-T) 2020 CHARLES K	OCH INSTITUTE		27	-4967732	Page 2
Par	t III Cost of Goods Sold	Enter method of inver	ntory valuation ▶			
1	Inventory at beginning of year			1		
2	Purchases			2		
3	Cost of labor			3		
4	Additional section 263A costs (attach statement)		4		
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5					
7	Inventory at end of year					
8	Cost of goods sold. Subtract line 7 from line 6.					
9	Do the rules of section 263A (with respect to pr				Yes	No
	t IV Rent Income (From Real Property					
1	Description of property (property street address,	city, state, ZIP code). Che	eck if a dual-use (see instri	uctions)		
	A					
	B — —					
	C					
		Α	В	С	D	
2	Rent received or accrued		_		_	
a	From personal property (if the percentage of					
-	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property					
	exceeds 50% or if the rent is based on profit or					
	income)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
3	Total rents received or accrued. Add line 2c colo	umns A through D. Enter	here and on Part I, line 6,	column (A)	-	
	ſ					
4	Deductions directly connected with the income					
	in lines 2(a) and 2(b) (attach statement)					
5	Total deductions. Add line 4 columns A through	D. Enter here and on Par	t I, line 6, column (B))	-	
Bar	t V ² Unrelated Debt-Financed Income	(coo instructions)				
1	Description of debt-financed property (street add) Chack if a dual-use (see	instructions)		
'	A Sesemblion of dept innanced property (street add	ress, city, state, 211 code). Official if a dual disc (see	instructions)		
	В					
	c					
	D					
		Α	В	С	D	
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
С	Total deductions (add lines 3a and 3b,					
	columns A through D)					
4	Amount of average acquisition debt on or allocable					
_	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to debt-					
_	financed property (attach statement)				<u> </u>	
6	Divide line 4 by line 5	%	%		%	%
7	Gross income reportable. Multiply line 2 by line 6	and D) Fataria	Dard Library and Control			
8	Total gross income (add line 7, columns A through	agii ש). Enter nere and on	ı ⊢artı, iine /, column (A)		-	
9	Allocable deductions. Multiply line 3c by line 6		I			
9 10	Total allocable deductions. Add line 9, columns	A through D. Enter here	and on Part Lline 7 colur	nn (B) -		
11	Total dividends-received deductions included in	=			•	

JSA 0X2751 2.000

Page 3 Schedule A (Form 990-T) 2020

Part V Interest. Ann	nuities. Rovalt	ies. and Rents	s from Controlled Organi	zations (see instructions)	
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
		Nonexe	empt Controlled Organization	ns	
7. Taxable income	inc	let unrelated come (loss) instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Part VII Investment I	ncome of a S	ection 501(c)	(7), (9), or (17) Organiza	tion (see instructions)	
1. Description of income	2. Am	ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part VIII Exploited Ex	cempt Activity	/ Income, Othe	er Than Advertising Inco	me (see instructions)	
1 Description of exploited a	activity:			,	
2 Gross unrelated busines	ss income from	trade or busin	ess. Enter here and on Pa	art I, line 10, column (A)	2
3 Expenses directly conn	ected with pro	duction of unr	elated business income. En	ter here and on Part I,	
line 10, column (B)					3
4 Net income (loss) from	m unrelated tra	de or business.	Subtract line 3 from line	e 2. If a gain, complete	
lines 5 through 7					4
5 Gross income from activi	ty that is not unre	lated business inc	ome		5
6 Expenses attributable to	income entered or	n line 5			6
7 Excess exempt expense	es. Subtract line	5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on Part	II, line 12				7

Page 4 Schedule A (Form 990-T) 2020

	t IX Advertising Income				
1	Name(s) of periodical(s). Check box i	f reporting two or more periodicals on a	consolidated basis.		
	A .				
	В				
	c				
	D				
nter	amounts for each periodical listed abo		_	_	
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here	and on Part I, line 11, column (A)			>
3	Direct advertising costs by periodical				
а		and on Part I, line 11, column (B)			<u> </u>
u	rad columno ramedgii B. Emer nere	and on raiti, into 11, odianin (b).			
	Adventision on in (leas) Codeton at line 2	form line			
4	Advertising gain (loss). Subtract line 3				
	2. For any column in line 4 showing				
	complete lines 5 through 8. For any c				
	line 4 showing a loss or zero, do not				
	lines 5 through 7, and enter zero on lin	ne 8			
5	Readership costs				
6	Circulation income				
7	Excess readership costs, If line 6 is	less than			
	line 5, subtract line 6 from line 5. If				
	less than line 6, enter zero				
8	Excess readership costs allowed				
•	deduction. For each column showing				
	•	•			
	line 4, enter the lesser of line 4 or line	•			
а	Add line 8, columns A through D	-			
	Part II, line 13				>
Pari	t X Compensation of Officer	s, Directors, and Trustees (see	instructions)		
			3	B. Percentage	4. Compensation
	1. Name	2. Title		f time devoted	attributable to
	I. INAIIIC	Z. Title			unrelated business
				to business	unrelated business
1)				%	
				% %	
2)				%	
2) 3)				% %	
2) 3)				%	
2) 3) 4)	I Enter here and an Part II line 1			% % %	
2) 3) 4) otal	I. Enter here and on Part II, line 1.			% % %	
2) 3) 4) otal	I. Enter here and on Part II, line 1. t XI Supplemental Informatio			% % %	
2) 3) 4) otal				% % %	
2) 3) 4) otal				% % %	
2) 3) 4) otal				% % %	
2) 3) 4) otal				% % %	
2) 3) 4) otal				% % %	
2) 3) 4) otal				% % %	
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2) 3) 4) 「otal				% % %	
2) 3) 4) otal				% % %	
2) 3) 4) otal				% % %	
				% % %	
2) 3) 4) 「otal				% % %	
2) 3) 4) 「otal				% % %	
2) 3) 4) 「otal				% % %	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

B Employer identification number

27-4967732

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

CHARLES KOCH INSTITUTE

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

C Unrelated business activity code (see instructions) ► 900099				D Sequence: 11			of 15	
E De	scribe the unrelated trade or business► FUND XI							
Par	Unrelated Trade or Business Income		(A) Income		(B) Expense	s	(C) Net	
1a	Gross receipts or sales							
b	Less returns and allowances c Balance ▶	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4a	Capital gain net income (attach Sch D (Form 1041 or Form							
	1120)) (see instructions)	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5	-42,45	7.			-42,457.	
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)							
11	Advertising income (Part IX)							
12	Other income (see instructions; attach statement)	12						
13	Total. Combine lines 3 through 12		-42,45				-42,457.	
Par	•	for I	imitations on d	eductio	ns) Deduc	tions i	must be directly	
	connected with the unrelated business income							
1	Compensation of officers, directors, and trustees (Part X)					1		
2	Salaries and wages					2		
3	Repairs and maintenance					3		
4	Bad debts					4		
5	Interest (attach statement) (see instructions)					5		
6	Taxes and licenses					6		
7	Depreciation (attach Form 4562) (see instructions)		7					
8	Less depreciation claimed in Part III and elsewhere on return .		8a			8b		
9	Depletion					9		
10	Contributions to deferred compensation plans					10		
11	Employee benefit programs					11		
12	Excess exempt expenses (Part VIII)					12		
13	Excess readership costs (Part IX)					13		
14	Other deductions (attach statement)					14		
15	Total deductions. Add lines 1 through 14					15		
16	Unrelated business income before net operating loss deduction							
	column (C)					16	-42,457.	
17	Deduction for net operating loss (see instructions)					17		
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line	16	<u> </u>			18	-42,457.	
For Pa	aperwork Reduction Act Notice, see instructions.				Sch	edule A	(Form 990-T) 2020	

27-	4967	732	Page 2
1			
2			
3			
4			
5			
6			
7			
8		v	
		Yes	No
		D	
•	<u> </u>		
•			
		D	
			-
01			
%			<u>%</u>

 EPar	t III Cost of Goods Sold	Enter method of inven	tory valuation ▶		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. I			· · · · · · · 	
9	Do the rules of section 263A (with respect to pro				Yes No
	t IV Rent Income (From Real Property				
1	Description of property (property street address,				
•	A	ony, diato, zir oddo). Ono	on il a dadi doo (ooo illoti	addiding)	
	В				
	c				
	D -				
		Α	В	С	
_	Dont received or accrued		5	-	
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colu	imns A through D. Enter h	nere and on Part I, line 6, o	column (A)	
4	Deductions directly connected with the income				
-	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part	: L ling 6, column (R)		
·	retail ded det store / tall edg.	Di Emoi moro ana omi an	. I, III O O, OOI		
 Par	t V Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	ress, city, state, ZIP code)	. Check if a dual-use (see	instructions)	
	A	,	`	,	
	В				
	С				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а					
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement) Other deductions (attach statement)				
	·				
	Other deductions (attach statement)				
	Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
b c	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)				
b c	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable				
ь с 4	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
ь с 4	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-	%	%	%	%
ь с 4 5	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)	%	%	%	%
b c 4 5	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5				%
b c 4 5 6 7	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6				%
b c 4 5 6 7	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through Allocable deductions. Multiply line 3c by line 6	igh D). Enter here and on	Part I, line 7, column (A)	· · · · · · · · • .	
b c 4 5 6 7 8	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Total gross income (add line 7, columns A through	igh D). Enter here and on A through D. Enter here a	Part I, line 7, column (A) and on Part I, line 7, colum	nn (B) ▶	

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Page 3 Schedule A (Form 990-T) 2020

Part VI Interest, Ann	nuities. Rovalt	ies. and Rents	s from Controlled Organ	izations (see instructions)		
,	Exempt Controlled Organizations					
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
		Nonexe	empt Controlled Organizatio	ns		
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
			_	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals				<u> </u>		
			(7), (9), or (17) Organiza			
1. Description of income	Z. Am	ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)	
<u>(1)</u>						
(2)						
(3)						
(4)						
Totals	Enter he line	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
		/ Income. Oth	er Than Advertising Inco	me (see instructions)		
Description of exploited a	•	,	<u></u>	The (eas men denone)		
•		trade or busin	ess. Enter here and on Pa	art I. line 10. column (A)	2	
			elated business income. Er	, , , , , , , , , , , , , , , , , , , ,		
line 10, column (B)					3	
4 Net income (loss) from	m unrelated tra	de or business	. Subtract line 3 from lin	e 2. If a gain, complete		
lines 5 through 7					4	
5 Gross income from activi	ty that is not unre	lated business inc	ome		5	
6 Expenses attributable to	income entered or	n line 5			6	
7 Excess exempt expense	es. Subtract line	5 from line	6, but do not enter more	than the amount on line		
4. Enter here and on Part	II, line 12	<u> </u>	<u></u>	<u></u>	7	

Schedule A (Form 990-T) 2020 Page 4

Par	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if re	porting two or more periodicals or	a consolidated basis.		
	A				
	В				_
	c				
	D -				
Entor	amounts for each periodical listed above in	the corresponding column			
Liitei	amounts for each periodical listed above in		В	С	D
		Α	ь	<u> </u>	
2	Gross advertising income	•			
а	Add columns A through D. Enter here and	d on Part I, line 11, column (A).			>
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and	d on Part I, line 11, column (B)			>
4	Advertising gain (loss). Subtract line 3 from	m line			
	2. For any column in line 4 showing a	gain,			
	complete lines 5 through 8. For any colu	mn in			
	line 4 showing a loss or zero, do not con	nplete			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs, If line 6 is less	than			
	line 5, subtract line 6 from line 5. If line				
	less than line 6, enter zero				
8	Excess readership costs allowed a				
•	deduction. For each column showing a ga				
	line 4, enter the lesser of line 4 or line 7				
	Add line 8, columns A through D. E		9a columns total	or zoro horo and or	
а	Part II, line 13			or zero nere and or	
	•				
Par	•		ee instructions)		
Par	•		ee instructions)	3. Percentage	4. Compensation
Par	•		ee instructions)	3. Percentage of time devoted	4. Compensation attributable to
Par	t X Compensation of Officers, I	Directors, and Trustees (s	ee instructions)	·	·
	t X Compensation of Officers, I	Directors, and Trustees (s	ee instructions)	of time devoted to business	attributable to
(1)	t X Compensation of Officers, I	Directors, and Trustees (s	ee instructions)	of time devoted to business	attributable to
(1) (2)	t X Compensation of Officers, I	Directors, and Trustees (s	ee instructions)	of time devoted to business %	attributable to
(1) (2) (3)	t X Compensation of Officers, I	Directors, and Trustees (s	ee instructions)	of time devoted to business % % %	attributable to
(1) (2) (3)	t X Compensation of Officers, I	Directors, and Trustees (s	ee instructions)	of time devoted to business %	attributable to
(1) (2) (3) (4)	1. Name	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1	Directors, and Trustees (s		of time devoted to business % % % %	attributable to

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

internal Neverlue Service	
A Name of the organization	B Employer identification number
CHARLES KOCH INSTITUTE	27-4967732
C Unrelated business activity code (see instructions) ▶ 900099	D Sequence: 12 of 15

<u>C 01</u>	related business activity code (see instructions)			equence. ±2		01 ±5
E De	scribe the unrelated trade or business FUND XII					
Pai			(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	-1,648.			-1,648.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled	_				
•	organization (Part VI)	8				
9	Investment income of section $501(c)(7)$, (9) , or (17)					
J	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	=	-1,648.			-1,648.
Pai				ctions) Deduc	ctions m	<u>.</u>
	connected with the unrelated business income			oo, 2 oda.		,
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562) (see instructions)					
8	Less depreciation claimed in Part III and elsewhere on return.				8b	
9	Depletion				9	_
10	Contributions to deferred compensation plans				10	
11	·				11	
	Employee benefit programs					
12					12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	Total deductions. Add lines 1 through 14				15	
16	Unrelated business income before net operating loss deduction					-1,648.
	column (C)				16	-1,040.
17	Deduction for net operating loss (see instructions)				17	-1,648.
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line	16			18	-1,648.

For Paperwork Reduction Act Notice, see instructions.

Sched	ule A (Form 990-T) 2020 CHARLES K	OCH INSTITUTE		27	-4967732	Page 2
Par	t III Cost of Goods Sold	Enter method of inver	ntory valuation ▶			
1	Inventory at beginning of year			1		
2	Purchases			2		
3	Cost of labor			3		
4	Additional section 263A costs (attach statement)		4		
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5					
7	Inventory at end of year					
8	Cost of goods sold. Subtract line 7 from line 6.					
9	Do the rules of section 263A (with respect to pr				Yes	No
	t IV Rent Income (From Real Property					
1	Description of property (property street address,	city, state, ZIP code). Che	eck if a dual-use (see instri	uctions)		
	A					
	B — —					
	C					
		Α	В	С	D	
2	Rent received or accrued		_		_	
a	From personal property (if the percentage of					
-	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property					
	exceeds 50% or if the rent is based on profit or					
	income)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
3	Total rents received or accrued. Add line 2c colo	umns A through D. Enter	here and on Part I, line 6,	column (A)	-	
	ſ					
4	Deductions directly connected with the income					
	in lines 2(a) and 2(b) (attach statement)					
5	Total deductions. Add line 4 columns A through	D. Enter here and on Par	t I, line 6, column (B))	-	
Bar	t V ² Unrelated Debt-Financed Income	(coo instructions)				
1	Description of debt-financed property (street add) Chack if a dual-use (see	instructions)		
'	A Sesemblion of dept innanced property (street add	ress, city, state, 211 code). Official if a dual disc (see	instructions)		
	В					
	c					
	D					
		Α	В	С	D	
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
С	Total deductions (add lines 3a and 3b,					
	columns A through D)					
4	Amount of average acquisition debt on or allocable					
_	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to debt-					
_	financed property (attach statement)				<u> </u>	
6	Divide line 4 by line 5	%	%		%	%
7	Gross income reportable. Multiply line 2 by line 6	and D) Fataria	Dard Library and Control			
8	Total gross income (add line 7, columns A through	agii ש). Enter nere and on	ı ⊢artı, iine /, column (A)		-	
9	Allocable deductions. Multiply line 3c by line 6		I			
9 10	Total allocable deductions. Add line 9, columns	A through D. Enter here	and on Part Lline 7 colur	nn (B) -		
11	Total dividends-received deductions included in	=			•	

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Page 3 Schedule A (Form 990-T) 2020

Part VI Interest, Ann	uities, Royalt	ies, and Rents	s fro	m Controlled Organiz	zations (see instructions)		
	_			Exempt Con	trolled Organizations		
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions		Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
		Nonexe	empt	Controlled Organization	s		
7. Taxable income	inc	let unrelated come (loss) instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
Totals					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)		dd columns 6 and 11. nter here and on Part I, line 8, column (B)
-			(7),	(9), or (17) Organizat			
1. Description of income	2. Am	ount of income		Deductions directly connected (attach statement)	4. Set-asides (attach statement)		5. Total deductions and set-asides add columns 3 and 4)
(1)							
(2)							
(3)							
(4)							
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)					d amounts in column 5. nter here and on Part I, line 9, column (B)
Part VIII Exploited Exc	empt Activity	Income, Othe	er Th	nan Advertising Incon	ne (see instructions)		
1 Description of exploited ac							
2 Gross unrelated business	s income from	trade or busin	iess.	Enter here and on Par	rt I, line 10, column (A)	2	
3 Expenses directly conne	ected with pro	duction of unr	elated	d business income. Ent	ter here and on Part I,		
line 10, column (B)						3	
4 Net income (loss) from	unrelated tra	de or business.	. Sul	btract line 3 from line	2. If a gain, complete		
lines 5 through 7						4	
5 Gross income from activity	y that is not unre	lated business inc	ome			5	
6 Expenses attributable to in	ncome entered or	n line 5				6	
7 Excess exempt expenses	s. Subtract line	5 from line	6, bu	ut do not enter more	than the amount on line		
4. Enter here and on Part II	, line 12		<u> </u>	<u></u>		7	

Page 4 Schedule A (Form 990-T) 2020

	t IX Advertising Income				
1	Name(s) of periodical(s). Check box i	f reporting two or more periodicals on a	consolidated basis.		
	A .				
	В				
	c				
	D				
nter	amounts for each periodical listed abo		_	_	
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here	and on Part I, line 11, column (A)			>
3	Direct advertising costs by periodical				
а		and on Part I, line 11, column (B)			<u> </u>
u	rad columno ramedgii B. Emer nere	and on raiti, into 11, odianin (b).			
	Adventision on in (leas) Codeton at line 2	form line			
4	Advertising gain (loss). Subtract line 3				
	2. For any column in line 4 showing				
	complete lines 5 through 8. For any c				
	line 4 showing a loss or zero, do not				
	lines 5 through 7, and enter zero on lin	ne 8			
5	Readership costs				
6	Circulation income				
7	Excess readership costs, If line 6 is	less than			
	line 5, subtract line 6 from line 5. If				
	less than line 6, enter zero				
8	Excess readership costs allowed				
•	deduction. For each column showing				
	•	•			
	line 4, enter the lesser of line 4 or line	•			
а	Add line 8, columns A through D	-			
	Part II, line 13				>
Pari	t X Compensation of Officer	s, Directors, and Trustees (see	instructions)		
			3	B. Percentage	4. Compensation
	1. Name	2. Title		f time devoted	attributable to
	I. INAIIIC	Z. Title			unrelated business
				to business	unrelated business
1)				%	
				% %	
2)				%	
2) 3)				% %	
2) 3)				%	
2) 3) 4)	I Enter here and an Part II line 1			% % %	
2) 3) 4) otal	I. Enter here and on Part II, line 1.			% % %	
2) 3) 4) otal	I. Enter here and on Part II, line 1. t XI Supplemental Informatio			% % %	
2) 3) 4) otal				% % %	
2) 3) 4) otal				% % %	
2) 3) 4) otal				% % %	
2) 3) 4) otal				% % %	
2) 3) 4) otal				% % %	
2) 3) 4) otal				% % %	
2) 3) 4) otal				% % %	
2) 3) 4) otal				% % %	
2) 3) 4) otal				% % %	
2) 3) 4) otal				% % %	
2) 3) 4) 「otal				% % %	
2) 3) 4) otal				% % %	
2) 3) 4) otal				% % %	
				% % %	
2) 3) 4) 「otal				% % %	
2) 3) 4) 「otal				% % %	
2) 3) 4) 「otal				% % %	

SCHEDULE A (Form 990-T)

Department of the Treasury

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

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

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).

501(c)(3) Organizations Only Internal Revenue Service A Name of the organization B Employer identification number 27-4967732 CHARLES KOCH INSTITUTE **C** Unrelated business activity code (see instructions) ▶ 900099 **D** Sequence: 13 of 15

Pa	Unrelated Trade or Business Income		(A) Income (B)	Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) ATCH 14	5	-3,206.		-3,206.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)				
10	Exploited exempt activity income (Part VIII)				
11	Advertising income (Part IX)				
12	Other income (see instructions; attach statement)		2.006		2.006
13	Total. Combine lines 3 through 12		-3,206.	\ .	-3,206.
Pa	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income	for	imitations on deductions) Deductions	must be directly
1	Compensation of officers, directors, and trustees (Part X)				
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement) (see instructions)				
6			1 1	6	
7	Depreciation (attach Form 4562) (see instructions)			0.5	
8 9	Less depreciation claimed in Part III and elsewhere on return Depletion			8b	
9 10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)			11	
	Excess readership costs (Part IX)				
13 14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14				
16	Unrelated business income before net operating loss deduction				
	column (C)				-3,206.
17	Deduction for net operating loss (see instructions)				2, = 30.
18	Unrelated business taxable income Subtract line 17 from line				-3,206.

For Paperwork Reduction Act Notice, see instructions.

	CH INSTITUTE	valuation N	27-49	6//32 Page 2
	nter method of inventory			
Inventory at beginning of year				
Purchases				
Cost of labor				
Additional section 263A costs (attach statement)				
Other costs (attach statement)				
Total Add lines 1 through 5				
Inventory at end of year				
Cost of goods sold. Subtract line 7 from line 6. Er				
Do the rules of section 263A (with respect to prop				Yes No
art IV Rent Income (From Real Property		-	· · · · · · · · · · · · · · · · · · ·	
Description of property (property street address, ci A B C D	y, state, ZIP code). Check if	a dual-use (see instruction	ons)	
	Α	В	С	D
Rent received or accrued				
a From personal property (if the percentage of				
rent for personal property is more than 10%				
but not more than 50%)				
b From real and personal property (if the				
percentage of rent for personal property				
exceeds 50% or if the rent is based on profit or				
income)				
c Total rents received or accrued by property.				
Add lines 2a and 2b, columns A through D				
Total rents received or accrued. Add line 2c colun	nns A through D. Enter here	and on Part I, line 6, colu	mn (A) >	
_				
Deductions directly connected with the income				
in lines 2(a) and 2(b) (attach statement)				
Total deductions. Add line 4 columns A through D	. Enter here and on Part I, Iii	ne 6, column (B)	· · · · · · · · · · · · · · · · · · ·	
ort V				
art V Unrelated Debt-Financed Income (s Description of debt-financed property (street addre		and the same of the same	(
Description of debt-financed property (street addre	ss, city, state, ZIP code). Ch	eck if a dual-use (see ins	tructions)	
A				
B				
<u>c</u>				
D	Α	В	С	D
Gross income from or allocable to debt-financed			-	U
	1	1		
property				
property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)				
property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)				
property				
property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-				
property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)				
property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	%	%	%	%
property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6				%
property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5				%
property				%

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Schedule A (Form 990-T) 2020

Page 3 Schedule A (Form 990-T) 2020

Part VI Interest, Ann	uities, Royalt	ies, and Rents	s fro	m Controlled Organiz	zations (see instructions)		
	_			Exempt Con	trolled Organizations		
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions		Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
		Nonexe	empt	Controlled Organization	s		
7. Taxable income	inc	let unrelated come (loss) instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
Totals					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)		dd columns 6 and 11. nter here and on Part I, line 8, column (B)
-			(7),	(9), or (17) Organizat			
1. Description of income	2. Am	ount of income		Deductions directly connected (attach statement)	4. Set-asides (attach statement)		5. Total deductions and set-asides add columns 3 and 4)
(1)							
(2)							
(3)							
(4)							
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)					d amounts in column 5. nter here and on Part I, line 9, column (B)
Part VIII Exploited Exc	empt Activity	Income, Othe	er Th	nan Advertising Incon	ne (see instructions)		
1 Description of exploited ac							
2 Gross unrelated business	s income from	trade or busin	iess.	Enter here and on Par	rt I, line 10, column (A)	2	
3 Expenses directly conne	ected with pro	duction of unr	elated	d business income. Ent	ter here and on Part I,		
line 10, column (B)						3	
4 Net income (loss) from	unrelated tra	de or business.	. Sul	btract line 3 from line	2. If a gain, complete		
lines 5 through 7						4	
5 Gross income from activity	y that is not unre	lated business inc	ome			5	
6 Expenses attributable to in	ncome entered or	n line 5				6	
7 Excess exempt expenses	s. Subtract line	5 from line	6, bu	ut do not enter more	than the amount on line		
4. Enter here and on Part II	, line 12		<u> </u>	<u></u>		7	

Schedule A (Form 990-T) 2020 Page 4

1	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if	reporting two or more periodicals on a	consolidated basis.		
	A				
	В				
	c				
	D				
nter	amounts for each periodical listed abov	e in the corresponding column.			
		A	В	С	D
2	Gross advertising income				
- a	Add columns A through D. Enter here				_
а	Add coldmins A through b. Enter here	and on r art i, line r i, column (A).			
,	Direct advertising seats by periodical				
3	Direct advertising costs by periodical	•			
а	Add columns A through D. Enter here	and on Part I, line 11, column (B)			-
4	Advertising gain (loss). Subtract line 3				
	2. For any column in line 4 showing				
	complete lines 5 through 8. For any co	olumn in			
	line 4 showing a loss or zero, do not o	complete			
	lines 5 through 7, and enter zero on line	98			
5	Readership costs				
6	Circulation income				
7	Excess readership costs, If line 6 is k	ess than			
	line 5, subtract line 6 from line 5. If				
	less than line 6, enter zero				
8	Excess readership costs allowed				
•	deduction. For each column showing a				
	line 4, enter the lesser of line 4 or line 7	· ·			
_		•	a columna total a	r zoro boro and ar	
а	Add line 8, columns A through D.				
	Part II, line 13				<u> </u>
Par	t X Compensation of Officers	<mark>s, Directors, and Trustees</mark> (see	e instructions)		
				3. Percentage	4. Compensation
		2. Title		of time devoted	attributable to
	1. Name				
	1. Name			to business	unrelated business
4\	1. Name			to business	unrelated business
	1. Name			%	unrelated business
2)	1. Name				unrelated business
2) 3)	1. Name			%	unrelated business
2) 3)	1. Name			%	unrelated business
2) 3)	1. Name			% % %	unrelated business
2) 3) 4)	1. Name I. Enter here and on Part II, line 1			% % % %	unrelated business
2) 3) 4) ota				% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) 「ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

B Employer identification number

27-4967732

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

CHARLES KOCH INSTITUTE

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

C Ur	related business activity code (see instructions) ▶ 900099		D Sequence: 14			of ¹⁵	
E De	escribe the unrelated trade or business FUND XIV						
Pai			(A) Income		(B) Expens	es	(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)) (see instructions)	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5	106,59	2.			106,592.
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12		106,59				106,592.
Pai	t II Deductions Not Taken Elsewhere (See instructions	for I	imitations on d	leduct	ions) Dedu	ctions r	nust be directly
	connected with the unrelated business income						
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement) (see instructions)					5	
6	Taxes and licenses					6	5,695.
7	Depreciation (attach Form 4562) (see instructions)		7				
8	Less depreciation claimed in Part III and elsewhere on return		8a			8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)					14	
15	Total deductions. Add lines 1 through 14					15	5,695.
16	Unrelated business income before net operating loss deduction						
	column (C)					16	100,897.
17	Deduction for net operating loss (see instructions)					17	
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line	16					100,897.
For P	aperwork Reduction Act Notice, see instructions.				Sc	hedule A	(Form 990-T) 2020

27-	4967732	Page 2
۷ /	1701132	raye Z
1		
2		
3		
4		
5		
6		
7		
8		
	Yes	No
	D	
	<u> </u>	
•		
•		
		
	D	
0/		0/
%		%_

Par	t III Cost of Goods Sold	Enter method of inven	tory valuation ▶						
1	Inventory at beginning of year			1					
2	Purchases								
3	Cost of labor								
4	Additional section 263A costs (attach statement)								
5	Other costs (attach statement)			5					
6	Total. Add lines 1 through 5								
7	Inventory at end of year								
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2								
9	Do the rules of section 263A (with respect to pr	operty produced or acqui	ed for resale) apply to the	e organization?	Yes No				
Par	t IV Rent Income (From Real Property	and Personal Prop	erty Leased with R	eal Property)					
1	Description of property (property street address,	city, state, ZIP code). Che	ck if a dual-use (see instr	ructions)					
	A								
	В								
	c								
	D								
		Α	В	С	D				
2	Rent received or accrued								
а	From personal property (if the percentage of								
	rent for personal property is more than 10%								
	but not more than 50%)								
b	From real and personal property (if the								
	percentage of rent for personal property								
	exceeds 50% or if the rent is based on profit or								
	income)								
С	Total rents received or accrued by property.								
	Add lines 2a and 2b, columns A through D								
3	Total rents received or accrued. Add line 2c colu	umns A through D. Enter h	ere and on Part I, line 6,	column (A)					
	ſ								
4	Deductions directly connected with the income								
	in lines 2(a) and 2(b) (attach statement)								
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part	I, line 6, column (B)						
=	W 1 1 (15 1 (F) 1 1 1								
 Par		,							
1	Description of debt-financed property (street add	lress, city, state, ZIP code)	. Check if a dual-use (see	e instructions)					
	<u>A</u>								
	B — —				-				
	<u>c</u>								
	D	Α	В	С	D				
2	Cross income from an allocable to debt financed	7							
2	Gross income from or allocable to debt-financed								
,	property								
3	to debt-financed property								
а	Straight line depreciation (attach statement).								
a b	Other deductions (attach statement)								
C D	Total deductions (add lines 3a and 3b,								
·	columns A through D)								
4	Amount of average acquisition debt on or allocable								
•	to debt-financed property (attach statement)								
5	Average adjusted basis of or allocable to debt-								
-	financed property (attach statement)								
6	Divide line 4 by line 5	%	%	%	%				
7	Gross income reportable. Multiply line 2 by line 6	70	70	70	70				
8	Total gross income (add line 7, columns A through	ugh D). Enter here and on	Part I, line 7, column (A)						
-	(,	,,,,, (-, 1)	· · · · · · · · · · · · · · · · · · ·					
9	Allocable deductions. Multiply line 3c by line 6								
10	Total allocable deductions. Add line 9, columns	A through D. Enter here a	and on Part I, line 7, colu	mn (B)					
11	Total dividends-received deductions included in	•	· ·	` '					
ISV									

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Page 3 Schedule A (Form 990-T) 2020

Part V Interest. Ann	nuities. Rovalt	ies. and Rents	s from Controlled Organi	zations (see instructions)	
				ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
		Nonexe	empt Controlled Organization	ns	
7. Taxable income	inc	let unrelated come (loss) instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Part VII Investment I	ncome of a S	ection 501(c)	(7), (9), or (17) Organiza	tion (see instructions)	
1. Description of income	2. Am	ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part VIII Exploited Ex	cempt Activity	/ Income, Othe	er Than Advertising Inco	me (see instructions)	
1 Description of exploited a	activity:			,	
2 Gross unrelated busines	ss income from	trade or busin	ess. Enter here and on Pa	art I, line 10, column (A)	2
3 Expenses directly conn	ected with pro	duction of unr	elated business income. En	ter here and on Part I,	
line 10, column (B)					3
4 Net income (loss) from	m unrelated tra	de or business.	Subtract line 3 from line	e 2. If a gain, complete	
lines 5 through 7					4
5 Gross income from activi	ty that is not unre	lated business inc	ome		5
6 Expenses attributable to	income entered or	n line 5			6
7 Excess exempt expense	es. Subtract line	5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on Part	II, line 12				7

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1	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if	reporting two or more periodicals on a	consolidated basis.		
	A				
	В				
	c				
	D				
nter	amounts for each periodical listed abov	e in the corresponding column.			
		A	В	С	D
2	Gross advertising income				
- a	Add columns A through D. Enter here				_
а	Add coldmins A through b. Enter here	and on r art i, line r i, column (A).			
,	Direct advertising seats by periodical				
3	Direct advertising costs by periodical	•			
а	Add columns A through D. Enter here	and on Part I, line 11, column (B)			-
4	Advertising gain (loss). Subtract line 3				
	2. For any column in line 4 showing				
	complete lines 5 through 8. For any co	olumn in			
	line 4 showing a loss or zero, do not o	complete			
	lines 5 through 7, and enter zero on line	98			
5	Readership costs				
6	Circulation income				
7	Excess readership costs, If line 6 is k	ess than			
	line 5, subtract line 6 from line 5. If				
	less than line 6, enter zero				
8	Excess readership costs allowed				
•	deduction. For each column showing a				
	line 4, enter the lesser of line 4 or line 7	· ·			
_		•	a columna total a	r zoro boro and ar	
а	Add line 8, columns A through D.				
	Part II, line 13				<u> </u>
Par	t X Compensation of Officers	<mark>s, Directors, and Trustees</mark> (see	e instructions)		
				3. Percentage	4. Compensation
		2. Title		of time devoted	attributable to
	1. Name				
	1. Name			to business	unrelated business
4\	1. Name			to business	unrelated business
	1. Name			%	unrelated business
2)	1. Name				unrelated business
2) 3)	1. Name			%	unrelated business
2) 3)	1. Name			%	unrelated business
2) 3)	1. Name			% % %	unrelated business
2) 3) 4)	1. Name I. Enter here and on Part II, line 1			% % % %	unrelated business
2) 3) 4) ota				% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) 「ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business

SCHEDULE A (Form 990-T)

Department of the Treasury

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

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

Open to Public Inspection for

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Internal Revenue Service A Name of the organization B Employer identification number 27-4967732 CHARLES KOCH INSTITUTE <u>C Unrelated business activity code (see instructions)</u> ▶ 900099 of 15 **D** Sequence: 15

E Describe the unrelated trade or business ► FUND XV Part I (A) Income (B) Expenses (C) Net **Unrelated Trade or Business Income** 1a Gross receipts or sales Less returns and allowances 1c 2 2 3 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 4a **b** Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b 4c Income (loss) from a partnership or an S corporation (attach statement) ATCH 16 5 713,815. 713,815. Rent income (Part IV) 6 6 7 7 Interest, annuities, royalties, and rents from a controlled 8 8 9 Investment income of section 501(c)(7), (9), or (17)organizations (Part VII)............ 10 10 Advertising income (Part IX).......... 11 11 Other income (see instructions; attach statement) 12 12 713,815. 713,815. 13 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 2 2 3 3 4 4 5 5 38,141. 6 7 Less depreciation claimed in Part III and elsewhere on return 8a 8 8b 9 9 10 10 11 11 12 12 13 13 14 14 38,141. 15 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 675,674. 16 17 17 675,674. Unrelated business taxable income. Subtract line 17 from line 16..........

For Paperwork Reduction Act Notice, see instructions.

 Par	Cost of Goods Sold	Enter method of inver	ntory valuation 🕨		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
					Yes No
9	Do the rules of section 263A (with respect to pr				Yes No
	Rent Income (From Real Property				
1	Description of property (property street address,	city, state, ZIP code). Che	eck if a dual-use (see instri	uctions)	
	<u>A</u> — —				
	B				
	<u>c</u>				
	D			•	
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c col	umns A through D. Enter	here and on Part I, line 6,	column (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Par	t I, line 6, column (B)	▶ ,	
≣Par	t V Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	lress, city, state, ZIP code). Check if a dual-use (see	instructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
•	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
3	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	, i		70	76	70_
	Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through		Part Lline 7 column (A)	<u> </u>	
8	i otal gross income (add line 7, columns A throl	agn ש). בחופו nere and on	ranti, ine 7, column (A)	· · · · · · · · · • .	
9	Allocable deductions. Multiply line 3c by line 6				
9 10	Total allocable deductions. Add line 9, columns		and on Part I line 7 colum	nn (B)	
	Total dividends-received deductions included in	J		` ' '	
11	i otal dividends-received deductions included in			<u> </u>	

Page 3 Schedule A (Form 990-T) 2020

Part V Interest. Ann	nuities. Rovalt	ies. and Rents	s from Controlled Organi	zations (see instructions)	
				ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
		Nonexe	empt Controlled Organization	ns	
7. Taxable income	inc	let unrelated come (loss) instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Part VII Investment I	ncome of a S	ection 501(c)	(7), (9), or (17) Organiza	tion (see instructions)	
1. Description of income	2. Am	ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Add amounts Enter here as line 9, co				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part VIII Exploited Ex	cempt Activity	/ Income, Othe	er Than Advertising Inco	me (see instructions)	
1 Description of exploited a	activity:			,	
2 Gross unrelated busines	art I, line 10, column (A)	2			
3 Expenses directly conn	ter here and on Part I,				
line 10, column (B)	3				
4 Net income (loss) from	m unrelated tra	de or business.	Subtract line 3 from line	e 2. If a gain, complete	
lines 5 through 7					4
5 Gross income from activi	ty that is not unre	lated business inc	ome		5
6 Expenses attributable to	income entered or	n line 5			6
7 Excess exempt expense	es. Subtract line	5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on Part	4. Enter here and on Part II, line 12				

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1	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if	reporting two or more periodicals on a	consolidated basis.		
	A				
	В				
	c				
	D				
nter	amounts for each periodical listed abov	e in the corresponding column.			
		A	В	С	D
2	Gross advertising income				
- a	Add columns A through D. Enter here				_
а	Add coldmins A through b. Enter here	and on r art i, line r i, column (A).			
,	Direct advertising seats by periodical				
3	Direct advertising costs by periodical	•			
а	Add columns A through D. Enter here	and on Part I, line 11, column (B)			-
4	Advertising gain (loss). Subtract line 3				
	2. For any column in line 4 showing				
	complete lines 5 through 8. For any co	olumn in			
	line 4 showing a loss or zero, do not o	complete			
	lines 5 through 7, and enter zero on line	98			
5	Readership costs				
6	Circulation income				
7	Excess readership costs, If line 6 is k	ess than			
	line 5, subtract line 6 from line 5. If				
	less than line 6, enter zero				
8	Excess readership costs allowed				
•	deduction. For each column showing a				
	line 4, enter the lesser of line 4 or line 7	· ·			
_		•	a columna total a	r zoro boro and ar	
а	Add line 8, columns A through D.				
	Part II, line 13				<u> </u>
Par	t X Compensation of Officers	<mark>s, Directors, and Trustees</mark> (see	e instructions)		
				3. Percentage	4. Compensation
		2. Title		of time devoted	attributable to
	1. Name				
	1. Name			to business	unrelated business
4\	1. Name			to business	unrelated business
	1. Name			%	unrelated business
2)	1. Name				unrelated business
2) 3)	1. Name			%	unrelated business
2) 3)	1. Name			%	unrelated business
2) 3)	1. Name			% % %	unrelated business
2) 3) 4)	1. Name I. Enter here and on Part II, line 1			% % % %	unrelated business
2) 3) 4) ota				% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) 「ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business
2) 3) 4) ota	l. Enter here and on Part II, line 1..			% % % %	unrelated business

ATTACHMENT 1

FORM	990T	-	PART	Ι	LINE	4	_	CHARITABLE	CONTRIBUTIONS
------	------	---	------	---	------	---	---	------------	---------------

UNRELATED TRADE OR BUSINESS INCOME	980,959.
TAXABLE INCOME FOR CHARITABLE CONTRIBUTION LIMITATION	980,959.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	98,096.
CHARITABLE CONTRIBUTION	98,096.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	98,096.

SCHEDULE A: FUND I - QPI SILO

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
NET ORDINARY INCOME - INVESTMENTS K	-184,809.		-184,809.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS		-184,809.

SCHEDULE A: FUND II

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
NET ORDINARY INCOME - INVESTMENTS K	-697,958.		-697,958.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS		-697,958.

SCHEDULE A: FUND III

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
NET ORDINARY INCOME - INVESTMENTS K	-103,334.		-103,334.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS	•••••	-103,334.

SCHEDULE A: FUND IV

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
NET ORDINARY INCOME - INVESTMENTS K	57,799.		57,799.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS		57,799.

SCHEDULE A: FUND V

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
NET ORDINARY INCOME - INVESTMENTS K	2,226.		2,226.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS		2,226.

SCHEDULE A: FUND VI

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
NET ORDINARY INCOME - INVESTMENTS K	-6,887.		-6,887.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS		-6,887.

SCHEDULE A: FUND VII

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
NET ORDINARY INCOME - INVESTMENTS K	1,414.		1,414.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS		1,414.

SCHEDULE A: FUND VIII

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
NET ORDINARY INCOME - INVESTMENTS K	-18,480.		-18,480.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS	•••••	-18,480.

SCHEDULE A: FUND IX

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
NET ORDINARY INCOME - INVESTMENTS K	31,802.		31,802.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS	••••	31,802.

SCHEDULE A: FUND X

_	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
NET ORDINARY INCOME - INVESTMENTS K	77,864.		77,864.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS		77,864.

SCHEDULE A: FUND XI

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
NET ORDINARY INCOME - INVESTMENTS K	-42,457.		-42,457.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS		-42,457.

SCHEDULE A: FUND XII

_	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
NET ORDINARY INCOME - INVESTMENTS K	-1,648.		-1,648.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS		-1,648.

SCHEDULE A: FUND XIII

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
NET ORDINARY INCOME - INVESTMENTS K	-3,206.		-3,206.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS		-3,206.

SCHEDULE A: FUND XIV

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
NET ORDINARY INCOME - INVESTMENTS K	106,592.		106,592.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS	••••	106,592.

SCHEDULE A: FUND XV

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
NET ORDINARY INCOME - INVESTMENTS K	713,815.		713,815.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS		713,815.